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South West CCAC
Community Care Access Centre

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

STAFF BULLETIN
February 2014

Caring like a Star

All-Staff Event March 19th!

Join us for a day of commitment to quality, learning and inspiration as we explore the important role each of us plays in our patients' lives.

Key note speaker
Mike Lipkin

South West CCAC helps displaced retirement home residents

When an Aylmer retirement home suddenly closed in late January, and its elderly residents needed a new place to live, the South West CCAC sprung into action. In the span of just two days, the CCAC worked to find alternative living arrangements for a dozen residents of the Brookside Manor Retirement Home, who would otherwise have had no place to go.

> "From the staff they sent in to look after our families, to their response, their attitude and their actions - everything was just absolutely superb." — *daughter of resident*

"Our role was working with the residents and their families," said Client Services Manager Daryl Nancekivell. "They no longer had a home, so we had to be there for them, get them the services they needed, and find them suitable living arrangements as quickly as possible."

Charlottte Sipkema

Judy Brown

Daryl Nancekiville

Sherrie Rastel

Caring CCAC staff members helped residents find new living arrangements.

The CCAC was informed January 22 that the home would have to close January 24. With 12 residents to relocate, they quickly sourced out available housing options and helped residents connect with family to find short-term living arrangements. They also had to ensure the appropriate care and supports would be waiting for residents when they arrived at their new homes.

"I can't say enough about the CCAC and its staff," said Sherrin Guyard, whose 86-year-old mother, Frances Rickwood lived at Brookside for more than four years. "From the staff they sent in to look after our families, to their response, their attitude and their actions – everything was just absolutely superb."

A potential change in ownership had been taking place at Brookside at the same time as the home was trying to acquire an operating licence. When both processes fell through, the home had to close. The CCAC had been working with Brookside residents for many years, but had to put in additional services in January because the ownership transition was not going smoothly.

"Our Care Coordinators knew most of the families and residents," said Nancekivell. "They were working in extremely difficult situations for those two days, but they did so with a lot of compassion and empathy." The CCAC even purchased food, toilet paper and other basics to ensure safety.

It's a sentiment echoed by many of the residents' families, and even the Aylmer Fire Chief, who told the Aylmer newspaper the CCAC had gone far above its mandate in caring for the Brookside residents.

But helping the residents was a team effort, said CCAC Care Coordinator Sherrie Rastel, one of many who worked alongside Nancekivell. Red Cross Care Partners stayed onsite to support residents, Brookside staff volunteered to keep working despite no longer being paid, and an incredible showing of support took place from the community, she said.

"More than 20 long-term care homes or retirement homes offered short-term beds, and a number of town residents called to say 'if people need a place to stay, we can help,'" said Rastel.

But despite the amazing teamwork and generosity of everyone involved, it was the resolve of the Brookside residents themselves that was most impressive, said Nancekivell. "Many of them simply said, well, it's just another adventure."

A Message from
Sandra Coleman, CEO
South West CCAC

Our time to shine

"There are no big things – there are just small things done with big love."

— Mother Teresa

Here at the South West CCAC our key strength is the common passion each of us has for caring for the people we serve. It's tremendously easy to put our hearts into caring for others and into committing to something bigger than our individual selves. Without a doubt we all work in a very noble profession.

But we must always remember to approach our care and commitment to patients as much more than a series of tasks to be accomplished. We need to put our heart and soul into caring for every patient, while remembering to take into account factors like patients' family members, friends and unique personal situations. Each of these is unique, and deserves to be treated as such.

On March 19th we will gather together as an organization for a day of commitment to quality patient care, learning and inspiration, and we will explore the important role each of us plays in our patients' lives. As a CCAC staff-only event, the day will mark a return to the early years of our annual spring event. It will also be only the third time in our eight-year history that all of us are together in one room, so it will be a very special day indeed.

Health care continues to shift towards a model of home and community care because it is the right thing to do for patients, and for the system. But this vote of confidence for home and community care comes with great responsibility.

The expectations of our role in health care today are far different than they were even five years ago. We have an extraordinarily challenging role, but it is one in which we must thrive so we can continue with the honour of providing home care in this province. As the invite to the spring staff event says, we act as stars every day. And now is our time to really shine.

I look forward to seeing everyone on March 19th where we'll all work to renew and deepen our commitment to providing outstanding care – every patient, every day.

