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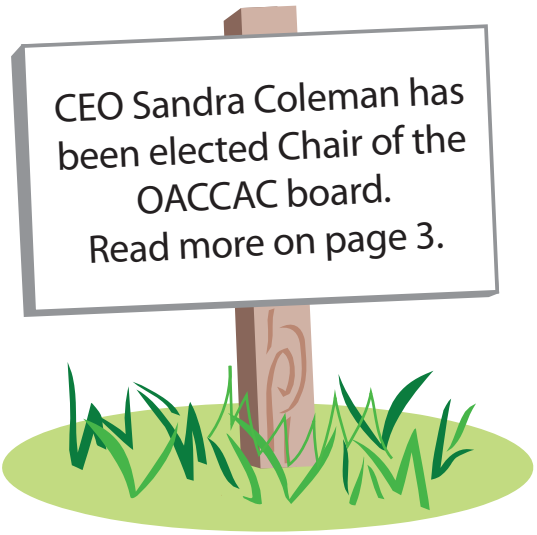
South West CCAC / CASC
Community Care Access Centre
Centre d'accès aux soins communautaires du Sud-Ouest

STAFF BULLETIN June 2013



CCAC Takes Lead in eHealth Project

> It's in the best interests of patients for providers to communicate effectively with other health care providers. Patients assume that we share information with one another, but in reality sharing across transition points or multiple providers is a big challenge. We at the South West CCAC want to work with our system partners to solve that challenge.

That's Nancy Dool-Kontio, Senior Director, Strategic Planning and Integration, talking about the CCAC's role as the Connect Southwestern Ontario (cSWO) delivery partner for the South West Local Health Integration Network (LHIN).

cSWO is one of three groups (the other two are cNEO and cGTA) that comprise a province-wide eHealth initiative to leverage existing technologies to connect health care providers. cSWO will implement two main technologies. Clinical Connect enables health care providers across the spectrum to view patients' online health records. HRM, when fully developed, will enable hospitals to share clinical information with physicians through their Electronic Medical Records. In addition cSWO will work with technologies such as eNotification, eShift and thehealthline.ca, and support the IT needs of burgeoning Health Links. The South West team will meet regularly with delivery partners from the other three LHINs that are part of cSWO, to share information, ideas and best practices.

The CCAC has finalized its agreement with cSWO project manager London Health Sciences Centre (LHSC), and is hiring for five staff positions. Over the next six months, the team will undertake extensive engagement with stakeholders to finalize the implementation plan. Then a larger team will be recruited to implement the plan across the South West.

The goal of cSWO, says Dool-Kontio, is to improve the use of technology and ultimately, the quality of patient care. "This is about using proven technologies that are already in use," she says. "It's about working with providers to understand how they want to use the technologies in their daily practice."

Craig Hennessy, eHealth Lead for the CCAC and lead for cSWO South West delivery partner, agrees, adding, "With the Baby Boomers moving through the system and finite resources to care for them, it's clear that we have to build on our existing eHealth assets to meet the needs of consumers, clinicians, and health care organizations, and improve communication and coordination across all health care providers."

A Message from
Sandra Coleman, CEO
South West CCAC

Making History

In our May bulletin we snuck in a last-minute photo taken during Premier Kathleen Wynne's visit to London on May 24. I'd like to tell you a bit more about that visit, which may well have been the first time an Ontario premier participated in a CCAC home visit.

The London couple she visited have a compelling story. Peggy and Norman are in their 80s. Peggy had a stroke two years ago and is legally blind. Norman has Parkinson's disease. Last year he went to hospital for knee replacement surgery and had a bad drug reaction. He would have waited in hospital for a place in a long-term care home, if it hadn't been for the Home First approach. Thanks to the work of the CCAC, Norman was able to return home with 24-hour care for several weeks.

Since then, Norman has made a remarkable recovery. He's now able to take walks in the neighbourhood, often accompanied by Peggy in an electric wheelchair, and their two dogs and a cat. Two days a week, he attends an Adult Day Program at McCormick Home. "It took a village to get us home," Peggy told the Premier. "It's a partnership and it works very well. It just shows what a village can do!"

