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CCAC **CASC**
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Centre
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aux soins
communautaires
du Sud-Ouest

STAFF BULLETIN January 2013



Sandra Coleman hands out accreditation pins at the December All Staff meeting

CCAC Plays Key Role in Health Links Partnerships

On December 6, Minister of Health and Long-Term Care Deb Matthews announced 19 Health Links partnerships, designed to improve the patient experience and outcomes and reduce costs. One will be led by the North Perth Family Health Team, and will engage the South West Community Care Access Centre (CCAC) and many other partners.

Among the highlights of the Health Links approach:

- Health Links will focus on the so-called “High Five” – the estimated 685,000 people, five percent of Ontario’s population, who use approximately two-thirds of Ontario’s health care dollars.
- The partnerships will ensure that these complex patients have regular and timely access to primary care, get specialist appointments quickly, and are less likely to visit the emergency department or be hospitalized.
- Family doctors, specialists, hospitals, the CCAC, long-term care, community support agencies and others will work together to develop personalized care plans for each patient.
- Ultimately, Health Links will reduce the cost of delivering care, while keeping quality high.

The South West CCAC already has care coordinators on site with all family health teams in Perth County, and with more than 116 physicians in total across the South West. We will connect care coordinators with other Health Links teams as they come on stream. While continuing to focus on client needs and the provision of Client-Driven Care, they will:

- Provide intensive case management support to the High Five
- Be on site on a regular basis
- Review common patients

- Work on screening and early identification
- Support increased use of practice guidelines and tracking of clinical indicators
- Connect patients with all appropriate home and community services
- Provide updates when patients are admitted to the CCAC, when there are significant changes, and when they are discharged from hospital

Other Health Links are under development in the South West and across Ontario, and will be approved on an ongoing basis, when they meet readiness criteria.

“We have always known that CCAC care coordinators have a critical role on the primary care team,” says Nancy Dool-Kontio, Senior Director, Strategic Planning and Integration. “Now we are seeing this potential fully realized. By providing excellent care coordination and system navigation, we can make a real difference to our most vulnerable patients.”

Population-Based Client-Driven Care (PBCDC) Successfully Launched in Grey-Bruce

“It’s challenging to adjust to a whole new way of delivering our services, but I believe we will see some real benefits from this approach. The important thing is that we’re there for the patients who need us most, focusing on their needs and outcomes.”

That’s Care Coordinator Sandra Lawler, talking about the implementation of Population-Based Client-Driven Care (PBCDC) in Grey Bruce. Regional Client Services Manager Anita Cole, who helped lead the charge, says Lawler and her colleagues did a great job of pioneering the approach in the South West. “The team in Grey Bruce was amazing,” says Cole. “They were visionary, and they moved through the change with a positive attitude.” Regional Client Services Manager Megan Nichols agrees. “There were challenges, ...continued on page 3



A New Beginning?

A Message from Sandra Coleman,
CEO South West CCAC

The CCAC has always been in the business of supporting seniors – helping them stay well, get better, live in their homes safely and comfortably, and when that's no longer possible, move to other living arrangements. Now Dr. Samir Sinha has developed a new vision for seniors care in Ontario, which recognizes our role in this critical area.

As you may know, Dr. Sinha, a geriatrician, spent several months criss-crossing Ontario, talking to many people about their ideas on seniors care. Earlier this month, a summary of his report was released. (The full report is expected shortly.) Among its key recommendations:

- CCAC care coordinators should work more closely with primary care teams.
- The government should continue to increase funding for home and community.
- CCACs and community support service agencies should work together to develop a "Standardized Collaborative Care Model" to better address client needs.

- The government should encourage the development of more assisted living and supportive housing units.
- Short-stay respite and convalescent care programs in LTCHs should be expanded.
- Efforts to battle elder abuse should be maintained and expanded.

CCACs across Ontario greeted Dr. Sinha's recommendations with enthusiasm. Here in the South West, we see much that dovetails with initiatives already under way, from Population-Based Client-Driven Care and Partnering for Quality to Access to Care and Health Links.

Dr. Sinha's report has underlined what we have recognized for many years: to provide "outstanding care — every person, every day," we must work collaboratively with our physician, hospital and community partners to deliver integrated care. We must do what we do best, and let others do what they do best. We must communicate across boundaries of sector and discipline. Above all, we must put clients at the centre, and work together to ensure that they are safe, comfortable and well cared for.

Is this a new beginning for health care in Ontario? Yes, but it builds on existing strengths and points down the path we're already on. Let's keep moving forward.

WHAT'S THE BUZZ?

LTCH Waitlists Now Online

In January the South West CCAC began to publish waiting list information for all 77 long-term care homes in the South West. The lists, which will be updated and posted monthly, can be found by clicking through "[Long-Term Care Options](#)" on the CCAC website.