Provincial funding announcements

Community EMS funding

The Provincial Government recently announced $6 million in one-time funding to be used across the province to develop community paramedicine programs. These programs enable paramedics to apply their training and skills beyond the traditional role of emergency response towards things like:

- Providing home visits to seniors known to call emergency services frequently, to provide a range of services like ensuring they are taking their medications properly
- Educating seniors in their homes about chronic disease management and helping to connect them to local supports, like Diabetes Education Teams
- Helping refer patients to their local Community Care Access Centre (CCAC) so that they can be provided with appropriate home care services

Currently in Ontario there are 13 paramedicine programs in operation, including in Grey Bruce here in the South West where the program has focused on referrals from EMS to the South West CCAC. With 50 EMS providers in the province, it is expected more will apply for funding to begin their own paramedicine programs, with all provincial programs in the province utilizing CHRIS for ereferrals and information exchange with the CCAC. The South West CCAC is already meeting with the South West EMS providers to see who expresses an interest in developing a paramedicine program.

Additional funding for people living with disabilities

The Provincial Government has expanded its Direct Funding program, which enables people living with disabilities to manage their care based on their individual needs, and continue to live independently in their homes. The program also eases pressure on CCACs and other community support providers and enables them to focus on patients with more complex needs. Any adult resident in Ontario with a permanent physical disability may apply to the program.

The expanded program will provide direct funding to approximately 1,000 Ontarians with physical disabilities by 2016. Currently, approximately 750 individuals receive monthly funding to hire their own attendant and determine how and when their services are provided. Attendants assist patients with routine activities, including dressing, grooming and bathing. The program also allows caregivers respite, reducing the personal and financial burden on families.

The future is here

The South West CCAC and the role it plays in the health-care system is much different today than it was in the past. From taking on new roles and responsibilities, to developing new approaches to care, to working in new and exciting ways with our partners, what could only be imagined in the past is now an everyday reality.

Connections to primary care

The South West CCAC has made a concerted effort to connect Care Coordinators to each primary care practitioner in the region. Care Coordinators act as a single point of contact to the CCAC for primary care, and to home and community services for patients. They help explain referral processes, serve as a resource to discuss common patients and help determine how best to provide help and support. They are also experts at developing collaborative patient care plans involving not just the CCAC's contracted providers, but also any other community or health-system supports.

Currently in the South West, we have Care Coordinators dedicated to more than 425 Primary Care providers in the region.

Home First and Rapid Response Nurses

Home First is an approach to care based on the idea that when a patient enters the hospital, every effort is made to help him or her return home on discharge. The Home First approach to care has been enabling patients to return home from hospital since it was first implemented in September 2011. Since that time, Home First has supported 800 people a month to stay in their own homes, reduced the number of people waiting in hospital for long-term care by half and saved the health-care system more than $10 million. Hospital physicians, the CCAC and community partners continue working to spread Home First to all hospitals in the South West by March 31, 2014.

Our Rapid Response Nurses, part of the Intensive Home Care Team, are a vital part of Home First's success. They provide high-risk patients with in-home care within 24 hours of hospital discharge, conduct comprehensive head-to-toe patient assessments and work with primary care doctors to treat patient ailments in-home to keep people out of hospital.

Medication management

In an effort to further improve patient safety, decrease errors and ensure patients always receive the best possible care, the CCAC is now taking a far more proactive approach to medication management. One of the biggest reasons for patient admission and readmission to hospital Emergency Departments is medication misuse. The CCAC is now working directly with patients to identify what medications they are taking, but also connecting with community pharmacists and primary care practitioners to verify patient medications and, if concerns arise, to ensure a more fulsome medication reconciliation takes place. The process is leading to enhanced patient care, as well as improved relationships with our partners in the community. It will also help to reduce ED visits, hospital admissions and readmissions, and help keep patients in their homes. Since the CCAC began taking this new proactive approach to patient medication management, our tracking shows the numbers of conversations between patients and Care Coordinators about medication have increased 700 per cent.

Employee engagement action plan launched

The South West CCAC has launched its employee engagement action plan. Developed in conjunction with staff, and based on feedback from the 2013 employee engagement survey, the plan outlines where the CCAC wants to go as an organization, and the ways in which it can get there.

In 2013, the South West CCAC conducted an employee survey to get feedback on the pulse of the organization. Among the results, 60 per cent of respondents rated the CCAC as a positive place to work. This is an improvement from the 2010 employee survey, but there is room to improve. "We know we can do better, and we want to keep challenging ourselves to find ways to make the South West CCAC a great place to work," said organizational development lead Kim Timleck.

