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Setting the Standard for Community-based Care – Mississauga Halton CCAC Strategic Plan 2011-14



Leonardo da Vinci believed we should "think about the end before the beginning" and that was the starting point for our three-year [Strategic Plan](#). Informed by our clients, their families and informal caregivers, our hospital and community partners and provincial health priorities, we have identified five vital directions required to achieve the transformational change needed:

- Quality Community Care
- Client & Family Focus
- Exceptional People
- Operational Stewardship
- Leadership & Innovation

We understand the challenges and opportunities that define community-based care and we have defined how we will mobilize our experienced, dedicated people and limited financial resources with purpose and urgency to best serve our clients.

Today's preparation determines tomorrow's achievement. We know our community is depending on us.

Hospitals are increasingly focusing on serving the most acutely ill while more health care is being provided in the community. Demand for Mississauga Halton CCAC services is continuously rising and our strategic plan positions us to successfully meet this challenge.

We are designing a future where we are more closely connected with our clients and their families, where they have a greater "voice" in our program planning and evaluation, and where everything we do – and every staff member's purpose – is focused on ensuring the quality and safety of each client's experience.

To effectively deliver quality care that improves the quality of life for our clients, we must measure our performance. So our plan includes a series of

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Our Vision

Outstanding care –

"indicators" to measure our progress on the achievements of each of the five strategic directions and related goals we have identified in this plan; and we will report publicly on our progress to deliver on our vision and mission.

As we implement our Strategic Plan, we do so with a strong sense of stewardship of precious resources. To the citizens we serve, we pledge our continued accountability and transparency in providing critically important community-based quality care.

Caroline Brereton

Chief Executive Officer

To learn more, download and read our [2011-2014 Strategic Plan](#) from our website.

Mississauga Halton CCAC reorganizes to better support its client care vision



To provide a framework for realizing the goals of our Strategic Plan, we announced a new organizational design on May 11, 2011. It will empower us to invest in people closer to our clients and enhance key areas of our organization to enable Client Services teams to perform their roles exceptionally well.

The realigned executive team (left to right): Jutta Schafler Argao, Vice President, People, Quality and Planning; Nancy Gale, Director, Communications & Stakeholder Management; Nancy Kula, Vice President, Client Services; Caroline Brereton, CEO; and Jim Wright, Vice President, Corporate Services.

The new design consolidates portfolios to align functions into three pillars: Client Services; People, Quality and Planning; and Corporate Services and entails a minimum of 14 new positions. It also leverages the considerable skills of our leadership teams.

Specifically, Nancy Kula is now the Vice President of Client Services. This portfolio creates a matrix, aligning geographic resource management along the continuum of care with program expertise.

Jutta Schafler Argao is now the Vice President of People, Quality and Planning. This new portfolio consolidates our People Practice with Performance Management and Accountability.

Jim Wright is now the Vice President of Corporate Services. This portfolio aligns contract management expertise, information management and technology, and finance to deliver better business cases and improve program planning. It also sustains our careful

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

We are guided by four principles:

Caring for our clients and each other
Accountability for what we say and do
Respect for our differences and diversity
Excellence in our practices.

Community Care Access Centres

There are 14 local CCAC organizations across the province. Each is funded and legislated by the Ontario Ministry of Health and Long-Term Care and connect clients to home care, long-term care, and other services in the community.

Contact Us

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**Mississauga Halton
CCAC**

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Feedback?

[We appreciate your
comments, questions or](#)

and responsible management of resources.

Nancy Gale is now Director of Communications and Stakeholder Management, as the two functions have been integrated to enhance community relations.

The announcement comes after extensive consultation with our stakeholders and significant input from our executive and organizational development team. It will be phased in between June and mid October, and has a strong capacity to support future growth as our role evolves.

Mississauga Halton CCAC's 2010 ALC rates greatly exceed LHIN targets

Thanks to focused teamwork with our Mississauga Halton LHIN health care partners, we ended 2010 with an overall alternate level of care (ALC) rate of 5.4 percent. Simply put, this means only 5.4 percent of our clients whose needs would be met more effectively in another place, were in hospitals. This ALC rate breaks down to a rate of 6.9 percent for acute patients, 4 percent for mental health patients and 2.9 percent and 1.4 percent, for those in chronic care and rehabilitation, respectively.

