

in the know

at Toronto Central CCAC

Reinforcing Client-Focused Care

This year we are engaging in activities and initiatives to improve the ways we serve clients and their caregivers. The focus will be on value for the client, decreasing unnecessary hospital visits and ensuring clients receive care in the most appropriate setting. Working collaboratively with our hospital, service providers and community partners will enhance care options and improve the client experience.

Home First Strategy: Helping us to get people home and keep people home

The Home First strategy is a partnership between Toronto acute care hospitals, CCACs and long-term care homes. The goal is that every client should be assessed to go home before long-term care is discussed, as hospitals may not be the best places to make life-changing decisions. Home First identifies frail seniors at risk of being placed in alternate level of care beds (ALC) and being sent to a long-term care home (LTCH). CCAC Care Coordinators are now part of the hospital care team which identifies at risk clients immediately, to get them home and prevent the move to LTCH. The plan for discharging clients to home allows them more time to make the right care decisions.

This initiative helps to free up hospital beds for those in need, helping to reduce wait times for clients needing emergency care and supporting clients who no longer need acute care to move out of the hospital.

Clients eligible for this service are:

- currently in ALC beds and waiting for long-

- term care home placement, or
- high risk seniors in emergency departments who do not need acute care services and are destined for long-term care home placement.

Benefits for Clients

- all seniors have "returning home" as their first option
- early, team-based discharge planning for optimal outcomes
- connecting clients to supportive community programs and services
- enhanced level of services to clients, including personal support, nursing, occupational therapy and physiotherapy and case management services
- preventing many clients and caregivers from having the unpleasant experience of an unplanned crisis placement into long-term care; they are able to go home to a more appropriate environment to make life-changing decisions.

Home First - Saving \$\$ and Beds

- crisis placements have declined: 31% reduction in crisis placement from hospital over the last year
- use of higher cost system resources delayed given the option of community services
- long-term care bed resources more appropriately accessed in a planned systematic way versus crisis management of resources
- system resources, such as long-term care beds, are available for clients in need

Resource Matching and Referral

Resource Matching and Referral (RM&R) is an electronic information and referral system that matches clients to the earliest available services and care setting that best meets individual client needs. Acute care and rehab hospitals, long-term care homes and Toronto Central CCAC are partners in

this system and now more than fifty health service providers are able to refer clients electronically.

Last Fall, as hospitals began to refer clients directly to the community using the Resource Matching and Referral program, the results included improved collaboration and efficiency during the referral process and matching clients to the most appropriate resources more easily.

With the collaborative efforts of our partners, RM&R supports our goals of getting people home and keeping people home, and helps to free up hospital beds and staff to better serve those requiring hospital care.

Benefits of RM&R include:

- enhancing communication and collaboration between health care providers during the referral process
- improving the efficiency of referral processes by sending more legible and complete information
- matching clients to the most appropriate resources at the time of referral, and
- reducing the amount of time clients wait until they are referred to the most appropriate care setting

CHRIS: accessing health records easily

Client Health Related Information System (CHRIS): This provincial case management system has rolled out across the province and the other 13 CCACs are now using CHRIS. Toronto Central CCAC is working with the OACCAC and our technology partners to ensure the best features of our respective systems are carried forward and the functionality of our current system can be supported by CHRIS.

That means ensuring Resource Matching and Referral is available in the enhanced CHRIS, which will benefit hospitals as there will no longer be a need to maintain two wait lists for long-term care placement.

Detailed mapping of the two systems will guide the process and ensure functionality is aligned so that when we go live, we can:

- a. match people to the right place of care at the right time (RM&R)
- b. make it easier for staff across all CCACs to access health information (it will be available to all providers)
- c. improve the health care experience for our clients and caregivers

We are working towards implementation early in 2011, however, we will take the time needed to work through the issues and challenges.

G20 Summit Comes to Toronto

Toronto Central CCAC has been asked by the Toronto Central LHIN and MOH-LTC Emergency Management Unit to assist with planning for the community health sector in preparation for the G20 Summit to be held in Toronto on June 26 and 27, 2010.

Our organization is working with our contracted service providers, community agencies and the acute care sectors to proactively plan for potential service disruptions that may arise with this large event in our community. We will also be reviewing general emergency preparedness within the community health sector to ensure that we are ready for specific community emergencies, e.g., a city-wide power outage in the summer.

Toronto Central CCAC is working with many external partners, such as police and EMS, in planning for the best coordinated approach to ensure our existing and potentially new clients have little or no disruption in service.

Town Hall meetings are being planned and on-going meetings will take place with our service providers to ensure a coordinated approach.

If you have any questions about the G20 Planning, please contact Tara Tyson, Senior Manager, Quality, Risk and Evaluation at 416-217-3820 ext. 2419.

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