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South West CCAC
Community Care Access Centre

CASC
Centre d'accès aux soins communautaires du Sud-Ouest

STAFF BULLETIN February 2013

Renewing our commitment to Client-Driven Care

The CCAC's guiding principles are as relevant as ever

This month, client services staff members have been taking part in a series of workshops focused on the principles of Client-Driven Care (CDC). They're part of a CDC "re-launch" that also includes the publication of a comprehensive toolkit and a little book of inspirational thoughts.

Carolyn Sheculski, Manager of Education and Training for the CCAC, says the introduction of the population-based model of care was a good opportunity to refresh the principles of CDC. "Over the past few years, we've spent a lot of time developing common work processes and databases," she says. "Now we're past the operational pieces and have an opportunity to really focus on who we are and how we are with one another."

> "We all hear about Client-Driven Care all the time, but this broke down the concepts and made them more practical. It's the kind of training that really helps us help our clients."

CDC is based on research that Dr. Carol McWilliam, a nursing professor at Western University, started some 20 years ago in partnership with local CCACs. McWilliam demonstrated that the CDC approach (based on building relationships, developing mutual understanding, and co-creating solutions) produced better outcomes for clients and providers alike. Regional Client Services Manager Anita Cole says the concepts are as relevant now as they were in the early days of the South West CCAC. "CDC is all about 'doing with,' rather than 'doing unto,'" she says. "That's what makes the difference. The moment you think that way, it changes everything you do. It's not about 'delivering service': it's about partnership."

Reflecting this "do with" ethos, the workshops were developed by a team of staff members from across the CCAC, including frontline staff, QILT members and Sally Boyle and Celina Thomas Hicks of the South West Self-Management Program. Participants get a refresher on the principles of CDC, and are exposed to some new ideas about health literacy and client empowerment and action planning. They are also introduced to the new toolkit, a comprehensive resource that brings together important materials relating to CDC, the population-based model and more.

Care Coordinator Nancy McCartney says the workshop was "well presented and enjoyable." She adds, "We all hear about Client-Driven Care all the time, but this broke down the concepts and made them more practical. It's the kind of training that really helps us help our clients."

Sheculski hopes that, in addition to providing staff members with some new strategies and approaches for working with clients, the workshops will remind everyone that the principles of Client-Driven Care are also applicable to their relationships with one another and system partners. Cole adds: "The workshops are bringing us together, reacquainting us with our foundational principles, and preparing us to move forward together at a time of system transformation. It's up to each one of us to live the principles of Client-Driven Care as we grow and evolve."

Worth Sharing

A Message from Sandra Coleman, CEO South West CCAC

Recently I welcomed a special visitor to the CCAC – Teresa Armstrong, Member of Provincial Parliament for London-Fanshawe. Ms. Armstrong is the first of several local MPPs and candidates we will be connecting with in the coming weeks to provide some insight into what we do and how we do it and the important "hands on" role Care Coordinators play supporting our clients.

Ms. Armstrong's visit was a great success. She came with many questions about our services and was delighted to participate in a home visit with a palliative client supported with our innovative eShift program. It was clear to me that she was impressed by what she saw of our organization. My big thanks to Pat Lynch and Jacquie Wesley, the Care Coordinators who met with Ms. Armstrong to discuss their role. Jacquie also came with us to the client's home.

Why is it important to connect with people like Ms. Armstrong? Because MPPs make important decisions about the future of health care in our province. It is not our job to be politically active: rather, we must ensure that the individuals tasked with these key decisions have the information and understanding they need.

Similarly, it's important that we share our story with our family, friends, neighbors and the general public. They are voters who will influence their representatives. They are also potential clients and caregivers, who may someday need our care for themselves or loved ones. (After all, one in 19 people in the South West is cared for by the CCAC in any year.)

Are we tooting our own horn? Yes, but we're doing it carefully, to inform, educate and improve access. Below, you'll find a list of key messages that we have developed to clarify how we talk about the CCAC and the important role of care coordination. Next time someone asks you about what you do, tell them about our work and our commitment to quality and safety. We have a story well worth sharing.

Key Messages about the CCAC and care coordination

- CCACs get people the home care they need to stay well, heal at home, and stay safely in their homes longer. When home is no longer an option, we help people make the transition to other living arrangements.
- CCAC care coordinators are nurses, social workers and other dedicated professionals. Through personal visits and regular check-ins, we help determine the right care and supports for patients.
- Care coordinators work closely with family doctors, hospitals, community organizations and others to support our shared patients through their journey.
- We work hand-in-hand with the people we care for to build trusting relationships, understand the challenges they face, and co-create strategies.
- We are always working to improve the care we provide.
- 92% of the people we serve are satisfied or very satisfied with CCAC care. Less than 4% of our budget is used for administration.