These rates exceed the LHIN target of less than or equal to 8 per cent and the overall ALC rate reflects a reduction of 3.6 percent from our benchmark of 9 percent in June, 2010. With this achievement, we continue to stand out as the best performer among all LHINs.

More importantly, these rates demonstrate our commitment to quality community care. They mean we now have less patients in hospital when their needs can more effectively be met elsewhere, and more hospital beds ready at a faster pace for patients admitted to acute care.

We look forward to working together to maintain our leadership in this area and reduce these rates even further this year.

Upcoming June 29th AGM and Information Session: Your Health, Your Way



You want independence and choice for as long as possible. Live your life, your way.

In honour of Seniors' Month, we invite you to join

[concerns.](#)

Mississauga Halton CCAC on June 29, 2011 for the **2011 Annual General Meeting** of our Board of Directors (at 5 pm), followed an informative community event on how to best plan now for your future health needs (6:30 to 7:30 pm).

For more information, visit
<http://yourhealthyourwaymh.org/>

Collaboration keeps palliative clients home with their families



Research tells us that 75 percent of palliative (end-of-life) patients prefer to die at home. We're listening and responding to our clients' wishes with needed services that support this final stage of their lives. This means that people now have the choice to die at home (be it in their own home, a long-term care home, retirement home or hospice), surrounded by their families.

As such, we're working with our local partners to make a difference to our palliative clients. With funding from the Mississauga Halton LHIN, we formed a new Palliative Initiative Team in 2010 that included many of our palliative experts, as well as those from neighbouring hospitals and community agencies, to enhance end of life care in your community.

One year later, this initiative is already yielding impressive results with 300 palliative patients discharged from hospital and able to return home with the appropriate supports in place for them and their families. In the same time period, inpatient deaths among palliative clients decreased by 20 percent.

Jean is one the many clients to benefit from our Enhanced Palliative program. As a terminally ill client, Jean was able to remain in an assisted living home, where she received visits from personal support workers, physiotherapists, nurses and more through the CCAC, as her condition deteriorated.

You can read Jean's story in the 2009/10 [CCAC Quality Report](#) on Page 27. Check our website to learn more about our [end of life care](#) options.

Provincial Client Care Model for Intensive Case Management: Helping a client and

saving a family

Molly couldn't believe it was happening again. At 81, she'd already lost her husband and son following their battles with Alzheimer's disease. Then, her daughter Elena was diagnosed with early onset Alzheimer's.



Helen Bell, Case Manager,
who worked with Elena
and Molly.

At only 48, it was a terribly stressful time for Elena. She wandered and had issues with balance, cognition and cueing, as well as delusions and hallucinations; she suffered psycho-somatic manifestations, where she declared intensive pain and ceased to function.

Initially, Elena was discharged from hospital and was set up at home. Identified as a client with high needs, she became part of our **Client Care Model** Proof of Concept trial for **Intensive Case Management**. Our Case Manager Helen Bell met Elena in the hospital prior to her discharge.

Helen completed a comprehensive *Resident Assessment Instrument* (RAI) to determine Elena's specific needs. She also provided strategies to deal with her cognitive decline and worked to resolve issues regarding long-term care. At the same time, she helped Molly come to terms with the same issues she experienced losing her husband and son to the same disease.

Before her visits with the family, Helen completed all necessary applications for long term care. This preparation enabled Helen to verbally explain the options and Molly to simply sign, which was less upsetting to Elena.

Unfortunately, Elena had to return to hospital when she collapsed due to pain. At first, Molly refused to permit Elena to return home from hospital, as she felt she could no longer cope. However, after Helen helped Molly break down the problems into small, manageable steps, she felt more confident and agreed to bring her daughter home.

This intensive case management approach paid off. Helen was able to work in close collaboration with her team assistant, as well as other community partners and our PSW service provider agency. And she continued to provide this intensive support before and after Elena's transition to a long-term care setting.

