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

The South West CCAC Partner Bulletin
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Caring Together for our Communities

Sooner is Better

The Advanced Home Care Team expands across the South West to keep clients safe at home

Shirley, 82, doesn't have a family doctor. During a routine visit her home care nurse notices that she has a fever and seems confused. The nurse contacts Shirley's case manager who in turn calls the South West CCAC's Advanced Home Care (AHC) Team. The next day a nurse practitioner (NP) arrives, does a full assessment of Shirley's condition, orders a urinalysis and prescribes antibiotics. Within days Shirley is feeling better and can manage on her own again.

This story could be very different without the AHC Team, says Gwen Vanderheyden, Regional Manager, Client Services. "In an elderly person, a urinary tract infection often results in confusion and de-stabilization. It can become a huge issue, especially if it involves hospitalization. When you get a diagnosis and start treatment quickly, the course is much, much better."

The AHC Team was developed from a pilot project, Integrating Physician Services in the Home (IPSITH), conducted by the CCAC of London and Middlesex between 1999 and 2001. IPSITH patients were one-third less likely to go to the emergency room, their care cost less than hospital care, and they and their families were most satisfied with the care they received.

Based on this work the former CCAC of London and Middlesex created the Advanced Home Care Team in 2004, working in partnership with London Health Sciences Centre (LHSC). Two nurse practitioners have been working in the London area ever since. Early in 2008, the South West CCAC learned the South West LHIN approved funding to expand the Team throughout the South West. In September 2008 LHSC hired three more NPs to second to the South West CCAC for this service, allowing the Team to serve the entire South West region.

Referrals to the Team come from South West CCAC case managers, family doctors and other care providers in the community. Generally clients are referred

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Advanced Home Care Team: (left to right) Gwen Vanderheyden, *Regional Manager, Client Services;* Sarah McDevitt, NP (Huron Perth counties); Tracy Nancekivell, NP (Oxford Elgin counties); Cheryl Lennox, NP (Grey Bruce counties); Sara Renouf and Laura Sheridan, NPs (London-Middlesex)

Ontario

These are Exciting Times in Community Care

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

Since the South West CCAC was created in January 2007, we have seen growing recognition for the expanding role that community care plays in the health system. More and more, politicians, policy makers and you, our partners in the health system, understand that community care helps relieve pressure on hospitals and long-term care homes. You know that we are skilled navigators of the health system. And you know that we deliver what most clients want – the opportunity to stay in their own homes and communities.

"Over the past decade, CCACs have really stepped up to the plate, helping people access health care services in their communities,..."

David Caplan, Minister of Health and Long-Term Care

Our new Minister of Health and Long-Term Care, David Caplan, reflected this understanding in a meeting on September 8 with CCAC Executive Directors and Board Chairs from across the province. "CCACs are a crucial component in our efforts to provide better access to health care," he said. "Over the past decade, CCACs have really stepped up to the plate, helping people access health care services in their communities, with new programs supporting aging at home and reduced hospital wait times."

Fortunately, this recognition has been matched by additional funding. In May we were delighted to receive funding that has allowed us to increase maximum service levels. This has enhanced our capacity and flexibility to respond to the needs of our clients. Personal support maximums went from 80 to 120 hours in the first 30 days of service, and from 60 to 90 hours in any subsequent 30-day period.

But as you well know, there is never enough funding. All of us in health care are challenged to do more and better. Innovation is the only way forward.

I'm very proud of the South West CCAC's record on innovation. We have been early pioneers in the areas of e-Health and chronic disease management with the *Partnerships for Health* project. We are now working on a number of new approaches to get our clients home from hospital sooner, and to keep them out of hospital and long-term care homes as long as possible. This newsletter details some of our work.

We can't do it alone. We count on you, our partners, to join us in creating, testing, and validating new models of care, integrating care processes, and guiding clients through the system. It is only by working together across the continuum that we can achieve our goal of great care for the people of the South West.

Sooner is Better

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when they are becoming de-stabilized by illness. Nurse practitioners have additional skills in nursing assessment and the ability to order some tests and prescribe some medications: 77.5% of clients seen by the Advanced Home Care Team did not have to go to hospital. "The bottom line," says Vanderheyden, "is that when you get an early intervention in an acute illness, your post-illness trajectory is much better."

In addition to avoiding Emergency Department visits and hospitalization, Vanderheyden says the Advanced Home Care Team improves communication across the health care spectrum. "If clients have to be sent to an urgent care clinic, they arrive with a good summary of their past health history, some basic lab tests, recommendations and a good idea of the home situation. For busy family doctors, the nurse practitioner serves as their eyes in the home and communicates back to them."

Vanderheyden says the partnership with LHSC is important, providing nurse practitioners with access to clients' hospital health record and other resources. The Team will build partnerships with other hospitals, Family Health Teams and other nurse practitioners at work in the region. Says Vanderheyden, "We want to make the best use of these valuable professionals, so that our clients can benefit from their expertise."

Please contact Gwen Vanderheyden, Regional Manager, Client Services: 519 641 5460 if you're interested in hearing from a member of the Advanced Home Care Team to discuss how we can work together.

Helping Healing

Working toward a regional framework for wound care

Almost half of all South West CCAC nursing clients receive wound care. Wound care is also an important issue for hospitals, long-term care homes and primary care practices. That's why a Wound Care Steering Committee for the South West is being considered. The Committee could develop, implement and evaluate an integrated region-wide approach to wound care.

