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

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Caring Together for our Communities

Measuring Performance

The South West CCAC's first major client survey **produces fabulous results**

After more than a year of talking about Client-Driven Care and sharing ideas for improving service across the region, the South West CCAC has clear evidence that it's working.

In the recent client survey conducted by NCR Picker, 98.7% of clients rated satisfaction with their outcomes as good or excellent, and 97% rated satisfaction with service good or excellent. The results far exceeded the organization's goals of 80% satisfaction on each measure. "We thought we'd get positive results," says Darlene Bogie, Regional Manager, Quality (Grey, Bruce, Huron and Perth), "but we didn't expect they would be this good. We're overwhelmed, in a good way!"

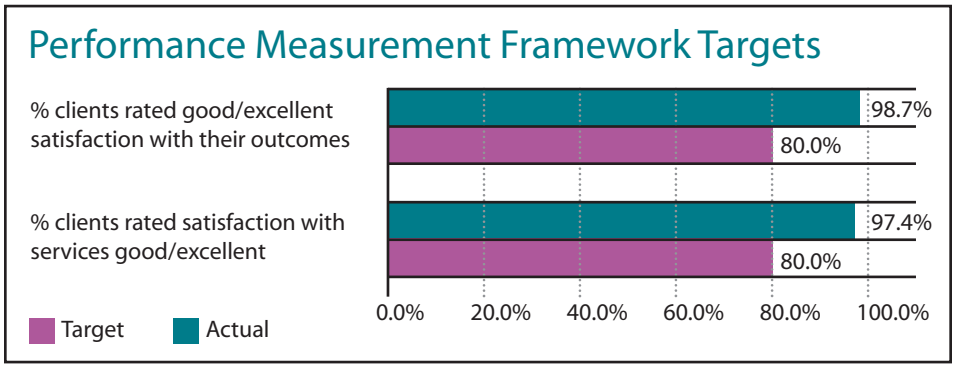
The survey involved nearly 3,000 randomly selected current and discharged clients receiving the full range of South West CCAC services. Once clients agreed to be part of the survey, they were interviewed by telephone for about 15 minutes. In addition to standard questions about service and outcomes, they were asked specific questions about case management. Each client was also asked to comment on one of the services they had received or were receiving, such as personal support, nursing or social work. Clients awaiting placement for long-term care answered additional questions.

"These results are very relevant to our provider partners," says Bogie. "We'll be discussing the results at the Interagency Leadership Partnership (IALP) in June and we also have the ability to give each agency its own results." The surveyors asked specific questions about each service. For example, some clients were asked to rank how well their nurse answered their questions, whether nursing quality was consistent, and if they felt their nurse was treating them in a caring manner. In fact, more than 90% of clients rated the quality of partnering with their providers as excellent, very good or good.

NCR Picker also provided benchmark data in its survey report. The results for the South West CCAC were compared to results in the past year from 10 other CCACs. The South West was rated the highest performer in several categories, including:

- ☑ Overall client satisfaction
- ☑ Client relationship with the South West CCAC
- ☑ Discharge process
- ☑ Communication between case manager and client
- ☑ Responsiveness of case manager

Bogie says she and her colleagues will be poring over the results to find areas for improvement and develop action plans.



Meanwhile, she says it's time to celebrate success. "We couldn't have achieved these great results without the commitment and hard work of our care providers," she says. "Thank you to everyone for putting clients at the centre of what you do."

Full Steam Ahead

A Message from Sandra Coleman, Executive Director, South West CCAC

JUST OVER A YEAR AGO, the South West CCAC faced an enormous challenge: to integrate seven existing organizations across a huge geographical area into one coherent whole.

But it was also an opportunity – to start fresh, to benefit from different perspectives, to approach our work with new eyes.

At the South West CCAC, we embraced both the challenges and the opportunities. It hasn't always been easy, but we are proud of what was accomplished during 2007. We are particularly proud of the strong relationships we have formed with our clients, providers, and partners across the region.

We recognize that close and collaborative partnerships are essential to following our strategic directions and achieving our goals. In fact, these directions were developed following a comprehensive community engagement process that involved many of you.

