A NEWSLETTER TO HEALTH SYSTEM PARTNERS AND STAKEHOLDERS OF **CENTRAL WEST CCAC** • ISSUE 1 • WINTER 2011

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

COMMUNITY CARE Currents

For many of us, the end of the calendar year provides an opportunity for thoughtful reflection about the successes of the past year and the directions in which we will move in the future. This was recently top-of-mind for our Board of Directors as they met to participate in their annual refinement of our strategic directions for the coming fiscal year. The approved directions can be found on the next page, but you will find examples of them in action throughout this newsletter:

Leadership is profiled in many of the stories in this issue, from our participation in province-wide initiatives to our role as a system navigator for Central West;

Excellence and Quality are the cornerstones of everything we do, but profiled most strongly here in our Contract Management Excellence initiative, found on page 6;

Sustainability is of critical importance to everyone working in health care, and a driver for our sector's Client Care Model (page 4);

In supporting a direction around the *Continuum of Care*, our Board has again acknowledged the need for integrated and seamless client care experiences. See page 7 for details on our work testing new care models for two dimensions of the provincial Integrated Client Care Project;

Our Home Independence Program, profiled on page 5, is one example of our commitment to *Innovation*, our fifth strategic direction.

I am also pleased to announce that early in the New Year I'll be launching a CEO Blog, accessible through our website and via Real Simple Syndication (RSS) Feed. Through this venue, I hope to provide timely, useful information about CW CCAC programs, services, and contributions. We'll let you know when the first post goes live and I invite all our partners, stakeholders and friends to read, comment and contribute. Please do let me know what you think – I look forward to hearing your thoughts!

Finally, please accept my best wishes for a healthy and joyous holiday season. I wish you and your loved ones the very best of what the season has to offer.

Cathy Hecimovich
Chief Executive Officer
Central West CCAC

Ontario

Inside this issue

NORMAL VIEW PRINT

CW CCAC Strategic Directions 2012-2013

Each year, the CW CCAC Board of Directors reviews the organization's strategic directions and makes refinements as appropriate for the coming fiscal year. On November 14, the Board approved the following directions for 2012-2013:

Leadership

- Take a strong health system leadership role in promoting integration.
- Demonstrate servant leadership and be the partner of choice for other organizations.
- Provide leadership as a navigator of the health system for clients of the Central West LHIN.

Excellence and Quality

- Be a leading practice client centered, outcome driven organization which ensures quality, safety and excellence for all clients and employees.
- Explore and implement business process optimization.
- Align the organization to the principals of the Excellent Care for All Act.

Sustainability

- Achieve sustainability internally through the implementation of efficient financial structures, controls and reporting.
- Pursue opportunities to attract additional investment and use that investment to sustain and build services.
- Be an employer of choice.

Continuum of Care

- Build better relationships with primary care.
- Support integrated care experience and seamless transitions for clients.
- Access community expertise to develop strategies to connect with and provide support and meaningful information to hard to reach and marginalized populations.

Innovation

- Partnering with academic health and other institutions to conduct research.
- Explore innovations and opportunities beyond the health care sector to drive improvements to the client experience.

With our Clients, Every Step of the Way

"Anybody who asks about CCACs, I am 100% in favour of the work they do. They just make it all happen."

Shirley's path through the health care system has not been linear, but we've been with her on her journey every step of the way.

Her husband Gary suffers from Alzheimer's disease, and at 70 Shirley had spent 10 years caring for him in their Brampton home. As a retired emergency room nurse with 45 years of experience, she was well-equipped to meet his needs, although sometimes at the expense of her own.

Then this past summer, everything changed.

In early June, Shirley collapsed and had a seizure. She was rushed to the hospital and connected with the CW CCAC, and, while it was determined that she was a candidate for long-term care (LTC), Shirley told her case manager that she first wanted to explore other options. Although her husband had been placed in a LTC home, Shirley wasn't convinced it was yet right for her: "If there's a bed available, someone else who needs it more than I do can use it," she says.

Given her significant care needs at the time, Shirley decided to pursue the LTC application process while she and her case manager continued to investigate other options. During her recovery, Shirley benefitted from the support of a specialized case manager, as well as our Wait at Home – Long-Term Care (WAH-LTC) program. After a short period in long-term care, Shirley recovered enough that she was able to return home for a short trial period. It went so well that she decided not to return to LTC and, with support from her case manager, is successfully maintaining her independence at home.

"It is absolutely wonderful to be in your own place," Shirley says. "Anybody who asks about CCACs, I am 100% in favour of the work they do. They just make it all happen."

This year, she and Gary celebrated their 46th wedding anniversary at the long-term care home where he resides. She continues to visit him daily, confident that both she and her husband are receiving the most appropriate care for them in the most appropriate setting.