In the meantime, however, the South West CCAC has a pressing need to improve its wound care practices. A study in December 2007 revealed variances in practice across the region. "We know that the Registered Nurses' Association of Ontario and the Canadian Association for Wound Care have developed best practice guidelines based on evidence," says Darlene Bogie, Regional Manager Quality. "There are opportunities to improve outcomes and improve our nursing capacity."

After careful consideration by the South West CCAC Wound Care Committee, ConvaTec Canada was selected as a partner. Under the three-year contract, ConvaTec will help implement the Healing Excellence through Advanced Learning or h.e.a.l. protocol. ConvaTec will provide learning sessions to train South West CCAC case managers, nurses and PSWs in the RNAO's best practices and support an outcome measurement study.

For clients, consistent use of best practices will mean better and faster healing. For the South West CCAC, it will also mean better use of nurses, an increasingly scarce resource. Many new wound dressings only need to be changed every three or four days, compared to daily changes for gauze dressings. Bogie says the extra nursing capacity is needed in other areas, such as providing palliative care at home, or helping patients get home from the hospital sooner.

To ensure that everyone has an opportunity to learn, the South West CCAC will reimburse care provider agencies for their staff members attending the sessions. A consolidated medical supply inventory will also make ordering simpler. Says Bogie: "This is our way of demonstrating our commitment to improvement. We want nurses to attend these sessions and then go on to integrate the knowledge into their everyday practice. Ultimately the goal is to stay client-focused and provide the best care possible."

Tackling the Challenge of ALC

It's a problem everywhere, and a special problem here: the South West region has a very high rate of Alternate Level of Care (ALC) days in Ontario. The current rate is approximately 13%. The South West LHIN has a target in its accountability agreement with the minister of 9.9% in 2008-2009 and 9% the following year.

The South West CCAC is tackling the problem on three fronts, says Donna Ladouceur, Senior Director Client Services. "We're trying to hit it not only through diversion, but also by being proactive – catching clients upstream and helping to keep them out of hospital."

The South West CCAC's *Safe at Home* program, for example, uses specific triggers to identify clients who may be on the "slippery slope" to hospital or long-term care. Once they are identified, more assessment is done and if necessary, additional at-home supports are added (including referrals to the AHC Team as described on page 1).

South West CCAC case managers are also working in Emergency Departments to help clients avoid admission and get home quickly with the supports they need. Says Ladouceur, "The sooner we get them back on the path to a return to the community, the easier it is for everyone." Once a client is in hospital and has decided to move to long-term care, a new program, Wait at Home, starting October 1st will provide enhanced in-home services and community supports up to eight hours a day, seven days a week until a long-term care room is available.

Another new program, Home at Last, identifies frail seniors being discharged from hospital and provides either volunteer and/or paid attendants to support them through the discharge. This includes transportation and assistance settling in at home.

Ladouceur says the South West CCAC counts on its health system partners to identify and refer potential clients. "We want to start exploring all the options with clients as soon as possible," she says. "With the help of our partners, we're becoming more proactive in our approach, instead of reacting to a crisis."

Addressing the Health HR Crisis

Patient safety is key

"It's not just a problem for the South West CCAC. It's an environmental issue that's happening nationally and internationally."

That's Gord Milak, Senior Director, Performance Management and Accountability, talking about the shortage of health professionals in the South West and beyond. It's a result, he says, of a "double whammy." As our population ages, there are fewer younger people entering the workforce, and more retiring from it. At the same time, there are more people over 65, creating a demand for health services.

The South West CCAC, for example, provides some 6,600 visits and receives 250 new referrals each day. Given the shortages in health professions, service providers have a tough time balancing the needs of new and existing clients.

The Ontario government created HealthForce Ontario in 2007 to forecast HR needs and recruit professionals to Ontario. The South West LHIN recently introduced the South West Health Career Network, a site offering job listings and information about working in the South West hosted on *www.thehealhtline.ca*. But Milak says increasing the supply of health professionals is only one way to tackle the problem. "We also need to be more innovative in using our existing resources."

The South West CCAC recently launched the Service Capacity Reporting System (SCRS), which gives case managers a real-time snapshot of the people available to provide service in specific geographic areas over a four-day period, on the South West CCAC's intranet. The SCRS is used in tandem with the South West CCAC's priority-setting tool, which sets specific timelines for care based on each client's condition. Together they help case managers and care providers make informed decisions about how best to use the care providers who are available.

New models of care also help to stretch scarce human resources. Milak points out that a significant percentage of every community nursing visit is taken up by travel to and from the client's home. The new FlexClinics allow nurses to deliver care more efficiently, so that travel time can be redirected to patient care. The nurse at the Tillsonburg FlexClinic, for example, originally saw just 8% of the total caseload, but now deals with 30%. Clinics are also operating in London and Stratford (2), with St. Thomas, Woodstock (2) and London (2 more) sites opening in October and two for Owen Sound being planned.

The South West CCAC recently launched a pilot project in Grey-Bruce and Elgin counties with therapy provider agency, Closing the Gap. The project will assess the impact of using physiotherapy assistants to deliver treatment, once a physiotherapist has done the assessment and set up the care plan. The wound care initiative (see page three) also has the potential to increase capacity.

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"We're always working with our partners to look at how we do things, review the evidence and find new ways to provide care," says Milak. "Ultimately, this is about the safety of our patients and clients. We must all learn and work together so that we have the right person in the right place at the right time."

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