The Home First team.

Peggy and Norman seemed remarkably relaxed as they played host to the Premier, Minister of Health and Long-Term Care Deb Matthews, and the phalanx of reporters who filled their living room on May 24.

Peggy clearly wanted to tell their story and give credit where it's due – to the community care team led by Intensive Care Coordinator Heather McCallum. I want to make special mention of Heather's participation in the visit. She spoke eloquently about the role of the CCAC, representing us with grace.
[To see a video of the visit, click here.]

Clearly moved by the Pattersons' story, the Premier said it highlighted the importance of her government's ongoing investments in home and community care. "In addition to the quality of life that is so much enhanced for people like Norman and Peggy, this is also the most economical way for us to deliver health care. It is by far and away the more rational option for the health care system to pay for care at home than to keep people in very expensive acute or long-term care beds."

The St. Thomas Elgin General Hospital team.

The Patterson's story is one of hundreds that we encounter every week. And we all know how inspiring it is to work with people who are living life to the full when faced with the challenges of age, illness and disability. Recently we've hosted several MPPs on home visits, and I believe the visits had a profound impact on each of them. My heartfelt thanks to the care coordinators who have made those visits possible.

The work we do is clearly its own reward, but it's still nice to be recognized! Congratulations to the Home First and St. Thomas Elgin General Hospital teams, winners of the South West LHIN's 2013 Quality Awards. (And thanks for maintaining our perfect record of five Quality Awards out of five!) These awards recognize individual excellence, of course. But more importantly they highlight our ability to work in partnership with providers across the spectrum to deliver outstanding care, every person, every day.

Coleman Chairs OACCAC Board

On June 19 Sandra Coleman was unanimously elected Chair of the Board of the Ontario Association of Community Care Access Centres (OACCAC) for a one-year term. The OACCAC is a not-for-profit organization established to represent the common interests of Ontario's 14 CCACs and provide products and services that support member organizations in their work. "I welcome this opportunity to continue contributing to the OACCAC and the CCAC sector at this very important time," says Coleman. "This is an exciting time for home care in Ontario. I look forward to working with a stellar group of Directors and staff to champion home care, the patient experience, Client-Driven Care and the tremendous value for money we bring to the system. Ultimately, this is all about making care better."

South West Quality and Value in Health Care (QVHC) Project under Way

Through the South West QVHC Project, the CCAC and its care provider agencies are working together to strengthen partnerships, create efficiencies, enhance work life for provider and CCAC staff, and improve care.

"We are now in a new environment," explains Regional Quality Manager Darlene Bogie. "Contracts are 'evergreen' but rates have been frozen. The intent of the project is for all of us as partners to look at our current systems and approaches and see what can be improved."

> "… It was exciting watching the participants go through the process mapping and begin to see real opportunities for improvement."

A project manager, Flo Cassar, has been hired collaboratively between the provider agencies and the CCAC.

Three streams of work are under way:

- The Lean stream is using lean techniques to improve the efficiency and effectiveness of shared processes, with a special focus on implementing eHealth enablers.
- The Collaborative Relationships stream is looking at how Client-Driven Care can be applied to how we work together as partners.
- The Service Delivery Improvements stream is exploring ways to restructure contracts for efficiency, including moving to dedicated geographies.

To support this work, Andrea McInerney, an Improvement Coach with the Partnering for Quality initiative, delivered a LEAN 101 educational session on May 22. The session was attended by representatives of each service provider and CCAC staff from several areas. "Andrea did a phenomenal job of presenting a lot of information in a very clear and concise manner," says Bogie. "The hands-on activities — using process mapping and the 5 Whys — gave everyone a sense of how these principles could be applied in our context. It was exciting watching the participants go through the process mapping and begin to see real opportunities for improvement." The session also included an introduction to experience-based design, which sparked considerable interest.

Work groups for the three streams will be meeting over the summer. The Lean group has already launched a PDSA in Huron Perth, implementing the client service report upload.