Asked to what she attributes her recovery, Shirley credits both her case manager and her own role as caregiver: "Without [case manager] Stephanie, I couldn't function," she says. "That, and knowing that I had to be well for Gary." •

Customizing Case Management to Meet Each Client's Needs

Across the province, CCACs have been developing a model of care aimed at better supporting clients while bringing consistency to their care and helping to ensure system sustainability into the future.

The Client Care Model (CCM) is designed to match the intensity of CCAC case management, resources and services to groups of clients or "client populations," according to their needs.

"While each client is unique, we know that different client populations require different levels of care and case management intensity. For example, someone who has very complex care needs will require greater support than someone who is largely independent but may have some challenges with personal care," says Cathy Hecimovich, CEO, Central West CCAC.

While CCACs currently create custom care plans for clients, the development of the model has provided an opportunity to marry the sector's collective experience with extensive best practice research.

"This is an impressive, practical model," notes Cathy. "It is informed by evidence and based on provincial care standards, so it will reduce variations in care across the province. When implemented in Central West, the Client Care Model will guide our thinking about how to best align our resources in support of each 'type' of client."

And as clients' needs change, "the care standards change right along with them. Our specialized case managers will be attuned to the specific needs of each population we serve, allowing for truly customized care." ●

The Central West CCAC is currently working to implement the Client Care Model in 2012.

Maintaining Independence at Home

As a CCAC, much of our work is focused on meeting the needs of our most "complex" clients, who have the greatest care needs. While this focus is validated by the literature, there is also growing evidence of the need to ensure that people with less complex needs are proactively supported to prevent their deterioration and minimize the amount of assistance that they will require in the future.

The Central West Home Independence Program (HIP) is a short-term, home-based early intervention program designed to support older adults (primarily 75+) requiring assistance with activities of daily living (ADLs). Proactive and innovative, the program's goals are:

- to maximize clients' functional status, long-term independence, choice and quality of life
- to minimize the requirement for ongoing support through an enabling, preventative model of care
- to shift the way that home care services are currently delivered, shifting from a "maintenance" or "do for" model to an enabling, "do with" model of restorative care

It is based on an inter-professional approach to care in which personal support workers (PSWs) provide the majority of care under the guidance of rehabilitation professionals.

HIP in Action

The story of Beth, a fictional HIP client, illustrates the program's benefits:

Beth is 78 years of age, lives on her own and is generally in good health but recovering from a recent fall that has made getting in and out of the bathtub difficult. As a result, she has requested a personal support worker (PSW) to assist her with bathing.

Beth is admitted into the Home Independence Program and, through the program's restorative model, receives both assistance with bathing and the coaching and support required to regain her independence. With the expertise of an occupational therapist and a PSW, Beth is able to regain her confidence by learning skills to support her in getting in and out of the tub safely. She is once again independent in this activity and, consequently, does not require ongoing PSW support.

As a result of the Home Independence Program, Beth is now able to meet her personal care needs safely and with confidence, helping her meet her objective of living independently in her own home. With the coaching she has received, Beth has also reduced the risk that she could require future hospitalization due to a fall. In addition, the CCAC's finite PSW resources can be reallocated to clients with greater care needs, resulting in a clear "win" for both Beth and the broader healthcare system. ●

Partnering for Success: Contract Management Excellence at CW CCAC

As part of a commitment to continuous quality improvement, the CW CCAC is working with its contracted service providers to improve the client experience.

"Our service providers are critically important to our success," says Kim Delahunt, Director of Contracts and Procurement, CW CCAC. "They know our clients intimately, and they are often our eyes and ears. We are committed to working in partnership with them. Strengthening our contract management practices is one means of improving our ability to measure and achieve quality and safety for our clients and their caregivers."

This summer, the CW CCAC conducted a "current state" assessment to measure current contract management practices against leading ones. The assessment was a fulsome process that included interviews with internal and external stakeholders, feedback from focus groups and the joint Service Provider / CCAC Implementation Committee (JIC), consultation with international leaders in commissioning health services, a review of leading practices, and an assessment to determine what will be required to achieve optimal contract management performance.

Over the course of the next year, the project will include components designed to improve quality, strengthen relationships, plan for procurement, manage performance, create value for money, and manage change.

"Moving forward, we will continue to engage key stakeholders, particularly our service providers," Kim says. "We all have the same goal: to provide excellent care for our clients. Our role as a CCAC is to ensure that they have the best quality of care possible." •

"Our vision sums it up: Outstanding Care – Every Person, Every Day. That's really what this is all about."

Integrated Care: Supporting Palliative Clients

Having experienced early success in improving wound care for clients, the Central West CCAC is applying the same principles to planning care for palliative clients through the sector-wide Integrated Client Care Project (ICCP).

Co-sponsored by the Ministry of Health and Long-Term Care, the Ontario Association of Community Care Access Centres, and the Rotman School of Management, the multi-year initiative is based on research demonstrating that more integrated care can result in better health outcomes and more cost-effective care overall.