WHAT'S THE BUZZ?

Kathleen Wynne promises more home care

On February 19 Lieutenant Governor David Onley delivered the Speech from the Throne, outlining the legislative plans of new Ontario premier Kathleen Wynne. Among the highlights:

- Expanded access to home care
- Continued commitment to Seniors Strategy
- Continued commitment to integration through Community Health Links
- Commitment to health promotion to combat smoking and obesity
- Commitment to patient-centred care and evidence-based health policy

Deb Matthews, MPP for London North Centre, will continue to be Minister of Health and Long-Term Care and will also serve as Deputy Premier in Ms. Wynne's cabinet.

Ontario CCACs talk quality

The OACCAC recently released its 2011-2012 *Quality Report*. Among the key facts in the report:

- CCAC Referrals for patients with high care needs have increased from 35% in 2008-2009 to nearly 50% in 2011-2012.
- Every month, approximately 16,000 people are supported by CCACs to go home from hospital.
- Since Health Care Connect launched in February 2009, 134,500 patients have been connected to a primary care provider, including more than 13,300 patients with high care needs.
- For every patient with high care needs served in the community instead of a hospital, the health care system saves approximately $384 dollars per day.
- Compared to 2009, 22.5 per cent fewer people are going to long-term care from hospital today.

Find the report at www.ccac-ont.ca.

Wait Times Reality Check

Recently, NDP Leader Andrea Horwath identified as one of her legislative priorities a home care guarantee to ensure seniors receive home care service within five days. So what are the wait times for nursing and personal support in the South West?

- 50% of people being discharged from hospital get a visit within the first day.
- 91% of people discharged from hospital get a visit within 5 days.
- (In addition, it's important to recognize that many people have their first visit scheduled six or more days after discharge for a variety of reasons, including client preference.)

Medical Equipment and Supplies (MES) Update

On March 4, Yurek Pharmacy and Medigas become the CCAC's suppliers for medical equipment and supplies. For those who don't know them yet, here's a brief introduction.

Medigas Team

Bill Furlonger

Ron Black

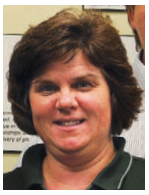
Elizabeth Soares

Terry O'Farrell

Yurek's Team

George Banman, Pharmacy Manager

Jody Boyd, RPN, Home Support Coordinator



Linda Corriveau, Manager of Medical Supplies

Peter Yurek, General Manager

"Medigas is singularly committed to helping people live better lives and supporting the medical professionals who make it all possible. The success of the Medigas organization can be credited to the quality of the people we employ, the support of the communities in which we conduct our business operations, the relationships within our affiliated healthcare network, and most importantly, the on-going loyalty of our customers. Medigas is the leading supplier of home medical equipment to Community Care Access Centres in Ontario. We are a community-based company with a distinct focus on providing clients a tradition of quality service from over fifty locations nationwide."

Contact numbers for Medigas:
Phone: 855-633-4425 • Fax: 877-451-3577

"Yurek Pharmacy has provided medical supplies and infusion services for the South West CCAC clients since 2002 in Elgin, Grey and Bruce counties. Yurek Pharmacy strives to operate under a model of excellence that puts its clients first. Skilled, motivated employees are known for providing quality and value in all areas of service. Yurek will focus on seamless client relationships and satisfaction. Our goal is to be the respected leader in the delivery of pharmaceuticals, health products and services across the South West CCAC."

Contact numbers for Yurek:
Phone: 1-888-631-6502 • Fax: 1-888-637-3690

Health Links Update: CCAC service promise

As reported in last month's staff bulletin, the CCAC is supporting the development of the Perth Health Link. The partners have now identified their target populations, which are frail seniors (75+, medically unstable, multiple co-morbidities), and people living with COPD and CHF. The business plan was submitted to the Ministry of Health and Long-Term Care February 19. Here are some of the commitments made by the CCAC as part of the plan.