Bogie is optimistic that South West QVHC can make a difference. "The environment is really conducive to getting buy-in," she says. "We've already got strong support at the senior leadership level. Engaging the frontline staff and getting their support for the changes will be critical to our success."

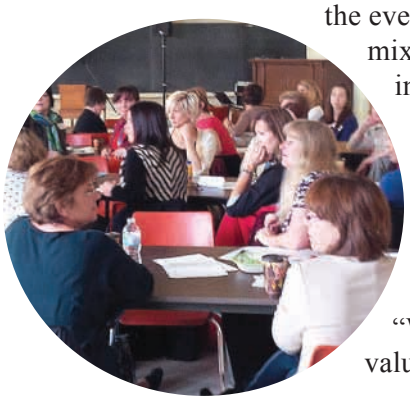
Intensive Home Care Team (IHCT) Gathers

On May 14 the Intensive Home Care Team (IHCT) gathered for a day-long workshop, the first time the new team had been together in one place. "So much of what we do, we do virtually," says Megan Nichols, Regional Client Services Manager, "but there is real value in meeting each other face to face. It was a very successful day with lots of profound conversation and 'aha' moments."

> "… We want to ensure that we manage the transitions, so that patients feel fully supported."

The IHCT includes Rapid Response Nurses, Mental Health and Addiction Nurses, Geriatric Resource Nurses, Nurse Practitioners specializing in community, palliative and Long-Term Care Home patient populations and Complex Care Coordinators, a group of more than 60. Many of them are new to their roles.

Nichols says the day was an opportunity for team members to understand each other's roles and then work together to ensure that there are no gaps or duplications in service. "It was all about how we work together as a collaborative and what the patient journey looks like for services from our team. We want to ensure that we manage the transitions, so that patients feel fully supported." Client Services Managers Glenda Dhinsa, Michelle Summers and Bonnie Thomson, who planned the event, ensured that it was a mix of the operational and inspirational.



The team's Client Services Assistants also attended. "They're a hugely important part of the team," says Nichols. "We can't overstate the value they bring."

Short-Stay Team Tests Enhancement

Recently the Short-Stay team did a very successful PDSA test of a service enhancement based on hospital eNotification.

eNotification is one of the new eHealth enablers that have been introduced as part of Home First. Each time a current CCAC patient enters or leaves an emergency department or is admitted to a hospital, a notification is sent to the CCAC through CHRIS. The PDSA involves Client Services Assistants phoning patients who visit the ED to ask how they're doing, provide information about their CCAC services and ensure that they have the care they need at home. The ultimate goal of the enhancement is to reduce hospital readmissions.

Two CSAs serving the acute sub-population, Lynn Brewer and Konrad Jagiello, are making the calls. "Lynn and Konrad are very excited about this new opportunity," says Client Services Manager Jill McCaffery. "They feel they are a part of the team, helping patients through their journey."

Patients have also reacted positively, with several thanking the callers for their concern. "This PDSA is a resounding success," says Regional Client Services Manager Jennifer Fazakerley. "I see tremendous potential for reducing future ED visits, connecting primary care with this information and generally improving the care for our patients."

The next step is to extend the test to the whole short-stay team, with Brewer and Jagiello training their colleagues.

Return on Investment

Take a bow, South West CCAC!

Last year our funding increased by 4.8%, yet we increased spending on patient care by 8.5% and increased home visits by 10.7%! Our administration costs were only 3.6%. No wonder the provincial government has increased our funding again this year.

Occupational HEALTH AND SAFETY for your Summer Vacation

Finally, summer is here! For many people it's time to take a break and enjoy some downtime. We want to be sure you vacation safely and come back to work rested and healthy. Here are a few things to keep in mind.

The Dark Side of Summer Sun

Sunburn can ruin your vacation. In addition, it is now thought that the long-term effect of severe sunburn may be an increased likelihood of various types of skin cancer. Here's how to protect yourself:

- Buy a good sunscreen and don't forget to use it.
- If your skin is sensitive to the sun, look for products with high SPF (Sun Protection Factor) ratings.
- Tune in to your local weather channel to get advance notice of how intense the sun will be in your area — the UV index. The index ranges from 0-10, with 10 being the most intense. The higher the index, the more important sunscreen use will be.
- Remember that the sun's rays are most intense (at any index level) between 10:00 a.m. and 4:00 p.m., so plan exposure accordingly.

