The Health Pages

Spring 2010

South East CCAC / CASC
Community Care Access Centre
Centre d'accès aux soins communautaires du Sud-Est

In this issue:

Caregiving and Hospice Palliative Care

Connecting you with care

www.se.ccac-ont.ca

Welcome Message from the Chair and Chief Executive Officer

Welcome to the South East Community Care Access Centre's first publication of Health Pages magazine. We are pleased to bring this publication to our partners in care within South Eastern Ontario through a partnership with Willow Publishing and the advertising partners found within. This publication would not be possible without the support of these advertising partners.

Our hope is that this publication will help us better connect to our health service partners as we all strive to provide the best care possible to the people of South East Ontario.

With caring and knowledgeable staff in seven community offices, in various Family Health Teams, as well as every hospital site across the South East region, the Community Care Access Centre plays a vital role in connecting clients to the health and support services they need. Whether it be providing enhances levels of service in the home to prevent an unnecessary hospital visit, preparing for discharge from hospital, helping someone get a family doctor, helping a child with medical needs attend school or connecting someone with one of the 6000+ health and support services found in our information database.

Our experienced case managers, in-depth clinical assessment processes and strong community partnerships help us ensure clients get the care they need, when they need it. Whether you or someone you care about needs help coming home from the hospital, keeping out of the hospital, coordinating health care for a child either at home or in school, living safely and securely at home or arranging for a loved one to move into a long-term care home, the CCAC is here to help you make informed decisions and to support you through your entire care journey.

To find out about services offered in your community you can contact us through our easy to access telephone number – 310-CCAC from 8 a.m. to 8 p.m. seven days per week. Our website – www.se.ccac-ont.ca – also contains a database of over 6000 health and support services.

Valerie Cook-Jackson
Chair, Board of Directors

David Marshall
Chief Executive Officer

"Thank You"

The South East Community Care Access Centre would like to thank our contracted service providers who partner with us to provide the care our clients need, when they need it.

Nursing

- Can Care Health Services
- Bayshore Health Care Ltd.
- Comcare
- Victorian Order of Nurses
- Paramed Home Health Care
- St. Elizabeth Heath Care

Personal Support

- Bayshore Health Care Ltd.
- Canadian Red Cross Society
- Victorian Order of Nurses
- Paramed Home Health Care
- St. Elizabeth Heath Care

Therapy

- Bayridge Physiotherapy
- Communicare Therapies Inc
- Five Counties Children's Centre
- Gail Leblanc, Nutritionist
- Hotel Dieu Child Development Centre
- Kaymar
- Quinte and District Rehabilitation

Supplies and Equipment

- Kingston Oxygen
- Medigas Praxair
- Ontario Medical Supplies/ Desjardins Pharmacy
- Quinte Health Care

The Health Pages

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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."

Board of Directors

Valerie Cook-Jackson (Chair)

Valerie Cook-Jackson, of Milford, worked for the Ontario government for over 20 years in a variety of positions including Director of Strategic Direction and Planning Branch, Management Board Secretariat, and Senior Policy Advisor for Education, Colleges and Universities, Citizenship & Culture and Race Relations. She previously served on the Board of the former Hastings and Prince Edward CCAC and is currently a volunteer Consultant with the Prince Edward Community Care for Seniors Association, Synod Representative of St. Philip's Anglican Church and Editor of St. Philip's Newsletter.

Jane Johnston (Vice-chair)

Jane Johnston, of Kingston, is a Registered Nurse with graduate education in Public Administration (health policy focus) from Queen's University. Mrs. Johnston has many years of clinical and administrative health care experience with a variety of community clients, agencies, networks and Ministry of Health personnel. She served as the Director of Regional Community Brain Injury Services, Providence Care, for 18 years. Currently Mrs. Johnston is a faculty member (adjunct) at Queen's University School of Nursing.

Carol A. Harris (Secretary)

Carol Harris, of Perth, worked in a variety of positions with the Regional Municipality of Ottawa-Carleton (RMOC) Home Care Program from 1987 until her retirement in 1995. Prior to this, Ms. Harris taught a Health Sciences Continuing Education Program at Algonquin College (1987), worked as an office manager for a physician (1977-1985) and was a Consultant in the Ward/Unit Clerk Needs Study for Algonquin College (1986). Ms. Harris served as member of the former Lanark, Leeds and Grenville Community Care Access Centre Board from 2002 to 2006 and is currently the South East CCAC representative on the South East LHIN's Collaborative Governance Development Team.

Stan Collins (Treasurer)

Stan Collins, of Kingston, is a Chartered Accountant. For 18 years, Mr. Collins was the owner and partner in the firm Collins Blay & Co. Chartered Accountants in Kingston. Prior to this, he was the owner and operator of Collins Chev Olds Cadillac in Kingston. Mr. Collins was a member of the Board of Directors of the former Kingston, Frontenac Lennox and Addington Community Care Access Centre and a past Board Chair of Kingston General Hospital. Mr. Collins is also a past Chair of the Kingston Chamber of Commerce.

Douglas Brian Evans

Douglas Brian Evans, of Portland, is a retired educator. During his career, Mr. Evans taught Mathematics, Physics and Computer Science for the Lanark County Board of Education (1971-1997) and was a self-employed IT Project Consultant and Web-site Manager (1997-2006). Mr. Evans currently lectures math, accounting, medical terminology and business procedures for the Kingston Learning Centre. Most recently he served as Chair of the former Lanark, Leeds and Grenville Community Care Access Centre.

Deanna Dulmage

Deanna is a Certified Human Resource Professional working in the field of Human Resources for 30 years. Deanna focused on Human Resource and Finance during her career and in the past eight years her focus has been on Disability, Accessibility, Health, Safety and Labour Relations. Deanna's previous governance experience includes Chair of a local Canadian Mental Health Association, Chair of Mental Health Support Services, Chair of Greater Belleville Safe Communities, Chair of the Human Resource Professionals (Quinte chapter) and a Director at Large for the Human Resource Professionals of Ontario.

Wendy Cuthbert

Wendy Cuthbert, of Brockville, is a Registered Nurse with certification in Nursing Administration and Hospital Risk Management. Until her retirement in 2004 Ms. Cuthbert worked at the Brockville General Hospital in nursing and hospital administration and served as the Corporate Secretary. She is currently a Director of the Brockville and Area Community Foundation and of Wall Street Village Inc., a church sponsored project to provide housing for seniors.

G. Wayne Phillips

Wayne Phillips, of Tay Valley is a retired Police Chief of the Nepean Police Service. Former member of the Criminal Review Board and the Ontario Parole Board. Mr Phillips' past community involvement includes: President of the Nepean Kiwanis, Vice-President of Nepean Housing Corporation, Vice Chair of Nepean Hydro Commission, Member of the Nepean Library Board, Chair of Nepean Planning Board and City Councillor for the City of Nepean.

South East CCAC a leader in providing trusted quality care

CCAC clients provide feedback through independent third-party survey

The South East Community Care Access Centre (SECCAC) has received top marks in a provincial client and caregiver experience evaluation. In comparison to the six other CCACs involved in this survey, the South East scored highest in seven out of 11 categories.