- By providing effective Client-Driven Care, we will provide excellent care to satisfied clients and be an effective local point of access linking clients with appropriate community supports
- By working well with partners, we will achieve integrated client solutions that further the South West's *Integrated Health Services Plan*
- By being a great place to work, we will become a learning organization of engaged employees where knowledge transfers to action
- By using resources wisely, we will increase productivity through innovation and technology, and through research-based findings and best practices

To ensure that we are indeed "working well with partners," we conducted our first partner satisfaction survey last spring with hospitals, service providers, long-term care providers, and others. We are currently repeating the survey and should have results shortly. We remain committed to monitoring and measuring our progress in assisting our partners to provide integrated care for our mutual clients.

Looking ahead, we will continue to work closely with partners on a variety of innovative initiatives, including Flo (see p. 4), Partnerships for Health Project (see p. 3), Flex-Clinics (mobile service delivery sites for nursing visits) and the various area provider tables and other partner committees throughout the South West. At the upcoming IALP meeting in June, we'll be sharing with you the results of our recent client satisfaction survey (see story p. 1).

Thank you for everything you have contributed to the South West CCAC during our first year of operation. I look forward to working with you as we go full steam ahead to face the challenges and seize the opportunities of 2008-2009.

The YEAR in REVIEW 2007

- Developed **vision**, **mission**, statement of **values** and ethics, strategic directions and performance measurement framework
- Developed a strong **Board of Directors**
- Fostered a **Client-Driven Care** culture with staff, partners, clients and families, through learning sessions, brochures, a video, case scenarios, and conversation guides
- Implemented a **communication plan** to keep all stakeholders and staff informed and involved
- Created a skilled and focused **leadership team**
- Created **consistent service delivery models** in Children's Services, Geriatrics, Supportive Care, Placement, Personal Support/Homemaking/ Respite and Information and Referral, all based on best practices
- Launched **standard** work **processes** and work **flows**
- Consolidated from 15 bargaining units to two and **negotiated composite agreements** with both ONA and CUPE
- Invested in **quality improvement initiatives**, including Client-Driven Care, privacy and data monitoring and performance improvement training
- Created a **centralized finance and payroll system**
- Created **six Flex-Clinics** throughout the South West to increase our nursing capacity
- Implemented staff and service provider **engagement processes**
- Worked in partnership on **region-wide projects**, including consistent discharge planning models in most hospitals
- Participated in every **LHIN** Priority Action Team, the e-Health Steering Committee, the HHR Advisory Committee and the Strategic Advisory Group
- Conducted **client satisfaction survey** (results pending)
- Conducted two **partnership satisfaction surveys**
- Hired three Community Partnership Development Coordinators and **expanded** the content and functionality of ***thehealthline.ca***
- Served more hospital replacement, peritoneal dialysis, end-of-life and hip and knee clients, **exceeding targets in each category**
- **Increased capacity for adult day programs** through regional cooperation

Better Together

The South West CCAC is part of an exciting **NEW** project that emphasizes chronic disease management

There's a new spirit of integration and collaboration alive in the South West. The South West CCAC is playing a key role in several integrative initiatives including Partnerships for Health. This $8-million project, investing in the prevention and management of chronic disease, comes from Ontario's Ministry of Finance in partnership with the Ministry of Health.

"With Partnerships for Health, we're developing new ways to more proactively manage people with chronic disease," explains project co-lead Marg McAlister. "Our goal is to slow the downward trajectory of diseases like diabetes, and improve the quality of life for people. We also hope to improve the efficiency of the health system and the level of satisfaction of health professionals."

Based on models tested elsewhere in Canada, Partnerships for Health is starting with a pilot project focused on diabetes. Six primary care sites will be part of the project. Three – the Strathroy Medical Clinic, the Brockton and Area Family Health Team, and the Clinton Family Health Team – have already signed on and will begin participating in joint learning sessions over the next two months. In addition to educational support, care algorithms and workflow processes, the project will develop information technology systems to support communication between family doctors, community care and specialist care.

A key component of the project is a new role for South West CCAC case managers. Designated case managers will develop close collaborative relationships with the clinical teams on site at each site, support patients with diabetes in new ways. "Our case managers will become integrated members of the Family Health Team, working on site to provide more long-term and proactive support for clients," says Sandra Coleman, Executive Director, South West CCAC. "They will also play a larger role in linking clients to services that can help them manage their health successfully." For example, if clients don't seem to be increasing their physical activity or changing their diets significantly, the case manager and site team will work together to come up with solutions, such as follow-up home visits or reminder phone calls.