A few medicines can cause photosensitivity, making you more susceptible to the sun's ultraviolet light. Your doctor or pharmacist can tell you if a prescription drug is likely to cause this problem.

Overheating in the Summer Sun

Very hot and humid weather causes an increase in internal body temperature, which places greater demands upon the body's cooling mechanisms. There is a limit beyond which these mechanisms can no longer maintain a normal internal temperature. If body temperature continues to rise without sufficient cooling, a heat disorder can occur.

Heat disorders can be mild or severe.

- Heat rash — In hot, humid environments, sweat can't evaporate easily, leading to plugged sweat glands and a consequent skin rash. The rash can be treated by cool showers and cornstarch-containing powders. To prevent heat rash, keep the skin dry and wear fast-drying clothing.
- Heat fatigue — Characterized by discomfort, irritability, disorientation, headaches, and fatigue, this mild disorder can be alleviated by getting out of the heat, relaxing, and drinking plenty of cool liquids.
- Heat cramps — Massage the affected muscles and drink water and electrolyte replacement drinks.
- Heat syncope/fainting — Fainting victims should lie down and rest in a cool place, and drink plenty of fluids.
- Heat exhaustion — A serious condition, heat exhaustion leads to symptoms such as excessive sweating, cool, pale, and clammy skin, weakness, nausea, headache, dizziness and slightly elevated body temperature. Victims of heat exhaustion should be moved to a cool place to rest with their feet slightly elevated and their clothes loosened or removed, and they should drink plenty of cool liquids.
- Heat stroke — The most serious of heat disorders, heat stroke is the result of a complete breakdown of the body's cooling mechanisms. Symptoms include lack of perspiration, red, bluish, or mottled skin, hot and dry skin, strong, rapid pulse, temperature of 105 degrees Fahrenheit or higher, severe headache, chills, or nausea, mental confusion, dizziness, unconsciousness, convulsions, and eventual coma. Heat stroke should be treated immediately because it can cause brain damage and death. Call for emergency help, then remove the victim's clothing and cool the body by rubbing with a cold sponge or ice pack, cold compresses, a fan, or by immersing in tepid water.

Tips to Beat the Summer Heat:

- Pay attention to weather reports and adjust daily routines accordingly.
- Schedule physically strenuous activities for cooler times.
- Allow several days to adjust to hot environments.
- Dress in light, loose, cotton clothing. Wide-brimmed hats help keep you cool as well.
- When working outside, take periodic rest breaks in a cool area.
- Drink plenty of noncarbonated fluids before, during, and after physical activities. Avoid alcohol and caffeine, which are diuretics — substances that increase water loss via the urine.
- Never leave children or pets inside a car, even if the windows are open.
- If you are taking medication, ask your doctor about its side-effects.
- Keep cool with fans, air conditioning, and cool baths or showers.
- Get plenty of sleep and eat light, nutritious, and non-fatty meals.

Jane Downey: CDC Award Winner Shares her Perspectives

"I'm a resilient person, able to adjust to whatever situation is thrown at me. I believe in the principle of 'no decision about me without me.' My approach is that I'm a guest in my patients' homes, and I'm only there to help them deal with their issues and provide them with the help they need. I feel privileged to hear people's stories and I'm often humbled by what patients and families are willing to share with me."

That's Jane Downey, talking about her job as a Complex Care Coordinator. In May, Downey was awarded the Client-Driven Care award for an individual in client services.

Downey has worked with the CCAC for the past nine years. Before joining the CCAC she worked part-time as a community visiting nurse for 20 years while raising her five children. In 2004 she joined the hospital team at Stratford General, and three years later, became a Support Care Resource Team care coordinator. Now she is part of the Complex Care team in Stratford.

Although she often works with patients at the end of life, Downey sees her job as an opportunity to help people live as well as they can. "Just like having a baby is a natural and normal part of life, so is the end of life," she says. "Palliative care can be a precious and intimate time for families."