"These results are especially relevant to us because it is feedback directly from the people we serve," said David Marshall, CEO of the SECCAC. "We rated highest in overall satisfaction based on components such as quality of care, client-centred care, service providers, and building relationships and trust. We are especially proud of the high overall satisfaction rate with our service providers.

"CCAC's ensure seniors, especially the frail elderly, are supported to remain independent in the community by creating connections for people by developing and maintaining links across the health care services system. It is very meaningful to us that our clients trust us to provide them with quality care and important connections to other care and services. We don't take this trust lightly and are always looking to improve the way we deliver services, even with these impressive results."

The SECCAC rated high on the overall experience and 86 per cent of clients and caregivers surveyed said they would recommend CCAC services. "We are pleased with this vote of confidence and we will continue to contribute to a sustainable health system by ensuring care delivery is safe, effective and timely," said Marshall.

The independent research firm of Ipsos Reid polled a random sample of nearly 5000 CCAC clients across Ontario.

The South East CCAC is one of 14 CCACs serving the people of Ontario. Our annual budget of $94 million is provided by the South East Local Health Integration Network. The South East CCAC helps approximately 30,000 people annually live independently in their home by providing health and personal care services, helps children with medical needs attend school and provides nursing services in community-based nursing centres. Last year, we connected over 4000 people with family physicians. The CCAC manages all applications and admissions to the regions nearly 4000 Long-Term Care Beds.

Caregiving & Hospice Palliative Care

What is Hospice Palliative Care?

In 2002 the Canadian Hospice Palliative Care Association (CHPCA) defined Hospice Palliative Care (HPC) as being "aimed at relief of suffering and improving the quality of life for persons who are living with or dying from advanced illness or are bereaved.

HPC is appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care.".

It is important to understand that palliative care is not care just at the end-of-life. It can be combined with therapies aimed at reducing or curing illness or it may be the total focus of care.

Hospice Palliative Care

- aims for optimum comfort through all stages of life-threatening illness
- is holistic and focuses on physical, psychological, social and spiritual aspects of care
- is hope, dignity, choice and control
- manages pain and other symptoms
- focuses on life and living each day to the fullest
- provides support to patients and families
- is sensitive to personal, cultural and religious values, beliefs and practices
- appreciates death as a normal part of the human experience
- palliative care may be offered even when the goal of care is cure

HPC is both a discipline and an approach to care. It is multi-disciplinary with many different professionals working together including doctors, nurses, personal support workers, dieticians, social workers, pastoral care workers, physiotherapists, occupational therapists and many others. Volunteers and family members are often the mainstay in providing HPC and their contribution to improving quality of life cannot be overstated.

HPC is provided in hospital, the community, retirement and Long Term Care (LTC) homes. It is provided wherever there are people that need care.

Current Trends

- A recent study found that 90% of people surveyed wanted to die in their own home. However, the majority of people still die in hospital, and some of these in Intensive Care Units.
- Around 250,000 Canadians will die this year and as many as 165,000 could use HPC services. At present less than 15% of Canadians have access to HPC services.
- Due to advances in medicine, many people are living much longer with a life threatening illness and will need care and support. Control of pain and symptoms while living with an illness is crucial in improving quality of life. .
- Baby Boomers are aging and it is estimated that there will be 33% more deaths by 2020. These facts when taken together mean there will be an increased need for HPC services.
- Advance Care Planning is becoming better understood as a way that people can have control over what they want if they are unable to express their wishes at the end-of-life. It is important that we all take the time to discuss our wishes with our family members and care providers so that

misunderstandings do not occur. Planning ahead of time can relieve much of the stress and anxiety and ensure that everyone is working together to provide the best quality of care possible.

What Should I Do as a Family Caregiver?

First of all it is important to know that you are not alone. Although most people do not learn about being a caregiver until they are left with no choice, there are people to help.

Most people would prefer to be cared for at home. Caring for someone with a life-threatening illness can be extremely rewarding and satisfying but it can also be challenging and frustrating. Health care professionals in your area can help you in the planning and management of your loved one's care.

You will also need help from friends and family if they are available. One of the main rules about being a caregiver is that you need to look after yourself. If not your own health and the quality of care that you are providing will suffer.

Where can I Find out More?

One of the first places to start is your local hospice. There are hospices throughout Southeastern Ontario, some are stand alone agencies and some programs are part of other community agencies. The following is a list of hospice programs:

Brockville & District Hospice Palliative Care Service .....(613)345-5649 Ext.1-4412
Central Frontenac Community Services – Caregiver Support,
Bereavement & Palliative Care (Sydenham) 1-800-763-9610
Heart of Hastings Hospice (Madoc)..... (613) 478-1884
Hospice Lennox & Addington (Napanee)..... (613) 354-0833
Hospice North Hastings (Bancroft)..... (613) 332-8014
Hospice Northumberland Lakeshore ..... Brighton Satellite Office (613) 475-2821
Hospice Palliative Care (Kingston) .....(613) 542-5013
Hospice Prince Edward (Picton).....(613) 476-2181 Ext.4253
Hospice Quinte (Belleville) .....(613) 966-6610
Land O'Lakes Community Services, Volunteer Hospice Visiting Service
(Northbrook) ..... (613) 336-8934
Volunteer Hospice Visiting Service, Community Home Support Lanark
County (Perth) 1-866-432-6400

The South East Community Care Access Centre (SE CCAC) is another key resource. The CCAC has an Information & Referral service on the internet – www.se.ccac-ont.ca as well as professionals who can assist you over the phone from 8 a.m. to 8 p.m. seven days per week at 310-CCAC (310-2222, no area code required).

The Canadian Hospice Palliative Care Association – www.hospicepalliativecare.ca, 1-800-668-2785
Living Lessons Hospice Palliative Care Information Line 1-877-203-4636, www.living-lessons.org There are a number of resources for caregivers on this website.
Southeastern Palliative & End-of-Life Care Network is involved in system planning and coordination of services – (613) 544-8200 Ext.4301

A Closing Word

"You matter because you are you.
You matter to the last moment of life,
And we will do all we can,
Not only to help you die peacefully,
But to live until you die."

Quote by Dame Cecily Saunders
Founder of Hospice Palliative Care Movement

The New Bancroft Office of the South East Community Care Access Centre

Dave Marshall, SECCAC CEO; Leona Dombrowsky, MPP; Valerie Cook-Jackson, SECCAC Board Chair; Lloyd Churchill, Mayor of Bancroft; Georgina Thompson, Chair of the SELHIN; and Bancroft Case Manager Muriel Post cut the ribbon to officially open the new Bancroft office.

The new Bancroft office of the South East Community Care Access Centre (SECCAC) was officially opened on Tuesday, October 13. MPP Leona Dombrowsky, Mayor of Bancroft Lloyd Churchill and South East LHIN Chair Georgina Thompson joined Board Chair Valerie Cook-Jackson and CEO Dave Marshall to officially open the office. These speakers all highlighted the important role of the CCAC and the synergy created by this new location.

"This new location in close proximity to our health care partners creates physical connections to improve service integration and it is also an improved work environment for our staff," said Dave Marshall, CEO of the SECCAC.

