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

The South West CCAC Partner Bulletin
Caring Together for our Communities
Volume THREE Issue ONE January 2009

All Together Now

The South West CCAC is working closely with its hospital partners across the region to improve care and reduce system pressures

London Transition Unit Opening (l-r): Michael Barrett, Elaine Gibson, Khalil Ramal, Janice Cosgrove, Donna Ladouceur, Deb Matthews, Ted Cuthbert, Diane Cuthbert, Michelle Campbell, and Cliff Nordal

"This is an upstream approach to managing a challenge we have in the health care system. We're helping patients who might otherwise linger in the hospital, or go home and then return to the hospital. By fine-tuning their medications and putting community care in place, we can help them make a successful transition."

That's Tina Hurlock-Chorosteki talking about the new Transitional Care Unit at Parkwood Hospital. She is the Nurse Practitioner with the Unit, which helps prepare patients to return home. The Unit is operated by Parkwood Hospital, and admissions are managed by the South West Community Care Access Centre (CCAC). "This is an exciting learning opportunity for me," says CCAC case manager Lorna Kroh. "I can walk with clients through the whole journey from assessment to discharge, working in partnership with my hospital colleagues."

The Unit team also connects with patients' primary care providers. Hurlock-Chorostecki believes that this partnership across the spectrum of care is important. "I'm really excited about having the CCAC involved throughout," she says. "Everyone has a much better understanding of the needs of the patients."

The Unit is just one example of many partnerships between the South West CCAC and hospitals across the region to improve care and reduce pressures in the health care system. Hospitals are struggling with the issue of Alternate Level of Care (ALC) patients. These are patients who no longer need hospital care and could be looked after in another setting, but have nowhere to go. Reducing the number of ALC patients in hospital can reduce wait times for patients who need surgery and relieve the backlog in Emergency Departments.

South West CCAC case managers often work as an integral part of hospital teams to speed and smooth transitions to other levels of care. Kerry Cragg works in the Owen Sound hospital. "We're aware of patients from day one and we collaborate with the multidisciplinary teams to look at what patients need," she says.

The South West CCAC has a number of projects under way to reduce the pressure on hospitals. The Flo Collaborative is a province-wide project to improve patient flow from hospitals to other settings. At St. Thomas Elgin General Hospital, for example, a new comprehensive assessment and risk form has reduced average length of stay by two days.

"We're aware of patients from day one and we collaborate with the multidisciplinary teams to look at what patients need."

The South West CCAC's Advanced Home Care Team provides acute care at home,

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Ontario

New Year, Old Resolution

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

January is a time when many of us make resolutions. The year is young, and we promise ourselves that we'll do things differently – eat better, exercise, stop and smell the roses, enjoy friends and family more. Somehow we feel that in January the slate is wiped clean and we can start afresh with new goals.

But some things shouldn't change with the date. The South West CCAC has a long-term commitment to building strong partnerships across the health care system – with our care providers, hospitals, primary care, public health and more. In this issue of our newsletter for partners, you'll read about some of the innovative work we're doing to relieve the pressure on acute care hospitals, through our Aging at Home initiatives and other activities. You'll also read about other partnership projects, like Partnerships for Health, and thehealthline.ca.

I'm especially excited about Making a World of Difference, a wonderful day of education and enrichment that the South West CCAC is hosting in February. We hope many of our system partners will take this opportunity to learn and to share ideas with one another.

On this page, you'll read about a recent announcement on community care from our new Minister of Health and Long-Term Care. It is part of the growing recognition that the CCAC can and must play a critical role in our regional health care system as a quality "care connector." Of course, our ability to do that hinges on the quality of our partnerships.

As you can see, our resolution for 2009 is an old one – to continue working with you to make care better for our clients and their families. I know you share that commitment, and I look forward to collaborating with you throughout the coming year, and for many years in the future.

Ontario Commits to Community Care

In mid-December the Ontario government announced a new strategy to ensure that clients receive the highest quality home care services.

"Our government is working to ensure Ontarians receive high quality home care services," said Health and Long-Term Care Minister David Caplan. "We're making a number of improvements to how home care services are provided to ensure continuity of quality care for clients and greater stability for home care workers."

The strategy will:

- Enable CCACs to provide clients with multidisciplinary care teams focused on the specific needs of their medical conditions
- Enable CCACs to manage placement in adult day programs, supportive housing, chronic care and rehabilitation beds in hospitals, in addition to beds in long-term care homes
- Add respiratory therapy and pharmacy services to the list of professional services offered by the CCACs to specific clients
- Enable CCACs to provide services in group settings and long-term care homes
- Return governance of CCACs to community boards

In addition, the government's strategy will improve the competitive bidding process and introduce public reporting of CCAC performance measures.

"These changes give us a broader mandate in the health care system," says Sandra Coleman, Executive Director of the South West CCAC. "It's recognition that we are doing great work and have the skills and knowledge to do so much more. We're ready to step up to the challenge."

All Together Now

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so that clients can get out of hospital sooner, or avoid hospitalization in the first place. The Safe at Home program builds on this concept by identifying clients at risk and adding services. More than 90 clients have benefited since the program launched in August. Some 30 clients have been helped through the Wait at Home program, which provides additional support at home while clients are waiting for a space in a long-term care home. The Grey-Bruce Falls Prevention program has reached 45 clients to date. Soon South West CCAC nurse practitioners will be providing care in long-term care homes.

"At the South West CCAC, we are doing everything we can to collaborate with and support our hospital partners," says Donna Ladouceur, the CCAC's Senior Director of Client Services. "It's the right thing for our clients, our partners and for other patients who need acute care."