As an individual award winner, Downey attended the OACCAC conference in June. She welcomed the opportunity to "see the bigger picture of CCAC," and understand better what goes into supporting the delivery of frontline care.

A few weeks ago, Downey hosted Perth Huron MPP Randy Pettapiece, two board members and CEO Sandra Coleman for a home visit. The client was a woman who had been living with pancreatic cancer for three years and was in the final days. She cheerfully told Pettapiece, "I voted for you!" She died two days after the visit. Says Downey: "I think Randy left with a better appreciation for home care, and especially for how precious it is to give a patient the choice to die at home. After all, there's no place like home."

HOG JOG

Ontario Pork Industry Council's Pork for a Cause Hog Jog is a 3.5km run/walk and 10km run held each year in Stratford during the Ontario Pork Congress. The goal of the Hog Jog is to raise awareness about an important local cause, give back to the community, and celebrate the people of the pork industry. It is also about having fun!

Perth Care Coordinators Karen Geoffrey, Angie Muir-Hughes, Keena Dorion and Trish Bader had FUN participating in this year's Hog Jog on Wednesday, June 19, 2013. They invite all fellow CCAC runners to join them next Year. Save the date!

We'll miss you!

Pam Hill, Community Care Coordinator has accepted a temporary South West CCAC hospital care coordinator position at the St. Thomas Elgin General Hospital. Pam is surrounded by her St. Thomas colleagues who wish her well after enjoying a pot luck luncheon on May 24, 2013. Good luck from the St. Thomas community staff. We'll miss you!

Front (bottom row): Sandra Codling, Iolanda Locker, Pam Hill, Jennifer Thompson. Second row (top row): Lorraine Buchanan, Godlief Devaere, Laurie Browne, Barb Modesto, Val Van Dyk.

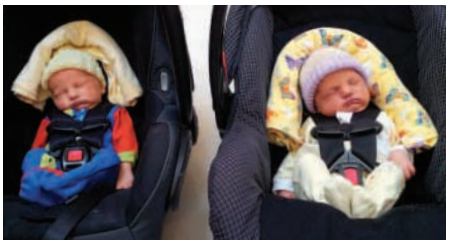
Erin

Eleven year old Erin, daughter of Joanna Makinson, Manager, Education and Training at the Seaforth office, has been selected for 3 National Children's Dance Teams. In December, Erin and Joanna will travel to Poland for the International Dance Organization (IDO) World Dance Championships where she will compete for Team Canada for the Ballet, Jazz and Modern Dance Teams. "This is such a huge accomplishment for her and her father and I could not be more proud of this amazing accomplishment." Good luck Erin.

We look forward to hearing more when you return from the competitions.

Babies on Board

Congratulations to Owen Sound Care Coordinator Sarah Gurney, her husband Josh, and big brother Seth on the birth of their twins, Myla weighing 6 lbs., and Owen weighing 5 lbs 15 ozs, born June 11, 2013. Mom and babies are doing well.



Oh! What a thrill...

Nicole Farren Sharp, care coordinator at the St. Thomas office, her husband Mike, daughter Payton (age 11) and son Braydon (age 9) vacationed in Cuba Veradero in April. The children begged to go on the Swimming with the Dolphins Tour. Braydon had the surprise of his life as he had no idea he was about to be airborne. Nicole says she would have loved to see his face, but this picture is perfect!

Welcome New Staff

Huron Crystal McCallum, Clinical Lead, Wound Care; Paula Greco, Manager, Client Services **Perth** Christine Hook and Wende Wagar, CCs; Vimmy Persaud, CSA **London** Candace Lefebvre, Catherine McPhee, Holly Watson and Laura Steckle, CCs; Dakota Vicary and Daniel Knight, CSAs; Kimberly Timleck, Organizational Development Lead, HROD; **Grey** Catherine Coburn, Mental Health and Addictions Nurse; Samantha Colwell-Castles, Program Lead, Wound Care; Sheila Liddle and Sue Graham, CCs **Bruce** Jennifer Chreptyk, Mental Health and Addictions Nurse