MPP Leona Dombrowsky noted "people in this rural area understand the need for health care to be provided a little off the beaten path, so they can get good care as close to home as possible. With all these services offered in one location, people know where to go when they have a health need."

Board Chair Valerie Cook-Jackson concluded "I am pleased that we have better integrated services by putting or office with other services in North Hastings. I look forward to further integration within the CCAC when we are fully aligned using CHRIS software across Ontario with a goal of equitable access to care in a timely manor".

"Life is what you make of it."

"Life is what you make of it," says Helen Anderson after celebrating her 100th birthday on August 30 with family and a ride in a single engine Cessna piloted by her granddaughter. "Keep a positive attitude and never pass up an opportunity," she adds with a warm smile.

Case Manager Debbie Ryder presents a certificate recognizing Helen Anderson's 100th birthday in Perth.

The South East Community Care Access Centre (CCAC) presented Helen with a framed certificate to recognize this important achievement. Helen also received plaques from the Queen and the Governor General of Canada. "I have been getting a lot of attention for about a week. I suppose it is quite an achievement, but I don't feel a day over 80."

With the help of around-the-clock care provided by caregiver Clare Granger and daily assistance from the CCAC, Helen has lived in her current home for 16 years. "I love being in my home where I can see my flowers and the workers are wonderful. I am very fortunate to be as able to stay here."

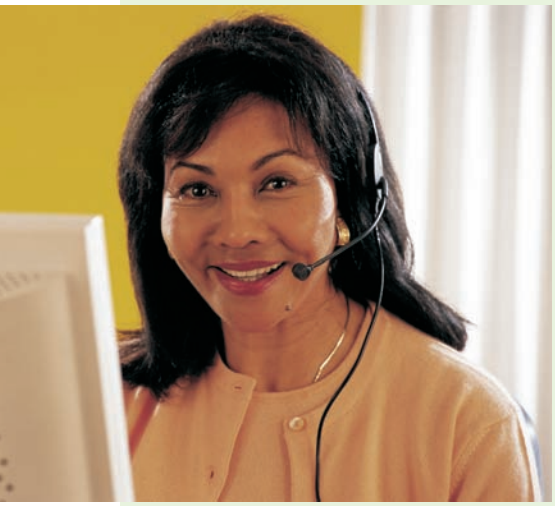
Her positive attitude carries over to her care providers as well. "She is very special, and caregivers love to work with her because she is so appreciative of them," says Debbie Ryder, Helen's Case Manager with the CCAC. "If an egg is overcooked, she will smile and say that is just the way I like it."

Helen suggests that for an enjoyable life, plenty of physical activity and plenty of chocolate are good places to start. It doesn't matter what kind of chocolate, it is all good, but Hershey's with almonds score pretty high with her.

Information service helps people in the South East connect with the health, personal and social support services

The South East Community Care Access Centre (SECCAC) has a website containing a searchable database of approximately 6200 health and home support services available to residents of South Eastern Ontario.

"CommunityCareInfo.ca is a specialized, comprehensive, central repository of information on health and home support services that can be accessed by anyone," said David Marshall, CEO of the SECCAC. "While there are a number of organizations providing information about services in the South East, CommunityCareInfo.ca is the first comprehensive list of services available throughout the entire region.



"The South East has high rates of many chronic diseases such as diabetes, asthma, and heart disease and it is critical that people can access up-to-date information to help them make informed choices about their health," says Marshall.

CommunityCareInfo.ca is focused on health, personal and social support services. These services may be provided by any level of government, the non-profit sector, the private sector, or by independent service providers.

The website www.se.ccac-ont.ca was developed by the South East CCAC with the support of the South East Local Health Integration Network (LHIN), and community health service providers. CCACs are mandated by the Ontario government to link individuals to services available in the community.

For anyone without internet access, the CCAC offers Information and Referral to the public and organizations by calling 310-CCAC.

Caregiving *in* Canada

Canada has an aging population with a growing number of seniors (people aged 65 and older) who need support and care. As a result, when data were collected for a second time (2002 GSS), the focus shifted to care provided to seniors. The findings suggested that aging Canadians need assistance, and that family and friends provide help despite growing work and family demands. However, while Canadians are willing to help out their family and friends, caregiving duties have consequences that impact caregivers' work, health and family.

The October 2008 Statistics Canada report *Elder Care: What we know today* provides a glimpse into who is providing care and what care they are providing.

Who provides care to seniors?

In 2002, more than two million family and friend caregivers aged 45 years and older. In 2007, the number of caregivers aged 45 years and older increased by over 670,000 to 2.7 million caregivers.

Nearly 6 in 10 caregivers were women. The proportion of men providing care remained at 19% between 2002 and 2007; however, the proportion of women increased by 4 percentage points to 22%. In 2007, most eldercare (75%) was provided by those between 45 and 64 years of age. **That also means that 1 in 4 of those providing care to seniors were themselves seniors.**

Caregivers have multiple responsibilities. In 2007, nearly 43% of the caregivers were between the ages of 45 and 54, the age at which many Canadians still have children living at home. About 3 in 4 caregivers were married (refers to married or living common-law). Others also juggled employment with family and eldercare tasks, as more than half of the caregivers (57%) were employed.

Who performs which tasks and how often?

Caregivers perform a range of tasks in caring for seniors: personal care, tasks inside the senior's house, tasks outside the senior's house, transportation, medical care, and care management (such as hiring, monitoring and dismissing of professional help, managing finances, making appointments, organizing a care schedule, negotiating provision of services, and/or managing health insurance claims).

The delivery of care tasks is still divided along gender lines. In 2007, nearly 40% of women caregivers and fewer than 20% of men caregivers provided personal care, which includes intimate activities such as bathing and dressing.

Approximately 60% of women caregivers and 30% of their male counterparts performed regular tasks inside the house, such as meal preparation, cleaning or laundry. On the other hand, more men than women provided assistance with tasks outside the house, such as house maintenance or outdoor work.

Almost all caregivers, approximately 8 out of 10 men and women, assisted with transportation needs. While not as many caregivers took on medically related tasks (medical care) associated with the senior's health compared with other tasks, 1 in 4 (25%) women caregivers did, which was nine percentage points more than the men. Care management involves assistance with scheduling or coordinating

caregiving tasks (for example, hiring professional help, managing finances, organizing a care schedule). It can be a time consuming task as one tries to navigate the different service delivery systems. As with medically related tasks, women were more likely than men to assist with care management (42% versus 33%).

Not only are some of the tasks that women perform more personal, they also have to be performed according to a regular schedule—for example the administering of medicines and the preparation of meals. Other tasks such as care management must be done during the day when offices are open, competing with work time in the case of working caregivers. The time-specific nature of certain tasks is likely to add burden and stress to caregivers. In contrast, tasks outside the house such as house maintenance or outdoor work can usually wait until the care provider has the time to perform them

Who helps the caregiver?

Caregivers often have to rely on others for support when they are trying to balance care responsibilities with family and work, or when the amount of care increases to a level beyond that which they can handle.

