in the know
at Toronto Central CCAC

1 **Every Dollar Counts Campaign:** Our staff and service providers have worked together over the past few months, reviewing processes and systems and coming up with new ideas to serve more clients more effectively within our existing resources. Suggestions from service providers included: monthly audits of best practices; caseload review and reassessment; supporting education and self-care for clients; increased cluster sites; falls prevention and medication management strategies.

2 **H1N1 Preparedness:** Prior to the World Health Organization advancing to Pandemic Level 6, the staff and service providers of Toronto Central CCAC were ready! Over the past year, we have ordered, stockpiled, trained, mask fit-tested staff and generally prepared for a pandemic. When the announcement was made, the Incident Management Team went into action and the CCAC released one week of our four-week stockpile of personal protective equipment to service providers. A recent joint meeting of service providers and CCAC staff focused on communications and business continuity plans, helping set the stage for managing client care and staffing issues.

3 **Home Care Research Open Forum – Leading the Way:** Toronto Central CCAC hosted its first research forum in mid-April. Over 60 researchers and service providers listened as keynote speaker Dr. John Hirdes, Chair, Ontario Home Care Research and Knowledge Exchange Chair, spoke about current and future research in home care. Designed to help the CCAC finalize our first research strategy and identify new research partnerships, the event provided an excellent forum for discussion. The final report is now available on our website at www.toronto.ccac-ont.ca.

Major Aims for 2009/10

At Toronto Central CCAC, we are transforming our model of care and implementing a population-focused model to better help our clients find their way to the right place of care. Guided by our 2008-2011 Strategic Plan, we created four major aims to support the strategic direction of Excellent Service.

- Transforming the experience for our clients and caregivers
- Getting people home and keeping them home
- Building our quality and safety capacity across the organization
- Enhancing access and equity to community services

In addition to our already established programs serving clients with post-acute care, rehabilitation, mental health, palliative and acquired brain injury support needs, we will be introducing new programs designed specifically for frail seniors, and adults with disabilities.

Risk & Safety and Feedback Update

The RSQ and Feedback Reporting System was successfully launched on April 1, 2009. In the time since the launch of this system, it has enabled both Service Provider and CCAC staff to report client and staff safety issues in a fast and effective way. There has been a significant increase in the number of reports from the previous system which generated 100-155 reports per month.

The CCAC is excited to improve safety and quality for our clients and staff while mitigating the risks we face daily. This is just one tool that we will share with you in our journey to a new client safety culture. As we continually improve the system, we look forward to your feedback.

Toronto Central CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires du Centre-Toronto

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This publication is produced to inform health partners, service providers and the community.

Ontario

Medical Supplies Practices – Saving $$, Reducing Waste

In the past nine months, we've been able to achieve a 20% reduction in our organizational costs for medical supplies! Sparked by our Every Dollar Counts campaign last Fall, a review and analysis of expenditures revealed medical supply requests inconsistent with best practices for wound care and product use and the potential for high wastage.

Medical supply guidelines were revisited and ordering practices were altered through updating the supply order form with revised maximums to better reflect best practices. As well, a dedicated care coordinator was assigned to review supply orders falling outside of the guidelines.

In partnership with our nursing service provider agencies, clients were reassessed by wound care specialists and the most appropriate medical supplies were identified for use. These collaborative efforts led to better client care, reduced waste and improved cost-effectiveness in ordering medical supply products. The funds we saved have helped us serve more clients within our existing budget.

Connecting People to Care

Launched by the Ministry of Health and Long-Term Care, *Health Care Connect*, is devoted to helping Ontarians without a family doctor access health care in their community. At the core of the program are "Care Connectors", located at CCACs across the province; their role is to help people without a family doctor access primary health care in their community. This new role reflects the government's commitment to strengthen the role CCACs play in the health care system and to ensure Ontarians have access to the right care when they need it.

Health Care Connect is also now available online to allow round the clock access to registration. If you have a client or know someone in need of a primary care practitioner, refer them to the Health Care Connect website at http://www.health.gov.on.ca/en/ms/healthcareconnect/public/register.aspx.

Resource Matching and Referral

The Resource Matching and Referral Program (RM&R) is a new way for health care providers to send client referrals. The Long-Term Care Homes, the Toronto Central CCAC and hospitals in the Toronto Central LHIN are using this electronic referral system to send referrals and manage waitlists. Benefits of this program include enhanced communication and collaboration between health care providers during the referral process, improved efficiency of referral processes and the ability to match clients to the most appropriate resources at the time of referral.

Transforming the Way We Get People Home and Keep Them Home

Through collaborative efforts with our service providers and hospital partners, we're doing more than ever this year to improve client flow from hospitals and help reduce hospital emergency department wait times and alternate level of care (ALC) patient days. Here are the key features:

- Getting the CCAC involved earlier in a patient's hospital stay, so that we can reduce and even prevent patients from being designated as needing ALC.
- Piloting a "Home First" project at two hospitals (Sunnybrook and Toronto Western) to rapidly return patients back home for care and, where we can, reduce the need for long-term care.
- Extending our "Waiting at Home" program to help return ALC patients home while they wait for long-term care.
- Introducing a dedicated CCAC Emergency Department (ED) team to better work with ED staff to transition patients home from EDs, identify patients at risk for repeat ED visits, link patients to community support programs, and avoid unnecessary hospital admissions.
- Re-focusing our ED Notification system on those patients who would most benefit from CCAC and community service help.
- Changing how we assess and determine eligibility for long-term care.

SERVICE PROVIDER inbox

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