"By **ensuring** that patients get the **right care** at the **right time** by the **right providers**, the new model should also mean **less dependence on acute and emergency care**."

For clients, the new model means more consistent and coordinated care, more tools to help them manage their disease, and more "upstream" care and support to help them stay healthy. Says Coleman, "Because we're taking a more integrated approach, we can put supports in place to help people succeed."

For providers, this approach means the satisfaction of seeing clients respond well to the treatment and care they receive. Says Kelly Gillis, South West LHIN Senior Director, Planning, Integration and Community Engagement, "By ensuring that clients get the right care at the right time by the right providers, the new model should also mean less dependence on acute and emergency care."

"We already have great resources for diabetes care in the South West," says McAlister, "but chronic disease can't be solved by one individual or organization. We have to use every opportunity to support clients and keep them well."

Coordinators Strengthen Community Partnerships

The South West CCAC and *thehealthline.ca* recently announced the addition of three Community Partnership Coordinators. The Coordinators will connect with organizations throughout the region, collect and share information about health and social services, explore new opportunities for partnership, and help maintain *thehealthline.ca*'s reputation for credible, up-to-the-minute data. The three new coordinators are:

- Lise Baronet Kosmack in London and Middlesex and Elgin counties
- Celina Thomas Hicks in Huron, Perth, Oxford and Norfolk counties
- Teresa Zohorsky in Grey and Bruce counties

"We're very excited about the potential for these new positions," says South West CCAC Executive Director, Sandra Coleman. "Providing communities with the opportunity to get to know the South West CCAC better means that we, in turn, can meet their needs more completely. It's also a way for our case managers to learn more about community support services available for their clients."

thehealthline.ca

Improving the Flo from Hospital to Home

South West CCAC staff and their hospital partners are working together on two projects designed to smooth the transition from hospital to home or long-term care. Both are part of the provincial quality improvement initiative called the *Flo Collaborative*. At Grey-Bruce Health Services Owen Sound hospital, the introduction of "Bullet Rounds" – daily review of a patient's progress toward discharge – has helped to reduce the average length of stay from 9.5 to 5.9 days for patients admitted between Wednesday and Saturday. Among other initiatives, the team at St. Thomas Elgin General Hospital developed a comprehensive nursing history form to improve communication between the South West CCAC and the hospital.

Meet Megan

Finding the right people to provide health care is a major challenge for organizations across the South West. **Megan Allen-Lamb** took up the challenge when she joined the South West CCAC as Senior Director of Human Resources and Organizational Development recently. Previously Executive Director of the Haldimand-Norfolk CCAC and Senior Director, Performance Management and Accountability at the Champlain CCAC, Megan is deeply committed to creating a learning organization. "I want to help shape the culture through leadership development and networks of high-functioning teams," she says. "That will, in turn, enhance individual and organizational success."

South West CCAC and Providers Learn **Together**

"The relationship between the South West CCAC and our providers is critical," said Gord Milak, South West CCAC Senior Director, Performance Management and Accountability. "Today, we are celebrating the work that has been done and connecting with one another to strengthen the partnership."

Gord Milak was speaking to more than 80 partners and providers who turned out for the South West CCAC's second Inter-Agency Leadership Partnership Summit on February 20, 2007 in Stratford.

"An event like this helps us do our job better because the South West CCAC has identified its strategic directions," said Lois Beamish Taylor, Regional Director, Closing the Gap Healthcare Group. Added Karen Smith, Regional Manager of Nursing for CarePartners, "It's all about sharing ideas with each other, ultimately to benefit the clients."

RFP Process on Hold

In late January, 2008, the Minister of Health and Long-Term Care, George Smitherman, halted all CCAC competitive procurement processes (often referred to as RFPs) relating to nursing, personal support and therapy services. The decision was made after community concern about a procurement process at the Hamilton Niagara Haldimand Brant CCAC.

The use of RFPs was introduced in 1997 when the CCAC system was first created. The process was put on hold in late 2004 to accommodate an independent review of the system by former health minister Elinor Caplan and the transformation of Ontario's CCACs in early 2007. It was re-opened in mid-2007. The Premier has confirmed the RFP process will remain in place, with changes to increase continuity of care for clients.

The South West CCAC is committed to working closely with the Minister and his team, and to keeping its partners informed as the situation evolves.