Over one-third of caregivers (34%), reported that their children provided them with help, such as assisting with household chores. The second most important source of support was from a spouse. Just over 1 in 4 caregivers (26%) were better able to manage because of modifications made by their spouse to life and work arrangements. The next most common source of help was that provided by extended family (24%).

Caregivers also found support outside their families. One in 5 caregivers (19%) relied on close friends or neighbours for help. Next in frequency, 13% of caregivers stated that their community provided support. In addition to community as defined by geographical proximity, community could also refer to their spiritual community, cultural or ethnic group.

In order to accommodate their caregiving duties, 12% of caregivers got support from their local or provincial government.

There are a number of services designed to help caregivers in South Eastern Ontario. To find caregiver support, go to www.se.ccac-ont.ca and access our Information and Referral service. and keyword search caregiver support or respite care. If you do not have access to the internet, contact your local CCAC office at 310-CCAC for help..

SMILE
partners to support frail seniors

The Seniors Managing Independent Living Easily (SMILE) Program is intended to assist frail seniors to remain in their own homes and out of hospital and long term care homes.

"Home is where seniors want to live and with the right supports in place many seniors are able to stay in their own home longer," says Judith Layzell, SMILE Program manager "The SMILE Program serves only those seniors who due to increasing frailty are at risk of losing their independence and who require significant support with functional activities of daily living."

"Once an individual is admitted to the SMILE program, services relating to the functional activities of daily living such as meal preparation, housekeeping, errands, transportation, and outdoor chores can be funded by the SMILE Program. A key benefit of the program is that we can help the client find services or the client can find the services they need on their own. There are some guidelines about who can provide services but ultimately, this program promotes wellness, independence and choice."

"Home is where seniors want to live and with the right supports in place many seniors are able to stay in their own home longer,"

The SMILE program works in cooperation with local community agencies known as SMILE Partners to provide information about the SMILE program and other community support services. SMILE Partners will have special training to provide information about community resources and to determine a potential client's eligibility for the program. Then they can help seniors access the program if appropriate.

"We are receiving a lot of referrals from the public. Self referrals are the highest percentage of our referrals which was unexpected and many of these self referrals are not eligible for this program," says Layzell. "The SMILE Program is intended to support those frail seniors with multiple unmet needs who will end up in crisis if they can't access additional service. Seniors who only need assistance with one or two services, for example outside chores and housekeeping, will not be eligible for the program. We encourage these seniors to approach their local community support agency to determine what services are offered in their community.

"It is our vision to have partners in every community across the SELHIN. When that happens we expect that most referrals will come to us from our SMILE partners."

Funded by the South East Local Health Integration Network (SELHIN) and managed by VON Canada Ontario, the SMILE Regional Management Centre is located in Trenton.

For more information contact your local SMILE partner or call the SMILE office at 1-888-866-6647.

Transportation Providers

Enriched Homecare	Addison	613-345-0934
Mills Community Support Corporation, The - Home Support Program - Escorted Transportation	Almonte	613-256-4700
Bancroft Community Transit (BCT) - Medical Transportation	Bancroft	613-332-2732 / 1-866-787-4907
Community Care North Hastings - Handi - bus	Bancroft	613-332-4700, Ext. 25
Community Care North Hastings - Volunteer Drivers	Bancroft	613-332-4700, Ext. 21
Community Care for South Hastings Incorporated (CCSH) - Belleville	Belleville	613-969-0130
Community Care Northumberland - Transportation	Brighton	613-475-4190
Canadian Mental Health Association of Leeds and Grenville - Transportation Service	Brockville	613-345-0950 / 1-888-829-9318
Community and Primary Health Care (CPHC) - Lanark, Leeds and Grenville - Essential Transportation	Brockville	613-342-3693, Ext. 241 / 1-800-465-7646
Homeward Bound - Home Management Services	Brockville	613-341-9046
Premura Home Care	Brockville	613-423-2273
Synfast Corporation - Brockville Transportation Service	Brockville	613-345-7272
Care Mobility - Transportation	Carleton Place	613-253-2100
Community Home Support - Lanark County - Transportation - Carleton Place	Carleton Place	613-253-0733 / 1-866-953-0733
County Transportation Services (County Cab) - Wheelchair Accessible Transportation	Carleton Place	613-253-7777
Community Care North Hastings - Coe Hill Satelllite Office	Coe Hill	613-337-5357
Community Care for South Hastings Incorporated (CCSH) - Desoronto	Deseronto	613-396-6591
Mohawks of the Bay of Quinte - Tyendinaga Home Support Program - Handi-van	Deseronto	613-962-6653
Gananoque and Area Services to Assist Independent Living Inc - Escorted Transportation (SAIL)	Gananoque	613-382-1175 / 1-800-561-8024
Gananoque Wheels Of Care	Gananoque	613-382-4831
Kemptville And District Home Support Incorporated (KDHSI) - Local and Long Distance Escorted Transportation	Kemptville	613-258-3203
North Grenville Accessible Transportation (NGAT) - Assisted Transportation	Kemptville	613-258-6600
Advanced Patient NET Limited	Kingston	613-542-1441
Canadian Cancer Society - Frontenac, Lennox and Addington Unit - Transportation Program	Kingston	613-384-2361 / 1-888-939-3333
Home Instead Senior Care - Kingston Senior Care	Kingston	613-389-3609
Hospice Kingston Inc - Transportation	Kingston	613-542-5013
Katarokwi Native Friendship Center - Life Long Care	Kingston	613-548-1500, Ext. 102
Kingston Access Bus	Kingston	613-542-2512
Premier Homecare Services	Kingston	613-531-0931
Quality Patient Transfer Service	Kingston	613-547-8034
Seniors Association Kingston Region - Medical Drives	Kingston	613-548-7810
Victorian Order of Nurses Canada - Greater Kingston Site - Transportation	Kingston	613-634-0130
Community Home Support - Lanark County - Transportation	Lanark	613-259-5412
B Cause I Care	Lyn	613-342-4968 or 613-340-7134
Community Care for Central Hastings	Madoc	613-473-9009 / 1-800-554-1564
Community Care North Hastings - Maynooth Office	Maynooth	613-338-2662
Lennox and Addington Seniors Outreach Services Incorporated - Town Bus Service	Napanee	613-354-6668 / 1-800-991-0141
Lennox and Addington Seniors Outreach Services Incorporated - Transportation	Napanee	613-354-6668
Lennox and Addington Seniors Outreach Services Incorporated - Wheelchair Accessible Van	Napanee	613-354-6668 / 800-991-0141
Land O Lakes Community Services - Community Support Program - Transportation	Northbrook	613-336-8934
Home Instead Senior Care - Transportation	Ottawa	613-599-6906
Priority Patient Transfer - Non Emergency Patient Transportation	Ottawa	613-727-0168 / 1-866-561-7787
Community Home Support - Lanark County - Transportation - Pakenham	Pakenham	613-624-5647 / 1-866-923-5647
Canadian Cancer Society - Lanark, Leeds and Grenville Unit - Transportation to treatment	Perth	613-267-1058 / 1-800-367-2913
Community Home Support - Lanark County - Transportation - Perth	Perth	613-267-6400 / 1-866-432-6400
Lanark Transportation Association (LTA)	Perth	613-264-8256 / 1-877-445-5777
Prince Edward County Community Care for Seniors Association, The - Transportation	Picton	613-476-7493
Community Living - North Frontenac - Supported Independent Living - Sharbot Lake	Sharbot Lake	613-279-3731
Northern Frontenac Community Services - Adult Services - Transportation	Sharbot Lake	613-279-3151
Community Home Support - Lanark County - Transportation - Smiths Falls	Smiths Falls	613-283-6745 / 1-866-983-6745
Southern Frontenac Community Services Corporation - Rural VISIONS Centre - Transportation	Sydenham	613-376-6477 / 1-800-763-9610
Quinte Access Transportation	Trenton	613-392-9640
Quinte Patient Transfer Service	Trenton	613-968-1945
Victorian Order of Nurses Canada - Community Care Quinte West - Transportation	Trenton	613-392-8852
Westport Lions Club - Mobility Van Service	Westport	613-273-5789