CCAC Care Coordinators will:

- Be on site with primary care practices on a regular basis to support the High Five patients, providing intensive care coordination support and access to hundreds of visiting nurses, therapists and personal support workers
- Notify primary care when a client is admitted to CCAC service, admitted to hospital, or discharged from hospital, when there is a change in health care status, at discharge from service, and at the time of LTCH placement.
- The CCAC's Intensive Home Care Team of nurses and nurse practitioners will:
  - Provide an in-home nursing visit for frail adults and seniors with complex needs within 24 hours of hospital discharge
  - Ensure accurate and complete information, including a medication reconciliation report, to primary care within 24 hours of hospital discharge
  - Provide ongoing nursing clinical consultation in the community
  - Support complex clients to help avoid unnecessary visits to the ED and hospital admissions
- CCAC's Health Care Connect team will connect orphan patients with a physician.
- The Partnering for Quality team will support family practices and system partners with quality improvement and ehealth coaching.
- The South West CCAC will provide full access to our information management, technology and corporate services, including decision support, business intelligence, use of ehealth enablers, and Partnering for Quality.

"It's a comprehensive commitment, and one that clearly illustrates how much we have to offer these complex clients and our commitment to work with the partners in care," says Nancy Dool-Kontio, Senior Director of Strategic Planning & Integration. "We look forward to getting started!"

Occupational HEALTH AND SAFETY

Five Ways to Beat the Winter Blues and Keep Your Spirits High

1) Get moving – Staying active is important. Embrace winter sports and activities or take short walks. Yoga or workout DVDs are indoor options. Exercise is great for relieving stress and improving your mood and energy level.
2) Eat well – Eat a variety of foods, including as much protein, fruits and vegetables as you can. Avoid refined and processed foods. Healthy foods provide your body and mind with nutrients and stabilize your blood sugar and energy levels.
3) Get some sun – Sunshine provides much needed Vitamin D. Exposure to sunlight – by going outside, sitting by a window or changing your light bulbs to "full spectrum" bulbs -- helps lift your mood.
4) Get together with friends and family – Social support is important. Schedule outings. Even a simple phone call can brighten your mood. Ask for help or encouragement when you need it.
5) Pamper yourself – Take a fragrant bath, drink hot tea, curl up with a good book, light candles or cuddle with loved ones. Treat yourself to a girls' or guys' night out, a sporting event or movie night. Relaxing, meditation and positive thinking help to create a calm energy. Try to spend a few minutes each day doing nothing!

Children from Trentino are excited to display their finger puppets lovingly made by an 82 year old Plattsville grandma.

Mission of Hope

Warm smiles and weather greeted Care Coordinator Jacquie McLeod as she arrived in Nicaragua as part of the Mission of Hope 2013 team. The team spent time in Pantannal (barrio) where the children's program and sports activities were a hit. The highlight of this stay was to meet women who were carrying on with a sewing program that had been established several years earlier. The women were busy making items such as school uniforms in hope of generating some supplemental income for their families. Each woman received a "sani" pack which included toiletry, feminine hygiene items and underwear. Oxford and Stratford site staff generously donated to this drive in late December, it was very much appreciated. As the days flew by, the team connected with many old and new friends, helped build a schoolroom and dig a water system. The children's programs with music, puppets and stories were joyfully attended. It was an uplifting time for the whole team and Jacquie is planning to return next year.

Happy Retirement

On January 30, Seaforth staff celebrated the retirement of care coordinator Dianne Collyer with a dinner party at The Queens Inn. Dianne worked with the CCAC for 10 years. Best wishes Dianne.

Above: Care Coordinator Duncan Sissing gives the thumbs up while waiting his turn at the potluck table. Right: Many delicious dishes, both hot and cold, were brought in to share.

Bon Appétit

The Seaforth office celebrated Valentine's Day with a potluck lunch.

A Walk in the PARK

Self-proclaimed Disney addict Jennifer Thompson participated in the January 2013 Walt Disney World Goofy's Race and a Half Challenge, a 39.3-mile adventure like only Disney can do, with a Half Marathon on Saturday (13.1 miles) and a full Marathon on Sunday (26.2) starting and ending at EPCOT.

oh baby...

Kristy and Sean Morrison are happy to introduce Oliver Henry James Morrison, born January 14, 2013. Proud grandparents are Lorraine (administrative assistant in St. Thomas) and Barry Buchanan.

Welcome New Staff

London Amber Alpaugh-Bishop, Project Manager, Access To Care; Brittany Barber and Teresa Murray, Care Coordinations; Jeffrey Lee and Brittany Smith, Client Services Assistants and Susan Morgan, Regional Manager, Human Resources

Owen Sound Michelle Bird, Care Coordinator

St. Thomas Sandra Codling, Client Services Assistant