Happy Birthday, Action Plan!

January 16 marked one year since Minister Deb Matthews released her *Action Plan for Health Care*. Minister Matthews reflected on the government's achievements in the past 12 months, including:

- 19 Health Links partnerships announced
- *Seniors Strategy* published
- Home care provided to 90,000 more seniors across Ontario
- 30,000 additional house calls made by primary care providers
- Two new midwife-led birth centres established
- Expanded role for pharmacists implemented, including ability to give flu shot

The Minister's update included a commitment to three million more personal support worker hours over the next three years.

Flu Fighters

As everyone knows, this has been a bad flu season. According to recent information posted by the Medical Officer of Health for Ontario:

- Influenza activity continues to increase in many areas of the province, but has declined slightly in some areas.
- Influenza cases are likely to continue to increase over the next few weeks in many areas of the province.
- H3N2 is currently the predominantly circulating subtype in Ontario. The H3N2 virus has been associated with more severe illness than other influenza viruses.
- While it is still early in the influenza season, initial reports indicate that the influenza vaccine is a good match to the main circulating H3N2 subtype.

Don't let down your guard — remember to:

- **Get the flu shot**
- **Practice good hand hygiene**
- **Keep alcohol-based hand sanitizer in your car, purse, etc.**
- **Avoid touching your face**
- **Cough or sneeze into your elbow or a tissue**
- **Keep surfaces clean**



MES Vendors Changing Soon

A Q&A with MES Transition Lead Kim LeMare-Matthews

Q: Why did the CCAC do a Request for Proposal process for medical equipment, and medical supplies and infusion?

A: We saw it as an opportunity to improve quality and value for money, and achieve consistency across the South West.

Q: What was involved in selecting the vendors?

A: The process, which started early in 2012, followed best practice and was rigorous, objective, fair and transparent. Proponents were evaluated on two components – price and quality. Quality was assessed based on a written submission, and a site visit and interview. Our thanks to the CCAC staff members who participated on the selection committee.

Q: What was the result?

A: Medigas was selected as the vendor for medical equipment, and Yurek's will be our provider for medical supplies and infusion. We decided to go with one vendor for

each service to leverage our volumes for better pricing. Ultimately this change will save the CCAC at least \$2 million per year. It's also much easier administratively to deal with one vendor.

Q: What will change with the new vendors?

A: There will be a number of changes, including a switch to one brand of infusion pump and one brand of enteral feeding pump across the region. We'll be talking about all the changes and reviewing workflows during PD days in February. We will also be introducing the new vendors in the next issue of the staff bulletin, and communicating with our hospital and physician partners.

Q: When do the changes take effect?

A: March 4. There will be a three-month transition period during which we will develop individual transition plans for clients who will still be on service with the old vendors by May 31.

If you have any questions about the transition, send them to msivtransition@sw.ccac-ont.ca or metransition@sw.ccac-ont.ca.



Rapid Response Nurses Launch

The South West CCAC has now hired 12 of the 13 Rapid Response Nurses (RRNs) funded by the Ministry of Health and Long-Term Care. Across Ontario, there will be 126 RRNs working in CCACs to help reduce the number of post-discharge ED visits and hospital admissions. Bonita Thompson, who joined the South West RRN group as manager in late November, says RRNs will provide transitional nursing support from hospital to home, complementing the care being provided by care coordinators and community nurses.

Care coordinators will refer to an RRN when patients have had frequent visits to the ED or hospital admissions. Initially the focus will be on frail adults and seniors with complex needs or high risk factors such as CHF and COPD, and will eventually expand to include medically complex children. During the home visit, the RRN will complete a head-to-toe assessment and medication reconciliation, review the discharge plan, and follow up on any primary care and specialist appointments. The nurses will be part of an integrated team with the 12 Nurse Practitioners to provide comprehensive hospital avoidance support in the community.

During the "soft launch", which began this month, each hospital in the South West has been assigned an RRN. RRNs are receiving referrals from care coordinators, participating in discharge conferences, and then making in-home visits. They are also evaluating provincial assessment tools, communication strategies and processes, in preparation for

the official provincial launch on March 1. Says Thompson: "Because we're working collaboratively with the whole care team, we'll be able to help patients have a better transition experience, improve their access to clinical care and community supports, and enhance communication from hospital to home, especially with primary care."

PBCDC Successfully Launched *Continued from page 1...* of course, but the team found the best way to get around them, with the least disruption to our patients and partners."

Meanwhile, work has begun on implementation in Huron-Perth-Oxford-Norfolk, where the team is on track to transition clients to the new caseloads during the week of February 11. The first engagement has taken place in London-Middlesex-Elgin.

Beginning in February, PD days across the South West will include dedicated time to thinking about the principles of Client-Driven Care. Staff members will also be introduced to the new Tool Kit.