Planning for

Long-Term Care

Moving is never easy. Moving from your own house or apartment to a long-term care home may be stressful for you and your family. The more you understand about the process, the easier it will be. As your single point of access to long-term care homes, your Community Care Access Centre (CCAC) is there to listen and give you the information you need to make important care decisions.

When is the right time for long-term care?

There is support available to help people live safely at home. The CCAC can help connect you with care and services, including community support services like Meals on Wheels and local adult day programs to help you live as independently as possible in your own home.

Eventually you may find that you need more care and support than can be provided in the community. Then it's time to look at other living arrangements. Long-term care homes are designed for people who need access to care and support 24 hours per day. Even if you are not yet ready for long-term care, it's a good idea to think ahead.

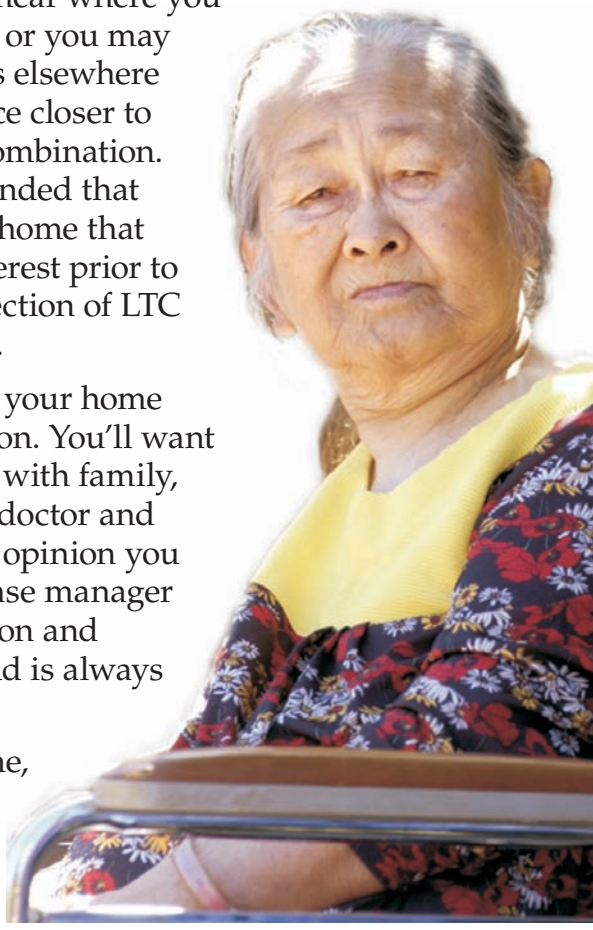
Some signs that you may need extra help:

- Not eating well
- Not feeling safe in the bathroom
- Finding it hard to get around your home or get out
- Having difficulty with cooking, cleaning, laundry and other daily activities
- Having difficulty getting yourself washed and dressed
- Falling frequently
- Visiting the Emergency Department frequently
- Having lots of medications to keep track of
- Getting confused

If your spouse or friend is looking after you, it is also important to think of their condition and ability to continue to provide care.

The CCAC can help you. A qualified CCAC Case Manger can help you assess your situation and provide extra care and services and help determine your eligibility for long-term care. We will take the time to discuss various options with you and your family.

If, after a clinical assessment determines that you are eligible for long-term care and you are ready to make that move, the CCAC will help you with that process. You can select up to three homes of choice. You will be asked to number them as your first, second and third choice. Long-term Care is a provincial program so you can select homes anywhere in Ontario. For example, you may wish to select homes near where you currently live or you may choose homes elsewhere in the province closer to family, or a combination. It is recommended that you visit any home that may be of interest prior to making a selection of LTC home choices.



Moving from your home is a big decision. You'll want to talk it over with family, friends, your doctor and others whose opinion you value. Your case manager has information and experience and is always ready to help.

Take your time, and make the choice that feels right for you.

Applause for
Health Care Connect

Health Care Connectors at the South East Community Care Access Centre are provincial leaders and have already matched more than 4,000 individuals with a primary care provider (a physician or nurse practitioner).

Care Connectors are experienced nurses who connect patients without a family doctor or a family health care provider in their community. Each Community Care Access Centre has two Care Connectors who work with local physicians and nurse practitioners to build relationships and better understand their practices. People without a family physician can call 1 800- 445-1822 or visit the CCAC website – www.se.ccac-ont.ca – to register for the program, and those who need care most will be helped first.

"We are honoured to be part of this program," said David Marshall, CEO of the South East Community Care Access Centre. "Care Connector's strong relationships and hands-on, individualized approach helps them match people to the most appropriate and highest quality care possible. CCACs work closely with the Ministry of Health and Long-Term Care, Local Health Integration Networks and of course the primary care providers themselves to help deliver this innovative provincial initiative."

How does Health Care Connect work?

"When the patient calls, some information is taken and the patient's needs are assessed and prioritized," says Brenda Senger, South East CCAC Care Connector. "Patients with the most complex needs or who are most vulnerable such as pregnant women, children under two, and patients with chronic issues such as diabetes are put at the top of the list. This information is provided to me and I contact the patient to let them know I will be helping them. Then I do the work of matching them to a family physician or nurse practitioner who can meet their needs."

"I am really encouraged so far. Many health care practitioners are initially cautious, but as we continue to discuss the situation and as they understand the program better, they are often willing and able to take an additional family on as patients," adds Care Connector Mary Ann Hills-Leach.

This program is not only for complex or vulnerable patients, rather it's aimed at the family as a whole. Great family practice is based on a relationship with the entire family. One of the benefits of the program is that it helps make taking on new patients more manageable for physicians . If a physician or nurse practitioner clinic were to place an advertisement saying they were taking new patients, they would be inundated. This approach makes it more manageable and ensures that people who need help the most are getting it first. Physicians or nurse practitioners can register for the program by calling us at the CCAC (310-CCAC and asking for a Care Connector).

"I am excited about the program. It has been very busy and I am learning a lot. It's fascinating to learn how different medical practices work. You have to start somewhere and this is a great start in terms of helping the thousands of people who do not have a family doctor. It's also very satisfying when I call people to say I am working on their situation. People are very relieved and grateful," concluded Senger.