In keeping with our client and family focus, Helen conducted 14 face-to-face interactions and nine

telephone calls with Elena and Molly during a two-month period. Helen's role shifted as she removed barriers to seeking a safe living environment for Elena. Even on moving day, she was there to ease Elena's fears and to mitigate any potential reprisals of daughter toward her mother.

"This was a case where the alternative of not providing this intensive case management could have been catastrophic for this family," explains Helen, adding, "I'm glad I had the opportunity to help Molly and make a difference during this critical time."

To learn more about our new client care model, read our [Quality Community Care](#) overview on printed page 3 of our Strategic Plan.

Mississauga Halton CCAC Commits to Accreditation Primer



As part of our continuous path to advance quality, we have registered for Accreditation Canada's program, beginning with its Accreditation Primer this coming fall.

Accreditation is a process for organizations to regularly and consistently examine and improve their processes. A key part of this process is implemented by external surveyors who measure our organization's services, compared to standards of excellence and then identify areas of improvement.

The Accreditation Primer is the first step in the accreditation journey and for organizations that are new to the process. It will assess our basic safety and quality elements and help us strengthen our necessary supports, structures, quality and safety processes. Once we have successfully completed the Primer program, we move into the QMentum program, which follows a regular cycle.

Our staff have eagerly embraced this opportunity and begun the first steps of the journey. We believe accreditation is a key way for us to deliver Quality Community Care to those that we care so much about – our clients!

To learn more about Accreditation Canada and how its initiatives enhance quality care, visit <http://www.accreditation.ca/about-us/message/>

Connecting with Caroline: CEO's blog launches new way to engage employees



To help close the distance between locations and employees, our CEO Caroline Brereton launched a blog entitled: *Connecting with Caroline*. Beyond informing employees of steps that advance our strategic plan and updates on key projects, Caroline will also seek employees' questions and input through regular posts and timely responses.

Sharing successes in our healthy workplace journey

At last March's Quality Worklife-Quality Healthcare Collaborative (QWQHC)'s 5th Annual Summit, health care leaders learned about strategies that are moving our CCAC towards a healthier workplace.



Laura Morley-Woollam and Joel Borgida at the QWQHC Annual Summit in Mississauga

With an employee participation rate of 84 percent, a 23 percent rise since 2008, Mississauga Halton CCAC's improvements are impressive and higher than any other health care leader. Results from the latest employee engagement survey reveal a 10 to 18 percent improvement in every dimension surveyed compared to our 2008 survey. Our top three improvements are:

1. Customer focus (complements client satisfaction rate of 81%)
2. Training and development
3. Engagement

Laura Morley-Woollam and Joel Borgida, Mississauga Halton CCAC Organization Development (OD) Consultants, presented a workshop on our innovative approaches to increasing employee engagement. This gave us an opportunity to share leading practices in workforce planning, learning frameworks, as well as partnerships and collaboration.

Our organization reached a significant milestone in the journey to build and maintain a healthy workplace for employees by signing the QWQHC Healthy Workplace Charter in October 2010.

Promoting employee engagement through a healthy workplace ultimately helps improve service to our clients.

Breakthrough agreement sets plan for

countering emergencies

In an emergency, collaboration can be critical to ensuring that our clients, our partners and our employees are impacted as little as possible. With the Hamilton Niagara Haldimand Brant CCAC, we've developed a Mutual Assistance Agreement, the first of its kind among CCACs.



CCAC CEOs Melody Miles (from Hamilton Niagara Haldimand Brant CCAC) and Caroline Brereton (from Mississauga Halton CCAC).

Signed by both CCACs in March, this agreement lays the groundwork for either organization to receive assistance from the other when faced with an emergency they can't cope with internally. It enables us to better manage operations in case of a serious adverse event or catastrophe.

This agreement is part of our Business Continuity Plan and sets the stage for future collaboration between CCACs and partners to ensure an effective and coordinated response to emergencies.

Mississauga Halton Community Care Access Centre • 401 The West Mall • Etobicoke, ON M9C 5J5

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