To develop the engagement plan, a series of planning sessions were held at the monthly QILT meetings. In the first, each QILT answered the question "what would the CCAC look like if profiled on the cover of a magazine as a great place to work?" Each wrote their own story, and a working group with representatives from each QILT combined them into a single story. "That became the vision for where we wanted to go," said Timleck. Later sessions with the QILTS discussed strengths and weaknesses as identified in the employee survey, and brainstormed opportunities for improvement. In a final session, goals and objectives were developed, along with tactics to help meet those objectives.

Once again, a working group combined the work of all three QILTS into one plan. "The engagement plan now has a comprehensive list of key initiatives we want to accomplish," said Timleck. "We've listened to staff and feedback from the QILTS and we're committed to reporting on our progress."

A number of the plan's initiatives are already underway, including Crucial Conversations workshops and the planning for the spring all-staff event. "We're even planning a phased approach to getting lighter laptops," said Timleck.

Staff members are encouraged to see the QILT membership listing on the intranet bulletin boards and check in regularly with their representatives for updates.

QILT

Occupational HEALTH AND SAFETY

In Case of Emergency

Emergency Procedures

An emergency is a serious, unexpected and often dangerous situation that requires immediate action. The emergency procedure is a plan of action to be conducted in a certain order or manner, in response to an emergency event. The Health and Safety bulletin boards in each site, plus the electronic Health and Safety folder located in the Communicate tab of the Intranet, have information posted regarding emergency procedures.

The South West CCAC's Emergency Plan, which is reviewed annually, is located electronically on the South West CCAC Intranet, South West CCAC public website and on thehealthline.ca. There are also hard copies available at reception in our London, Stratford and Owen Sound offices. Staff members should access and familiarize themselves with the plan.

During an emergency, it is NOT business as usual. Resources may be reduced while demands may increase. Some types of emergencies afford a degree of advanced warning, such as a pandemic, while others provide little or no warning, such as a fire. The Emergency Plan is structured to respond to internal and external emergencies within a single site, across the South West, the province or beyond.

The *Emergency Plan* contains specific emergency response procedures for:

- Power failures: power disruptions and outages (localized and widespread)
- Severe weather: heat/cold, flooding, tornado, blizzards
- Fire (within a CCAC site or a major fire in a community)
- Evacuation: hospital/LTC, bomb threats, toxic spills, etc.
- Pandemic: infectious disease outbreak, etc.
- Urgent (pre-emergency) response and business continuity

In addition, many of our Health and Safety policies and procedures are also a component of emergency procedures, including 4.4.1 policy, Inclement Weather; 4.4.2 policy, Transportation Safety; 4.5.4 policy, Fire Safety; 4.4.3, policy Infection Control Screening; 4.4.4 policy, Flu Vaccinations; 4.4.5 policy, Personal Protection Equipment (PPE); 5.4.1 policy, Infection Control and Supplies.

Pat Campbell at left with her family

Meet the Board
Pat Campbell

This month's featured Board member is Pat Campbell. Pat is a health-care leader with broad leadership experience in government, rural, community and academic hospital environments. She joined the Board of Directors in the summer of 2013.

What are you passionate about?

I am passionate about the ability of people and organizations to challenge themselves to continuously improve. As I like to say, – things that don't grow, die! This passion makes it fun for me to mentor people, work with students, and to provide leadership to departments, organizations or service sectors. There is always something new to be learned and I am amazed at the ability of people and organizations to adapt, change and develop new ways to accomplish the things they need to do.

What do you like to do for fun?

I like to do a lot of outdoor activities accompanied by family and friends, and I like to read. My favourite outdoor activities include sailing, skiing (downhill and cross country), hiking (the Bruce Trail regularly), swimming and kayaking. I also read a variety of things including non fiction like Discover magazine, Macleans magazine, and biographies, as well as fiction of various genres like science fiction, fantasy, historical fiction, adventure and mysteries.

What do you enjoy most about your role with the CCAC and how does this fit with your own interests and skills?

I enjoy that the CCAC sector, particularly in South West, is an effective collaborator in finding new ways to address patient needs. I tend to think about patient needs at a system level with a focus on high quality and I feel that this sector is rising to the challenge of transformation with patient and family needs as the driver.

Welcome New Staff

Elgin Sara Becker, CSA **London** Maria Schrempf and Krista Wright, CSAs; Katie Delaney, Rina Grover, Natalie Malo, Jessica Pereira and Kristen Wyatt, CCs **Perth** Lynn Gerard, CC and Joanne King, Nurse Practitioner **Oxford** Lorraine Murphy, Rapid Response Nurse and Barbara Brown, Care Coordinator **Grey:** Shannon Yeo, Hospice Palliative Care Outreach Manager