Care Connectors are provincial leaders having placed more than 4,000 people in the South East with primary health care.

Care Connectors Mary Ann Hilis-Leach (seated) and Brenda Senger are provincial leaders having placed more than 4,000 people in the South East with primary health care.

The South East Community Care Access Centre (CCAC)

The South East Community Care Access Centre (CCAC) is one of 14 CCACs in Ontario working together with community partners to enhance access and coordination for people across the province. Funded by LHINs, CCACs coordinate a variety of health services to help maintain an individual's health, independence and quality of life.

CCACs work with clients to help access government-funded community-based healthcare services. We help supports children, adults and seniors in need of healthcare and related supports in the community. CCACs are also the point of access for Long-Term Care Homes in Ontario. We also help people to navigate the array of community support and health agencies in our communities, including connecting people in need of primary care with a physician or nurse practitioner.

Anyone can make a referral to a CCAC. A referral can be made by you, a family member, caregiver, friend, physician or other health care professional.

CCAC Case Managers are health professionals with specialized knowledge and skills who provide the following services:

- Assess your needs by incorporating input from you, other health care professionals and your family and/or caregiver
- Collaborate with you on setting goals and carrying out your health care plan
- Determine your eligibility for and arrange government-funded services based on assessment of need
- Provide information and link you to many home and community support services and residential care in your local area and throughout Ontario
- Revise your health care plan as your goals and condition change
- Develop a discharge plan when your goals have been achieved

A valid Ontario Health Card is required to receive in-home services from a CCAC. If eligible, the health care services you may receive include:

- Nursing
- Personal support (help with bathing, dressing, etc.)
- Physiotherapy
- Occupational therapy
- Speech-language therapy
- Social work
- Nutritional counselling
- Access to drug coverage
- Medical supplies and equipment
- Respite for caregivers

When living independently is no longer possible we can help with the application process for Long-Term Care Homes in the area and across Ontario. CCACs are the only point of access to Long-Term Care Homes in Ontario. We can also provide information about other residential options that may meet your needs, such as retirement homes.

Decisions about long-term care can be difficult. Your CCAC Case manager will answer your questions and provide information you need to make these important decisions.

To find out more about how your CCAC can help you, please call us at 310-CCAC (310-2222, no area code required). We're available from 8 a.m. to 8 p.m. seven days per week. Our web site - www.se.ccac-ont.ca – also contains a great deal of information, including a database of hundreds of health and support services.

Working at a CCAC

Working at a CCAC not only provides meaningful work in a safe and supported environment, it also offers plenty of opportunity for community involvement.

The South East CCAC is a strong supporter of the United Way and a majority of staff financially support this worthwhile organization through payroll deductions and participation in various events.

United Way's offer a Seeing is Believing Tour so that organizations that support their campaign can go and visit various United Way funded agencies to see first hand how the money is spent."It was an eye opener," says Kelly Ostrander, this year's campaign chair at the CCAC. "The economic downturn has had a significant impact on our communities and CCAC staff are really pleased to be able to do our part to minimize the impact. United Way agencies touch a lot of lives."

Staff also participated in the Day of Caring which mobilizes volunteers from local businesses that support United Way and matches them with non-profit agencies. "Day of Caring is a unique opportunity for employees in a workplace to come together, develop team building skills, and make a difference in our community by taking part in meaningful work projects at local agencies," says Ostrander. "The projects are great exercise in collaboration, hard work and general all around fun in the spirit of volunteering, while making a difference in our communities."

Volunteers from the CCAC joined with Airborne Systems, Belleville for gardening and yard work for the Canadian Mental Health Association Belleville June 25.

Your Health Care
. . . Be Involved

The following information has been prepared for general information only. You should not adapt or change any medical treatments or practices without consulting with your doctor.

1. Be involved in your health care. Speak up if you have questions about your care.

Be an active member of your health care team. A member of your health care team is anyone who is assisting you with your care inside or outside of your home. Take part in every decision about your care. Ask questions so you can make informed choices. Come prepared for your health care appointment. Know what to do when you go home. If you don't feel your concerns are being heard, ask again.

What you should know

You should understand as much as youcan about:

- your health problem or your diagnosis
- the care you will need
- medicine you should take and how to take it

Here are some good ways to ask questions:

- What is my care plan?
- What should I tell my family or caregiver?
- Can you tell me more about my health problem?
- Are there any other options?
- What can I do at home to help my progress?

2. Tell your health care team about your past illnesses and your current health condition.

You know the most about your health. Tell your health care team everything you can, even if you think they already know. Tell them even if you think it is not important.

Tell them if

- you are not feeling well right now
- you have been sick or have fallen lately
- you are taking any medicine
- you have had surgery or recent visits to the hospital
- you have seen another doctor or received other health care services
- you have a chronic illness like diabetes or heart disease
- you have a family history of an illness, such as high blood pressure, asthma, or cancer
- you have a history of tobacco, drug, or alcohol use
- you have been feeling tired or doing less lately
- you are not eating well or not feeling hungry
- you or a family member, have a disease that can spread to others

3. Have all of your medicines with you at every health care appointment.

Some medicines combine with each other in your body and produce bad reactions. To protect you, your health care team must know about any prescription drugs you take. They must also know about other medicines you buy, such as:

- vitamins
- herbs and herbal remedies
- food supplements
- "over the counter" medicine you buy at the drugstore

Always keep your medicine in the bottle or packaging it came in. If you cannot bring all your medicines with you, keep a list of everything you take. Keep this list up to date. Bring it with you when you go to the hospital or to a health care appointment. Your doctor and pharmacist can help you make the list.

4. Tell your health care team if you have ever had a reaction to any medicine or food.

If you get sick, your health care team may need to act fast. Before they give you any medicine, they will need to know if you could have a bad reaction to it. That's why you should tell them in advance about any allergy or reaction you have ever had to medicine or food.

Reactions can include rashes, headaches, breathing trouble, and feeling sick. Because some medicines have food in them (such as the eggs used in the flu shot), be sure to talk about your food allergies too. Tell a member of your team right away if a new medicine makes you feel unwell. If you do not know of any allergies, you can get tested.

Don't wait until you get sick to tell people about your allergies. Some people wear an ID bracelet such as MedicAlert™. This tells the health care team about your allergies when you can't tell them yourself.

5. Make sure you know what to do when you are at home.

When you are getting ready to come home from the hospital or after a health care appointment, ask as many questions as you can. Make sure you understand what you need to do when you are at home. Write this information down or have a family member or friend write it for you. Share the information with your other health care providers.

Here are some good questions to ask:

- What support should I have at home?
- Are there safety concerns I should be aware of? (For instance, rugs that might be a falling hazard or poor lighting)
- Will I have trouble moving around?
- When can I return to work?
- What medications do I need to take when I am at home?

ONTARIO HOSPITAL ASSOCIATION

For further information, visit
www.ccac-ont.ca/ClientSafety

Connecting you with care
Votre lien aux soins
CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires

Best practice in wound care delivers results

To improve care to people with wounds the South East Community Care Access Centre (SECCAC) has recently implemented a new 'best practise approach' supported by two leading expert agencies - the Canadian Association of Wound Care and the Registered Nurses Association of Ontario. The resulting improvements to care have been quite impressive. Even more impressive is that this new best practice approach has lead to improved care while also proving to be a more efficient use of valuable resources – nurses and health care spending.