All caseload realignments will be complete by March 31. The next step will be achieving the new provincial standards of care. Work is beginning in the north, where Cole says the mood is upbeat. "Now that people are focusing on specific populations, I really believe the standards are achievable."

Why We Can't Live Without BI

Business intelligence (BI) is a critical component of the South West CCAC, but one that many staff members may not fully understand. Steve White, Manager of Business Intelligence, puts it simply: "We improve decision-making by providing reports and analysis drawn from our databases. That way, decisions can be made on the basis of reliable data, rather than relying on anecdotal information."

Of course, there's nothing simple about it. White's team works closely with senior leaders and others in the organization to understand their information needs and draw the right data from client databases.

Recently, for example, the team was called upon to develop a long-term care home waitlist report for public distribution. "The biggest challenge was being able to extract accurate information that was truly representative of our waitlists in a short period of time," says White. "We listened to our partners in client services and co-created a shared understanding of the information we think the public would benefit from knowing."

Other recent projects have included putting together a presentation for the South West LHIN on service and system trends to highlight the growing number of complex clients supported by the CCAC. While Dr. Sinha was gathering data for the recently released seniors strategy, White's team provided him with statistics about the impact of the Home First program in the South West.

BI also played a key role in the recent caseload realignment in Grey Bruce, part of the CCAC's move to Population-Based Client-Driven Care "We couldn't have done this without the work of the BI team," says Megan Nichols, Regional Client Services Manager. "They understood what we were trying to achieve and were able to support our work with the right data and analysis."

Collaboration is the key to BI's work, White says. "We work closely with our internal clients upfront, so that we have a common understanding of what is needed. We simply can't do our work in isolation."

Occupational HEALTH AND SAFETY

Even when there is little or no snow and a mild winter, we should all be careful about road, sidewalk and parking lot conditions to avoid slips, trips and falls. Remember that ice can be hidden under a light covering of snow and black ice often forms on the roads when the temperatures fluctuate.

If you do have a slip or fall, here's what to do:

- Let your manager or supervisor know about any incidents or injuries that occur in the workplace or during work hours.
- Complete an *Employee Incident Report Form*. The form is located on the Intranet in the Forms and Brochures Library.
- Let your manager, supervisor, or Human Resources Coordinator know if you are absent from work starting the following day as a result of your incident and if you sought medical attention. The HR Coordinator will complete a Form 7 for WSIB and your manager or supervisor will complete an *Incident investigation Form*.

Horrendous Holiday Sweater Contest

The London site held a Horrendous Holiday Sweater contest on December 14. To be eligible, contestants made a contribution to The Foodbank. While there were many deserving entries, there were only three winners: Adam Cann (at back, fifth from left), Kim Lynch (at back, fifth from right) and Jodi Woodrich (at back, third from right).



We have a new baby in the HR Department

Vicky Coward, Manager of Education and Training at the London site, has a new baby boy. **Logan William** was born December 2, 2012 and weighed 7 lb, 12 oz with lots of hair. Mom and baby are doing great.



Thanks for your Generosity

Our United Way Campaign for 2012 was another great success! The total amount raised across the South West was \$10,051.50 and Audrey Dow from the Placement Team, was the lucky winner of the Day Off with Pay. A huge 'thank you' to all who supported our campaign and to the outstanding volunteers who took the lead at each office.

In December, the Stratford Site Social Committee and staff participated in a food drive for The House of Blessings. It was a great success!



Great Teamwork!

The Walkerton Community Team wants the South West Placement Team to know how much they are appreciated. Recent comments have been shared about working with the team and their excellent support and teamwork: "a pleasure to deal with, kind, compassionate and understanding, very helpful and very supportive as a team." Thanks for all that you do!

Welcome New Staff **London** Cristina Arends, Stacey Blake, Trudy DeVries, Carolyn Peters, Rapid Response Nurses; Jayne Gaffney, Beth Listerman, Elan Walton, Ashley Ralph, Care Coordinators; Eric Hoffman, IT Manager **Owen Sound** Lynn McDonald, Rapid Response Nurse; Melody Boyd, Program Facilitator with the Grey Bruce hospice Palliative Integrated Program; Samantha Colwell-Castle, Assistant to the Program Facilitator with the Grey Bruce Hospice Palliative Integrated Program **Seaforth** Diane Lockhart, Rapid Response Nurse **Stratford** Mandy Mohr, Cindy Rene, Care Coordinators; Ashley Wagner, Nicole Coveny, Alysson Korver, Client Services Assistants; Lori MacMillan, Mental Health and Addictions Nurse **Woodstock** Sarah Murphy, Rapid Response Nurse; Megan McIlroy, Kristina McLaughlin, Wendy Sziklai, Care Coordinators; Catherine Smith, Client Services Assistant