Waterloo Wellington CCAC

Reach

Connecting you with care

Spring 2011

In this issue:

Clusters of care

Vulnerable seniors benefit from neighbourhood model

An 82-year-old woman falls at home in the middle of the night. Unable to reach a phone, or unwilling to burden an out-of-town family member, she waits an agonizing six hours until morning. Luckily, a neighbour looks in on her and helps her to safety.

It's a story that's all too common to Joanne Maxwell, a Waterloo Wellington CCAC Case Manager. And it's the kind of situation that can now be prevented with the CCAC's Integrated Assisted Living Program (IALP).

Created for high density seniors' neighbourhoods and first launched in December 2009, the IALP targets our region's frail and vulnerable senior population with 24 hr access to help – at the press of a button.

The concept is simple but unique: provide tailored, on-site assisted living support to high density, high needs seniors' neighbourhoods. The goal is to keep seniors at home safely for as long as possible. Joanne describes it as a "cluster of care," a way to provide flexible, holistic support based on clients' unique needs.

Take the Sunnyside area of Kitchener as an example. Joanne assesses residents, and sets up them up with a free personal emergency response system (assuming they qualify) that is connected with an on-site Community Resource Facilitator and Personal Support Worker.

It's a relationship-based model that includes access to supports for unanticipated client needs as well as linkages to social activities, wellness programs and other community supports.

"We really get to know people in this specific neighbourhood," explains Joanne. "There's continuity of care and the security of knowing help is available 24 hours a day."

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FAST FACT

4 days

Time from initial call to intake assessment for 711 clients in March.

The art of simplicity

Streamlining access to community support services for health care professionals

Artist Salvador Dali famously stated that things are "either easy or impossible."

Easy Coordinated Access is the brainchild of 25 community support service agencies determined to make their services more easily accessible to organizations and health professionals.

The group began with a value statement: "I want help getting trusted, accurate and understandable information about services that may assist me to live in my home."

From there, the focus on simplicity and accessibility led to a client-focused model that is now sought after by other communities and supports the CCACs stated mission to deliver a seamless experience through the health system.

Diane Thistel, the Waterloo Wellington CCAC's Manager of Client Services, explains that the old way of doing business required professionals to make multiple referrals to multiple agencies, an inefficient process that led to under-use of community supports. "While everyone had good intentions," says Diane, "clients could get lost in the shuffle."

With Easy Coordinated Access, one simple form triggers a centralized referral to community support services like transportation to appointments, Meals on Wheels, group dining, low vision rehabilitation and more. A negotiated call-back, established upfront with the client, is handled by Shanty Chan, a Waterloo Wellington CCAC Information and Referral Specialist familiar with community support services.

Shanty Chan, CCAC Information and Referral Specialist

A shared database allows appointments to be scheduled for the client with all relevant community support services. Using satellite maps, Shanty can even tell what services are available in the client's area.

Bethany Pearce, supervisor of adult day programs and peer helping programs with City of Kitchener, likes to joke that it's as easy as ordering a pizza. "This process helps guide people to the right services, and also makes it super-simple for professionals to refer."

Bethany adds that the new system aims to help health professionals feel less overwhelmed by the volume of options available. "We needed to help them so that their patients and clients had access to the supports and services they need to stay at home for as long as possible."

Collaborative and creative, Easy Coordinated Access demonstrates the art of simplicity. •

Bringing our strategy to life

Message from Kevin Mercer, CEO

April means new beginnings and it seemed to be the ideal time for us to launch our organizational newsletter, *Reach*. Aimed at keeping our partners and community informed and connected, we will tell stories not only about our organizational priorities and successes, but also about how our partners are making a difference to those we serve.

In February, we launched our new three-year Strategic Plan which is available on our website under the About Us heading, or by clicking here. This Plan has four Strategic Priorities: "Engaged Community and Staff", "System Leadership", "Safe, Quality Care", and Right Care, Right Time, Right Place".

This issue focuses on "Right Care, Right Time, Right Place" and our feature story – Clusters of care – highlights our Integrated Assistive Living Program (IALP). A unique program in the province, IALP uses a neighbourhood model to support our area's frail older adult population with flexible scheduling and 24-hour access to services and supports. As this story demonstrates, the success of IALP rests with our dedicated Case Managers and service provider staff who work together to ensure that our clients can stay at home for as long as possible.

I hope you enjoy reading these stories, and we look forward to reaching out to you in future issues. •

Clusters of care, continued from page 1

With seven Waterloo Wellington neighbourhoods – an eighth will start in May – and more than 300 clients now on the roster, the model is catching on quickly.

Susan Smith, Program Manager for IALP, says IALP is the first of its kind in the province and may be replicated by other CCACs in the future. "Our CCAC already supported clients from these neighbourhoods," she explains, "but this model changes how we're offering service in high-need areas. We're using a truly unique and flexible approach to help frail seniors remain as safe and independent as possible at home."

Noted as a "leading practice" during the Waterloo Wellington CCAC's recent accreditation, the program also aims to reduce emergency department visits and to avoid premature admission to long-term care. Anecdotally, Joanne and her fellow case managers are seeing decreased isolation, improved social functioning and greater peace of mind for clients and their families.