"In essence, evidence based wound care, or best practise in wound care, involves not a quick fix or band aid solution, but rather a multi-factoral approach," says Leanna Gillan, the CCAC's Wound Care Specialist. "There are many factors that can cause wounds and effect healing outcomes, such as circulatory problems, diabetes, nutrition, and smoking in addition to surgical wounds, of course. Recognizing and correcting some of these problems can be the most crucial step in wound healing. There are also individualistic issues that are unique to every person such as pain control, adherence to plan of care, and familial support."

In August 2008, the SECCAC, along with our service providers, looked at clients it was serving at that time for care related to wounds. The main types of wounds were surgical wounds, pressure ulcers, venous leg ulcers, and diabetic foot ulcers. "Each of these wound types have documented "priority interventions" or key choices that need to be made in the plan of care," said Gillan. "Pressure ulcers, for example, need to have the issue of pressure redistribution addressed. This may mean a specific mattress or underlay for bed or wheel chair that will help off load or redistribute pressure, to get the pressure off of the area of the wound, and also prevent a pressure point from opening a wound in a new spot. Venous leg ulcers are quite common, and involve compression wraps or stockings on legs that have been tested for appropriate circulation. Diabetic foot ulcers are usually caused by ill fitting shoes, in combination with the reduction in sensation, a complication of diabetes called neuropathy. Relieving pressure from the foot, getting a circulatory assessment, and controlling blood sugar levels are key to healing these wounds.

"While the dressings that we put on wounds are only part of the solution of healing it is important to note that a dressing or product put onto a wound can vary from client to client, even with the same type of wound, and can change also during the course of treatment," says Gillan. "In a recent case, a client with a wound that would not heal was healed in three weeks after switching to a different product and approach to care. In another recent case, the physician of a client with a leg ulcer due to poor circulation researched product options and made a recommendation. The product worked so well that we have added it to our list of available products.

"Wound Care is more than just applying a band aid to an open area," concludes Gillan. "We are working to improve the care we provide to clients with wounds to facilitate faster healing time, and less of a disruption of lifestyle."

SYSTEM IMPROVEMENTS UNDERWAY IN SOUTH EAST AREA

Change of approach helps provide the right care, at the right time and in the right place

Health care partners in the South East area are making significant efforts to address the issue of patients remaining in hospital even after they no longer require acute hospital care. These patients are classified as ALC – meaning they need an Alternate Level of Care than that of a hospital. The number of patients classified as ALC poses a significant challenge for hospitals across Ontario as beds meant for providing acute care are not available for those requiring that type of care. This has been especially true in the South East LHIN where the number of ALC classified patients has been around or over 20 per cent of all patients in hospitals.

Part of the response to this issue was approval of over 300 new Long-Term Care (LTC) beds by the Ministry of Health and Long-Term Care. Of these new LTC beds 192 are now open at the Trent Valley Lodge (32) and Crown Ridge (32) in Trenton and Moira Place (128) in Tweed. A further 164 LTCH beds will be available at a new facility in Kingston where construction has just begun on that home. An innovative approach to the new beds that have opened in the Quinte area was to designate 56 of them for interim admissions for ALC classified hospital patients. That means that the CCAC

can help transfer ALC patients who require LTC home care from Quinte Health Care (QHC) to one of these beds while a permanent bed of their choice is available. This allows for these people to be provided with the most appropriate care to ensure their optimal health while allowing acute care beds to be available for people requiring that level of care.

In addition to this LTC home focused approach, the South East Local Health Integration Network (LHIN) and CCAC with support from Community Support Service agencies and QHC are working to provide a better approach to caring for hospital patients who are at risk of being designated as ALC – that is patients who no longer require hospital care but until now had no other option but to remain in hospital. This approach will help prevent the need to remain in the hospital for extended and unnecessary lengths of stay, which creates risks of contracting a contagious infection or loosing muscle conditioning. This new approach involves a holistic, compassionate and community-based approach to caring for people who may otherwise need to stay in hospital longer than necessary. The CCAC, through recent changes made to service maximums at the provincial level, can now provide greater levels of service to support this population safely at home. The CCAC will provide the supports of a health professional such as a nurse or therapist as well as the supportive care of a Personal Support Worker. These services are complimented by those of the Community Support Service agencies, such as Meals on Wheels.

"Using this approach, case managers use their system navigation skills and the range of community programs and services to facilitate people's safe return home," says David Marshall, CEO of the South East Community Care Access Centre. "This approach shifts the focus from requiring a patient to stay unnecessarily in hospital while waiting for a long-term care bed to ensuring they have the proper care and supports available to meet the patient's needs in their own home.

"We have experienced early success locally in being able to meet the care needs of all of the people that have been referred to the CCAC rather than being classified as ALC. In fact, nearly half of the clients we've been able to serve under this program so far have been able to continue to live at home with support rather than going to a LTC home which is truly remarkable," concluded Marshall.

Community Care Access Centre and KGH recognized provincially

The South East Community Care Access Centre (SECCAC) and Kingston General Hospital (KGH) were recently recognized for their work on a provincial initiative that moves patients who no longer require acute hospital care from acute care hospitals to long-term care homes, rehabilitation facilities, supportive housing or home care settings.

The organizations were chosen over several teams in the System Partnership category for their work on the "Flo Collaborative" at the Ontario Association of Community Care Access Centres' annual conference and awards banquet in Toronto. "It is very exciting and a real surprise to be chosen over several Flo teams," says Laurie French, Senior Manager of Integration, Planning and Research for the SECCAC and Improvement Advisor for the Flo Collaborative.

"The Flo Collaborative in the South East achieved impressive outcomes including decreased time from discharge order to departure and increased patient flow. Essentially, we are getting more people through the system and more efficiently" says David Marshall, CEO of the South East CCAC.

Sponsored by the Ontario Health Performance Initiative, the Flo Collaborative is part of a large scale program that helps the transition of patients from acute care hospitals to long-term care homes, rehabilitation facilities, supportive housing or home care setting. In the South East, the Flo Collaborative is an innovative partnership between KGH and the SECCAC to alleviate some of the problems that result when patients are kept in hospital longer than needed.

"Patient flow isn't about the front door, it's about the back door. Discharging patients to the correct level of care in a timely manner is better for patients, while ensuring that acute care hospital beds are available for patients who need them," says Kingston General Hospital President and CEO Leslee Thompson.

Discharge planning involves all members of the health team as well as the patient and their families. Communication of the patient's discharge target among team members helps to address barriers and facilitates quicker discharge. Patients and their families are involved in discharge planning decisions to reduce the time between steps to discharge. One of the tools, called bullet rounds, provided one minute per patient consultation aimed at identifying barriers to discharge. The bullet rounds have increased communication among team members and this has facilitated more timely discharges of medical patients.

