Waterloo Wellington CCAC

Reach

Connecting you with care

Fall 2012

Improving Care Coordination and Care Transitions in our Community

Message from Barry Monaghan – Interim CEO

An unprecedented commitment to act in the best interest of people's health and well-being in Waterloo Wellington

It is an exciting time to be appointed Interim CEO at Waterloo Wellington Community Care Access Centre (WWCCAC). There are signals suggesting significant health care change on the horizon and it is a privilege to work with Waterloo Wellington CCAC knowing home and community care is central to this change.

I would like to thank the WWCCAC Board and staff, Waterloo Wellington Local Health Integration Network staff and CCAC partners for a warm welcome since my appointment in September by Brenda Flaherty, Supervisor appointed by the Minister of Health and Long Term Care in July 2012.

What I have experienced is an unprecedented commitment to act in the best interest of people's health and well-being in Waterloo Wellington. The new local health system vision, mission and core value provides clear direction for integration that will ultimately improve care coordination and care transitions in the community.

This edition of REACH highlights the CCAC contribution to improved coordination and transitions for residents in Waterloo Wellington.

In the summer, for example, WWCCAC adopted a new Client Care Model reassigning case managers to specific populations. As explained on page 2, this reassignment allows for the case manager to develop expertise in care coordination and system navigation for specific population needs.

The new Home Independence Program, introduced on page 6, helps clients achieve greater independence with daily activities ultimately helping people optimize their quality of life.

The new Mental Health and Addiction Nursing positions in District School Boards, explained on page 4, aims to transition youth from hospital mental health units to school and community. The collaboration between the student, families, schools, hospitals and community forms a common goal of better health – better futures for our youth.

This newsletter just scratches the surface of the transformative change underway at Waterloo Wellington CCAC as we position ourselves for the future.

New Client Care Models Offers Improved Care Coordination

Enhancing Coordination & Transitions of Care for Targeted Populations

Individual uniqueness is at the heart of WWCCAC new Client Care Model.

The Waterloo Wellington Community Care Access Centre (WWCCAC) serves 1 in 12 people in Waterloo Wellington, each with their own unique and specific care needs. The home and community care needs of Edith, an 84 year-old widow living in a retirement home, for example, are vastly different than those of Ken, a 43 year-old father of two suffering from multiple sclerosis.

Each day WWCCAC nurses, social workers and other care professionals work with our clients to provide them with what they need - the right care in the right place at the right time. In order to ensure clients get the care they need, we work as a team to assess client care needs and coordinate their health care to ensure that clients' needs and preferences for care are understood and that this information is shared with providers to ensure that clients receive the right care to stay healthy. We also collaborate with physicians, hospitals and other community service providers to ensure system navigation takes place so that our clients are able to transition seamlessly from one type of care provider to another in a timely way.

To serve our clients more effectively, and to ensure they are receiving the best possible care, we recently made significant changes to how we deliver services to clients. In August 2012, WWCCAC adopted a new client service model, referred to internally as the Client Care Model or CCM. The new model was developed to place the focus on each client's needs by grouping clients with similar needs together within the same caseload.

Prior to the change, CCAC clients

Continued on page 7

Healthline is coming!

The coming new year will see the launch of a new online service from WWCCAC that will bring healthcare services, community support services, public health, events, job listings and healthcare news into a single website at wwhealthline.ca. The site will provide the public, consumers of health care and health service providers with information to help them achieve better health.

United Way

WWCCAC 2012 Campaign

Healthy People, Strong Communities, Better Futures

The 2012 WWCCAC United Way Campaign was launched at a Start*Right* Breakfast October 23rd at three branch offices in Cambridge, Guelph and Waterloo. In 2011 we surpassed our goal, reaching $18,000 in donations. The 2012 campaign target is $20,000 by November 23rd.

Self-Care and Healthy Living are the topics of our campaign this year and will include Zumba-cise, a walking challenge as well as a chili/soup day and exciting site-specific events.

Staff and management are committed to our community!

Message from WWCCAC Ministry Appointed Supervisor Brenda Flaherty

Since my summer appointment as Supervisor of the Waterloo Wellington CCAC I have witnessed professionalism within the organization and a genuine interest by the community, clients, WWCCAC board and staff, WWLHIN and WWCCAC partners to help inform the path forward.