"There's no question this is beneficial to the clients," says Joanne. "It's a unique and meaningful way to keep our vulnerable seniors safe and comfortable in their homes." •

The Integrated Assisted Living Program (IALP) is funded through the Waterloo Wellington Local Health Integration Network's Aging at Home Strategy. Through the LHIN's Aging at Home Strategy, a wider range of home care and community support services have been made available to enable people to continue leading healthy and independent lives in their own homes. For more information about IALP, contact Susan Smith, Program Manager, by calling 519-823-2550 ext 2269.

In other NEWS

The Waterloo Wellington CCAC received a full three-year Accreditation from Accreditation Canada and was acknowledged for our Leading Practice – the Integrated Assisted Living Program.

ACCREDITATION CANADA
AGRÉMENT CANADA

We also received a Healthy Workplace Award from The Region of Waterloo, recognizing us for our support of wellness in the workplace.

Waterloo Region's Healthy Workplace Awards 2010 Gold Award Recipient

Come see us at this year's Provincial CCAC Conference.

Our presentations will include:

- Integrated Assisted Living Program
- Integrated Discharge Planning Model at Grand River Hospital
- Easy Coordinated Access to Community Support Services
- Engagement Strategy
- Workload Strategies

For more information about our sessions and the OACCAC conference, please go to www.oaccac.on.ca

Home First: right care, right time, right place

Home First is an approach, or philosophy, to care planning – both in the hospital and community setting.

It is fundamentally about providing the right care, at the right time and in the right place, and acknowledges that community supports are a key component to enabling frail older adults to live in their homes for as long as possible.

Through the support of steering committee members, Home First has begun to show results in our area's hospitals. But the success of the philosophy does not necessarily show itself just in the numbers – it has also had a positive impact to care planning for older-adult patients – providing more choices and options to stay at home, before considering the life-altering decision to go to long-term care.

Read more about the impact of the Home First philosophy to CCAC staff, the patient and family by clicking here or by visiting www.wwlhin.on.ca and typing Home First in the search box. •

The Home First Steering Committee is co-chaired by Joy Bevan (Associate Vice President, Medical Services at Grand River Hospital) and Rosemary Off (Client Services Manager at the Waterloo Wellington CCAC) and has representation from all our area's hospitals. This summer, Joy and Rosemary will present Home First at a national conference in British Columbia.

Tool improves quality of life locally – and saves lives overseas

This story was featured on CTV Provincewide. Click here to view it! YouTube

If you follow the media reports, New Zealand's deadly earthquake this past February measured anywhere from 6.3 to 7.4 on the Richter scale. But it was a different kind of measure that meant the difference between life and death for the country's at-risk seniors.

Thanks to the ingenuity of a group of mathematicians, economists, doctors and researchers, health data previously collected through a standardized assessment tool led rescuers to the homes of New Zealand's most vulnerable citizens – within 48 hours of the disaster.

One of those researchers, University of Waterloo's Dr. John Hirdes, was part of the long-distance rescue effort, and is also responsible for bringing the same electronic assessment tool to the CCAC.

The RAI – short for Resident Assessment Instrument – was developed by a group of international academic researchers from 29 countries. This standardized home care instrument aims to assess the needs of frail seniors and is based on the premise that better health information leads to better care decisions. It was implemented by Ontario's CCACs in 2003.

Dr. Hirdes, a Professor of Health Studies and Gerontology, explains that there was a need for a system-level approach for the Ministry of Health, the Local Health Integration Network and the CCAC to share a high quality, integrated information system. "In order to support Ontarians aging at home we needed to improve our data collection, make fuller use of existing data and resolve critical information gaps."

The RAI tool did just that. Now used in eight Canadian provinces and supported by the Canadian Institute for Health Information, the tool has created consistency and efficiency, and allows care providers to see the overall picture of a client's needs.

CCAC Case Manager Naomi Ferguson sees first-hand the tool's value. "Because it's so in-depth, my clients can talk to me about many things in their lives that they would have no other opportunity to talk about – things they may not have shared with their families or family doctor," she observes.

The assessment takes over an hour and can flag areas of risk such as improper medication dosages, risk of falls, mental health issues or memory problems. "This can save unnecessary trips to the pharmacy, doctor's office or hospital ER, or can lead to a call, made on the client's behalf, to a doctor or community partner for help," Naomi adds.

Until the New Zealand earthquake crisis, the RAI tool had not been considered an emergency response tool, but Dr. Hirdes can see an entirely new application now at home and abroad. "With some manageable changes to the database where we store this information, we could have at our fingertips a tool that helps us get to our most vulnerable citizens in the event of a crisis," he explains.

In fact, Dr. Hirdes is working with colleagues in Saskatchewan now, as the Red River is predicted to flood this spring and RAI data could save lives. •

Contributers

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Reach:
What's in a name?

- to reach a destination, either real or abstract
- to reach a goal
- the act of physically reaching out
- moving forward or upward
- to be in or establish communication with

Now it's your turn to reach out!

Email us your questions, comments and story ideas to newsletter@ww.ccac-ont.ca

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

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