"This is about ensuring the right patient gets the right care in the right place at the right time. We want to congratulate everyone who made this Flo Collaborative a success and are pleased to see this program is recognized provincially. We are even more pleased that programs like the Flo Collaborative are helping people receive the best care possible," says South East Local Health Integration Network (South East LHIN) CEO Paul Huras.

The South East CCAC is leading a regional working and implementation team representing the CCAC and all seven hospital organizations in the South East to address ongoing challenges related to emergency department wait times and alternate level of care (ALC) patients. Change ideas and key principles of the Flo Collaborative at KGH will be part of the process improvements implemented regionally by this group

Outstanding care every person, every day.

CCAC improves access to services

The South East Community Care Access Centre (SECCAC) has implemented many changes to improve access to care since its creation in January 2007.

The SECCAC has expanded hours of operation from 8:00 a.m. to 8:00 p.m., seven days a week – allowing people to receive information about various support and care options available or request services for themselves or a loved one.

In addition, by dialling 310-CCAC, callers will be directed to their local CCAC anywhere in Ontario. 310-CCAC (310-2222) is a new telephone information service provided by Community Care Access Centres (CCACs) across Ontario. It provides comprehensive, up-to-date information on home and community-based health services. No area code is required and the call is free. A new website dedicated to providing information about various health and support services across the province is also available – www.310ccac.ca. This website links the information available on all CCAC information sites across Ontario including our local site – www.se.ccac-ont.ca. Linking all this information across the province is especially useful for family and friends who live in communities away from loved ones who may need some help and support.

In an effort to provide the best care to the greatest number of clients possible, the South East CCAC has establishing care centres for nursing services in Belleville, Kingston and Smiths Falls and Brockville. These centres allow access for people who can safely get to the centre.

"Based on our experience, care centres are recognized as a safe, effective and financially efficient way to deliver care, says Dave Marshall, CEO of the South East Community Care Access Centre. "These are not walk-in medical clinics, rather the centres are for eligible CCAC clients who require nursing care. For many clients, it is preferable to receive service in a clinic setting because they can come to the clinic with a specific appointment time opposed to waiting at home. The service has received a nearly 100 per cent satisfaction rating from clients so far." Another great benefit of course is that nurses can care for a greater number of clients in the same working day as they don't have to add travel time to their day. This allows us to optimize the care provided by nurses. There are of course many clients who still receive nursing care in their home because of the nature of their need or circumstances.

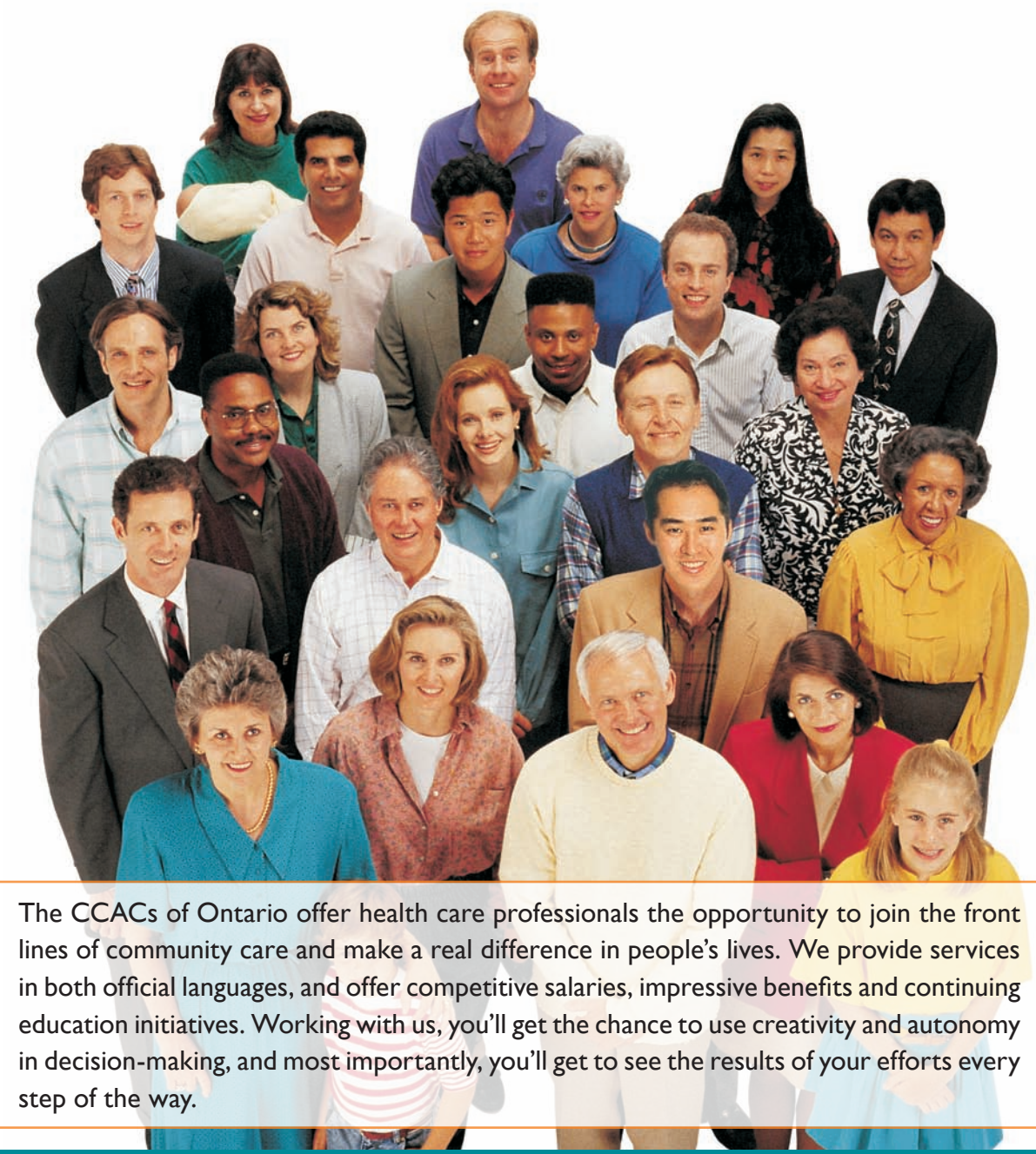
The CCAC has also improved access to services through the use of what is known as LEAN quality framework and tools. The aim is to improve processes to make them as efficient as possible. In essence LEAN thinking allows more production with less effort. This means that the CCAC is able to respond to clients' faster and more efficiently. So far we've been able to improve our response time by at least 20 percent and serve more clients. The end result is an enhanced CCAC experience for our clients.

Connecting you with care
Votre lien aux soins

CCAC Community Care Access Centre

CASC Centre d'accès aux soins communautaires

Outstanding care every person, every day



The CCACs of Ontario offer health care professionals the opportunity to join the front lines of community care and make a real difference in people's lives. We provide services in both official languages, and offer competitive salaries, impressive benefits and continuing education initiatives. Working with us, you'll get the chance to use creativity and autonomy in decision-making, and most importantly, you'll get to see the results of your efforts every step of the way.

Visit www.ccac-ont.ca and click on 'About Us' and 'Careers' to see job postings available in your area.