As I survey the healthcare environment in Waterloo Wellington, it is evident how integral WWCCAC is to local health system vision, mission and system strategic directions set by the WWLHIN. The expectation for CCAC to enhance "coordination and transitions of care for targeted populations" is intuitive and essential.

Contained within this health system priority is the direction to "ensure residents, especially those most in need, can effectively navigate transition points across the continuum" and to "integrate services to allow easier access and reduce handoffs."

At the September meeting of the Board of Directors, the following resolution was passed to support the integration initiatives:

> *The WWCCAC Board of Directors supports investigating all opportunities to integrate services for the purposes of improving access, improving health and improving system effectiveness. We are committed to build this focus into our strategic plan refresh. As a demonstration of this commitment we direct our CEO to pursue administrative and clinical integration strategies with other service providers and to communicate this commitment to internal and external stakeholders.*

In September I appointed Barry Monaghan, as Interim CEO to guide the organization's day to day journey. Barry will remain in this role until a permanent CEO is hired by the Board in the coming months.

Barry brings a wealth of experience in healthcare management. He is currently working as a strategic advisor to the Ontario Association of Community Care Access Centres and was the founding CEO of the Toronto Central Local Health Integration Network. Barry brings a solid understanding of a regional approach to health care service delivery.

In his article on page 1, Barry highlights the WWCCAC activities underway to enhance care coordination and care transitions for the residents of Waterloo Wellington. In the upcoming months I will continue my work with the Board and Senior Leadership to address the organizational review report recommendations. This work will focus on ensuring the needs of the community are met.

We have a new home!

On August 24th, 2012, the Kitchener office of the WWCCAC moved a few blocks northeast to Waterloo. Our new building at 141 Weber Street South offers a more effective working space for staff, additional parking and meeting space.

Home and Community services continue to expand as more residents of Waterloo Wellington receive care in their home and this move positions WWCCAC for the future.

Opening Doors to a Brighter Future: Supporting Youth Suffering from Mental Health and Addictions

Enhancing Coordination & Transitions of Care for Targeted Populations

Students in Waterloo Wellington who find themselves in a hospital mental health unit often have difficulty transitioning back to the school setting. Too often, without the necessary supports, they are unsuccessful making the transition and leave school entirely. The impact of not completing high school has devastating effects for the individual.

Those who do transition back to school require support from a health professional to ensure medications are taken and they are connected with the necessary mental health and addictions support in the community.

The Waterloo Wellington CCAC, in a collaborative effort with local hospitals and the district school boards, is embarking on a new program that will place specialized nurses directly into the school setting. The Mental Health and Addictions Nurses program (MHAN) is a provincial initiative aimed at improving the transition from acute care to the school setting.

In Waterloo Wellington, the focus will be on children and youth with complex mental health needs who are at a high risk of failing to integrate back into the school system.

Imagine Sarah, a fifteen year old Grade 10 student admitted to Grand River Hospital's Child and Adolescent Inpatient Psychiatry Program (CAIP) during a crisis episode. Upon discharge, Sarah is expected to return to school and be responsible to maintain her discharge treatment plan. Sarah's teachers are not necessarily aware of her health needs and are not trained to provide mental health and drug addiction support. At this point, Sarah's chances of relapsing into a crisis or simply dropping out of school are very high.

"An individual's educational attainment is one of the most important determinants of their life chances in terms of employment, income, health status, housing and many other amenities" - Levin, Belfield, Meunnig, & Rouse, 2007.

Working alongside teachers and parents, the nurses in the MHAN program will be equipped with the necessary knowledge and skill to assist children and youth in their transition back to school. Eligible children and youth will be enrolled in the program at discharge from acute care facilities and will immediately be assigned to a Mental Health and Addictions Nurse who will follow up with the client in the school, home and health care setting to ensure greater communication among those assisting children and youth with mental health and addiction issues.