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Home Sweet Home

A new program developed in Tillsonburg provides seniors in their own homes with the same services available in assisted-living communities


Left to right: Eileen Pratt and PSW Tina Klassen

Eileen Pratt is very clear. "I don't want to leave my home," she says. Pratt is a widow who has lived in the same house for close to 20 years. Thanks to a pilot program developed by the Multi-Service Centre with support from the South West CCAC and other partners, she now has the help she needs to stay at home safely and comfortably.

Assisted Living in the Community (ALCom) provides clients like Eileen with similar services to those provided in supportive housing, but without the need to move. Funded through Ontario's Aging at Home initiative and launched in August, AlCom is operated by Tillsonburg's Multi-Service Centre (MSC). The 11 ALCom places were filled by December. The South West LHIN have since announced funding the ALCom program for yet another 12 vacancies in partnership with the South West CCAC and Tillsonburg District Memorial Hospital.

ALCom is designed for clients who are self-directing and ambulatory but need help with some of the activities of daily living. It's a flexible program that allows the tailoring of services to each client's specific needs and changes as they do. "Some clients just need a few minutes in the morning to get up and about, and then you don't have to return until noon or even later in the day," says Marlene Pink, Executive Director of the MSC. "Sometimes we'll phone to remind them to take their meds or to lock up at night." In addition to the ALCom program services, clients may receive professional services through the South West CCAC.

Each ALCom client has a primary Personal Support Worker (PSW). That Primary PSW or another member of the client's Community Worker care team is the first responder if the client's Connect-Care alarm is triggered. PSWs are an important social contact for clients, and warm friendships often develop. "This program is fantastic," says Eileen's primary PSW, Tina. "It gives me flexibility and allows me to get closer to my clients."

The impact for clients has been very positive, says Carolyn Fitch, coordinator of the MSC Home Support Program. One client wrote: "Our attitude to each day has changed, and now we look forward to surprising ourselves and Kim (the community worker) with what we are willing to try and do...It has really brought us back to feeling younger again, and that life is not over."

Pink says ALCom is a great alternative for many seniors and the program has many benefits for the health care system, too. "It is more cost effective than ALC beds or LTC and helps to keep seniors in their own homes."

PARTNERSHIP UPDATES

Better Diabetes Care through Partnership – Partnerships for Health, a pilot project that brings together primary care providers, the South West CCAC and diabetes educators to improve care for adults with diabetes, is moving forward quickly. The first wave of three Family Health Teams has been at work since September, and the second wave will begin this month. Plans call for another 100 practices to join the project by mid-2009. Learn more at www.partnershipsforhealth.ca.

Building health careers – thehealthline.ca, the web portal that lists health and social services across the South West, has a new offering. The South West Health Careers Network (click Health Careers from home page) includes job listings, information on living and working in the South West and resources for employers and job seekers. Visit www.swhealthcareernetwork.ca.

CHRIS is coming! – A new province-wide CCAC case management system, CHRIS, is being rolled out across Ontario and will soon be launched in the South West. CHRIS is a client-centred web-based system that supports intake and referral, assessment and tracking, service monitoring and client data management from multiple locations. Watch for more info soon.

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Making a World of Difference

A One-Day Conference Exploring the Future of Community Care

Hilton, London
February 24, 2009
9:00 am - 5:00 pm
$50 per person

A hypothetical patient named Esther led to significant improvements in the care of the elderly in Sweden.

Inspired by the thought of Esther, health professionals made changes that reduced hospital admissions, decreased the length of hospital stays, and reduced waiting times. Now one of Esther's creators will visit London, Ontario, to share insights from the world-famous project with health care professionals from across the South West.

Sven-Olof Karlsson of the Jönköping County Council, is just one of the outstanding speakers who will participate in *Making a World of Difference*, a one-day conference focused on exploring the future of community care, to be held February 24 at the Hilton in London.

Also included in the line-up: Sholom Glouberman, Philosopher in Residence at Baycrest Centre for Geriatric Care, Marcus Hollander, a renowned health care policy analyst, Valerie White, CEO, Department of Seniors, Province of Nova Scotia, and leader of the Strategy for Positive Aging in Nova Scotia, and Margaret MacAdam, co-author of *Care for Frail Elders: Developing Community Solutions.*

"We're very excited about this event," says Sandra Coleman, Executive Director, South West CCAC. "Community care is increasingly being recognized as a critical piece in the health care puzzle. By bringing experts from across Canada and around the world to the South West, we hope to inspire innovation, and ultimately to improve care for our clients."

The event emerged out of plans for a Board retreat, which will now be held the following day. "This reflects our commitment to excellent care and engagement with our communities and health care partners," says Board Chair Evelyn Harris-Williams. "Our health system faces some serious challenges. Working together, we will overcome them."

More than 400 participants from the CCAC, community care and support agencies, hospitals, primary care, government and other sectors are expected on Feb. 24.

To find out more, contact Cate Patchett at 519-641-5482 or to register visit **www.thehealthline.ca.** thehealthline.ca

New Tool Makes Transitions Easier

The South West CCAC and its care providers have an innovative new tool to make sure that care is in place when clients need it.

The Service Capacity Reporting System (SCRS) provides a region-wide snapshot of service capacity by service type and geography over a four-day window. The SCRS helps case managers identify services or areas where there may be shortages, so that they can do more proactive planning for their clients. It also helps provider agencies plan their own resources. Under the system, agencies report green (no general capacity issues), yellow (some capacity challenges), red (significant capacity challenges), or "Extraordinary Circumstances" (which may include extreme weather, evacuation and so on).

Gord Milak, Senior Director, Performance Management & Accountability, says the system can still be improved but is providing useful information. "SCRS is the first community-based tool designed to assist in the transformation from 'last minute' to 'upstream' planning," he says. "An aging population and a growing shortage of health care professionals make it essential to develop new approaches like this."

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