"We are moving toward a model of care that is focused on improving health outcomes for clients while delivering the greatest value for the money spent," says Lynn Muir, CW CCAC Client Services Manager and ICCP Project Lead. "While we are currently serving our clients well, we always aspire to do better. The ICCP process involves testing different approaches to care to determine which add the most value for the client and for the health care system."

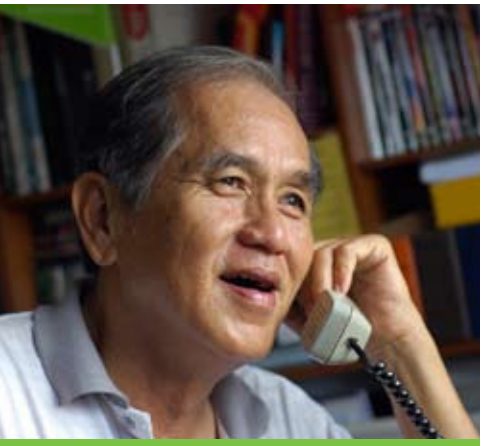
The CW CCAC began its ICCP journey last spring with the development of a program for local wound care clients. To date, it has been a great success. "We've seen evidence that the work we're doing is producing better outcomes for our clients," says Lynn. "It's wonderful to see the progress we've made through this process."

While refinement of the wound care model continues, CW CCAC has also now begun designing an ICCP model for palliative clients in partnership with Bayshore Home Health.

"Ultimately, this model will help clients experience seamless transitions within and across care settings, which is just one of the many benefits an integrated care model," Lynn says. "While all our clients need support, palliative clients are a special group. They face unique challenges and anything we can do to improve their experience is very important to us." ●

"We are moving toward a model of care that is focused on improving health outcomes for clients while delivering the greatest value for the money spent."

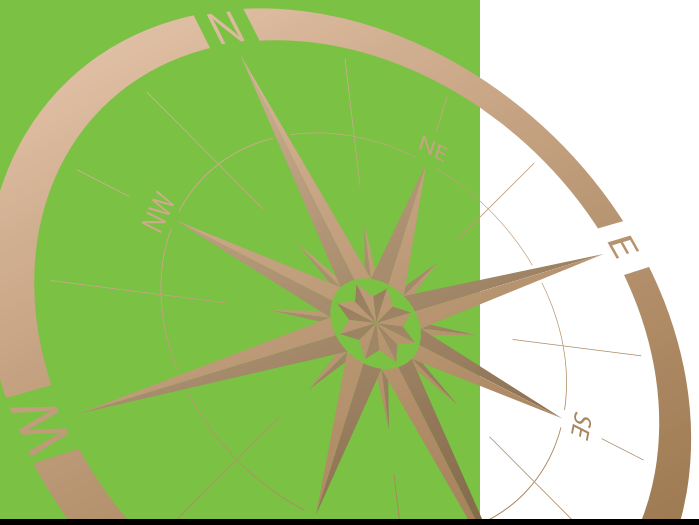
Navigating the Health Care System -- We're Here to Help



Between April and December 2011, client services staff at the Central West CCAC fielded over 9,380 phone calls from clients and residents who were seeking information about health care resources in their community.

"Although it's not necessarily the first thing people think of when they hear 'CCAC,' information and referral is an important part of what we do," says Cathy Hecimovich, CEO.

"Navigating the health care system can be complex, and we're here to help. Whether you need to refer yourself or a loved one to CCAC services, or you simply need to know what adult day programs are available in your community, the CCAC is just a phone call away. Alternately, you can view our database 24 hours a day, 7 days a week by visiting www.310ccac.ca." •



Need a Speaker?

Interested in having a speaker address your group or event to better understand the value, services and role of Community Care Access Centres? We have trained, knowledgeable speakers who can help your group or organization understand community health care options more fully.

To request a speaker, please contact Manager of Communications Laura Glynn at 905-796-0040, ext. 2268.

About Central West CCAC

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Our Vision:

Outstanding care – every person, every day.

Our Mission:

To deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

Our Values:

Our Clients Come First.

We demonstrate this commitment through active listening, showing compassion, encouraging independence, acting as advocates, and facilitating access to quality care.

Learning Environments are Empowering.

We explore and adopt new ideas to improve our practice.

Diversity is an Asset.

It creates a richness of experience and an appreciation of other possibilities.

We are Accountable.

We strive for consistency, fairness, and optimal outcomes through the wise use of resources and the measurement of results.

Respect is Critical to all Good Relationships.

It underscores all our interactions with clients, staff and community partners.

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Join us:

For job opportunities, contact us today or visit
www.ccacjobs.ca

Refer to us:

To make a referral to the CCAC or to inquire about services in the community, please call us at 1-888-733-1177.

Services available through the CCAC are fully funded by the Ministry of Health and Long-Term Care and are provided at no charge to those with a valid Ontario Health Card. Anyone can refer to the CCAC; a physician's referral is not required.

Ontario
Central West Local Health Integration Network

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