The MHAN program will help Sarah succeed by supporting her through the transition out of her hospital stay and back to home and school. Sarah's parents will know that Sarah has the support she needs during the day. The teachers know there is a medical support that can help Sarah with her health needs and ensure Sarah is connected to the help she needs. MHAN effectively bridges the gap between hospital, home & school for vulnerable adolescents with mental health and addiction-related conditions. The program is scheduled to launch in November 2012. WWCCAC has hired three nurses who are receiving specialized training. An additional five nurses will be hired in the near future, bringing the MHAN team to eight full-time nurses distributed among the four district school boards in Waterloo Wellington.

Complex Continuing Care: Equitable Access and Care Transitions

Enhancing Coordination & Transitions of Care for Targeted Populations

Improving care transitions for the residents of Waterloo Wellington is a priority for the WWLHIN and the WWCCAC. On October 16th, 2012 a significant milestone was achieved that addressed both of these critical needs.

All transfers to Complex Continuing Care (CCC) beds in Waterloo Wellington will now be managed through a centralized process at WWCCAC. Many months of collaboration between the CCAC and the hospitals has resulted in a robust and efficient new system to transfer patients from acute care beds to CCC beds. The new system means that all patients in Waterloo Wellington will have access to all CCC beds across the system in an equitable way.

As the lead agency for system navigation, care coordination, and transitions, WWCCAC is well-positioned within the local health system to manage the new CCAC referral system. This new role is part of a suite of expanded placement roles for CCAC. Earlier this year, CCAC assumed exclusive responsibility for referrals into Adult Day Programs and we look forward to adopting similar roles with respect to rehab beds and supportive housing units in the months to come.

These four new placement and referral roles highlight our commitment to ensuring equitable access and smooth care transitions for all residents of Waterloo Wellington.

52,000 Additional Personal Support Hours for Waterloo Wellington CCAC

Waterloo Wellington CCAC will receive an additional $1.5 million to fund up to 52,000 additional hours of personal support hours in the community. This investment is part of Ontario's Action Plan for Healthcare, committing to an additional three million hours Province-wide.

Personal support includes a wide variety of services including assistance with bathing, dressing, personal hygiene and other activities of daily living. Personal support hours make up the bulk of WWCCAC's purchased client services. In 2011-2012 we provided personal support to 8,800 clients or about 85% of all those we served.

This investment in personal support hours from the Ministry of Health and Long-Term Care and the Waterloo Wellington Local Health Integration Network will mean improved access to the right care in the right place and the right time for residents of Waterloo Wellington.

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@WWCCAC

Teach a Person to Fish and They are Fed for Life – Promoting Home Independence

Enhancing Coordination & Transitions of Care for Targeted Populations

It has long been the philosophy of the community care sector that the home is the preferred choice of our clients and the evidence shows that people who can stay in their homes are happier and healthier. The key to staying at home is independence - the ability to do those everyday tasks that most do without thinking. Those with chronic illnesses or other medical conditions may have their independence challenged.

The program is aimed at clients who live independently at home but are struggling with some daily activities such as dressing or bathing. Our new Home Independence Program (HIP) is designed to maximize our clients' long-term independence and quality of life. The introduction of the Client Care Model (see article on page 2) has allowed us to develop specialized programs for specific client populations. The program works through intensive collaboration between the client, CCAC case manager, occupational therapist (OT), personal support worker (PSW).

At the outset of the sixty-day program, the occupational therapist works with the client to set goals and to ensure the required equipment is in place. The PSW then works with the client for the duration of the program helping the client progress towards their independence goals.

Consider Susan, a client who lives at home but has difficulty dressing in the morning due to arthritis. Once enrolled in the HIP program, an occupational therapist assesses Susan's needs, and arranges for special equipment to help Susan dress herself. The OT teaches Susan how to use the equipment and to dress herself. The OT provides instructions to the PSW, and over the next several weeks, the PSW helps Susan develop the skills and confidence to dress herself.

With a focus on doing things "with" the client rather than doing "for" the client, the HIP program helps clients achieve full independence rather than maintain partial independence. As clients "graduate" from the program they will be able to do their personal care for themselves.

The HIP program also represents a shift in the working relationship between the CCAC and

contracted service providers. The intensive nature of the program requires a strong partnership between the case manager, occupational therapist and personal support worker. This partnership came to life at a joint training session hosted at the CCAC's Waterloo office in September.

The underlying philosophy of the Home Independence Program reflects an old adage: give a person a fish and they are fed for a day, teach a person to fish and they are fed for life.

The K-W CCAC Nursing Clinic Has Moved

You can find the new location at 1400 Weber Street East in Kitchener. The facility offers twice the capacity to serve clients and provides convenient parking and accessibility to public transit for clients.

New Client Care Models Offers Improved Care Coordination

(continued from page 2)

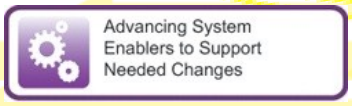
had been assigned by geography - determined by the address of the client. All of our clients on a given street, for example, generally had the same case manager. As a result, case managers were managing a caseload of clients with wide-ranging needs from long-term and very complex needs to short-term and straightforward cases. These differing complexities, referred to as "case management intensity" prevented case managers from developing specialized knowledge and skills for particular groups of clients. Further, each case manager had clients from every adult age group from seniors to young adults.

Think back to Ken and Edith. Their case managers will now be working daily with cases just like theirs. The new model will allow our case managers to develop specialized skills and improve their ability to use their knowledge and experience across their entire caseload.

The new model will also allow the WWCCAC to develop specialized programs for the specific client groupings. The first of these, the Home Independence Program, is already underway and is featured on page 6.

While August marked the launch of this new case management philosophy, our work is not done. The new model positions the WWCCAC to leverage new and innovative ways to better serve our clients' needs. Over the next several months, we will be focused on new innovations to provide sophisticated system navigation and care coordination for the people we serve – with the goal, where possible, to empower people to self-navigate their care experience.

The Integrated Assessment Record



The Integrated Assessment Record (IAR) is an online application that will allow the CCAC assessment to move with the clients as they go from one health service provider to another.

The first pilot with the Integrated Assessment Record will be with CCAC and the Adult Day Programs (ADP) in the community. This aligns with CCAC's new expanded role to streamline referrals to ADP. The official launch of the IAR will be November 2012.

As IAR is implemented with more health service providers, such as long-term care homes and primary care, we can expect greater client satisfaction; and more informed care providers and increased quality of care.

Photo Op—Snapshots of WWCCAC Staff at Work

WWCCAC United Way Team (L-R) Heather Taylor (Coordinator—KW United Way), Barb Headly (WWCCAC Coordinator), Julie Murtha (Guelph), Jackie Osuji (Waterloo);

Supervisor Brenda Flaherty *speaks to staff and providers during the launch event for the CCAC's expanded role for Adult Day Programs in July 2012*

(L-R) Becky Mantynen, Cheryl Coffey, Billie Chornoboy, Virginia Bateman; *WWCCAC Mental Health and Addiction Nurses who attended a community suicide prevention event.*

WWCCAC Annual General Meeting

The WWCCAC Annual General Meeting (AGM) was held in Guelph on June 13th and the new slate of officers for 2012-13 has now been selected and is posted on our web site. We welcomed a new Board Chair, Michael Delisle, who lives in Guelph and has been on our Board of Directors for the past several years.

The AGM was well attended with approximately one hundred people from Waterloo Region and Wellington County, including stakeholders and the general public.

The guest speaker, Dr. Wayne Taylor gave a thought-provoking presentation called —Health Care Reform - A Bitter Pill to Swallow?. The presentation elicited several responses from the attendees and a good discussion followed.

Materials from the AGM, including Dr. Taylor's presentation and the Annual Report to the Community are available on the WWCCAC website. www.ww.ccac-ont.ca.

(L-R) Gloria Cardoso, Senior Director—Planning, Communications & Community Engagement; *Dr. Wayne Taylor, who gave the keynote address at our June Annual General Meeting.*

Waterloo Wellington Health System Priorities established by the WWLHIN for 2012-2013

You will find these logos through this edition of Reach indicating strategic alignment where applicable.

- Access to Care - Holding the Gains
- Advancing System Enablers to Support Needed Changes
- Enhancing Access to Primary Care
- Enhancing Coordination & Transitions of Care for Targeted Populations
- Implementing Evidence-Based Practice to Drive Quality

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

Reach is published quarterly by the WATERLOO WELLINGTON CCAC

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