

In the Know for our Community Partners

Caring and Empathy
Social Responsibility

Excellence
Leadership

Human Dignity

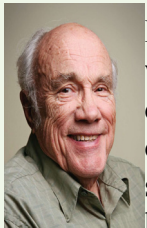


Toronto Central Community Care Access Centre
Outstanding care — every person, every day

In the Know - Community Partners

IT TAKES A COMMUNITY!

Eighty-four year old husband and father, Sam, was diagnosed with dementia and required total care. Sam was hospitalized for four weeks with generalized weakness, and advanced dementia affecting all areas of functioning.



In the hospital, Sam was bedridden, depressed, and dependant on strangers to care for him. His family was not coping with their loved one's situation in hospital and wanted to bring him home to an environment that he knew and felt comfortable with.

How we helped

We talked to Sam and his family and helped them plan for Sam to go home on our Waiting at Home program. An enhanced care plan was developed to help care for Sam at home and to provide caregiver support for his eighty year old wife, Louisa, and their two daughters. Sam required full care at home: daily
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CEO Message

I've had the most tremendous good fortune to have spent 25 years in the community health field working with some highly inspiring and incredibly dedicated people devoted to ensuring the best of care to our clients in their homes and communities. It is with very mixed feelings that I now tell you of my intention to step down as Chief Executive Officer of the Toronto Central CCAC.



For many years Toronto Central CCAC has been at the forefront of community health and with the support of our Boards, the government and our health care partners, we have realized amazing achievements and significantly improved the lives of our clients and their families. Along the way, we have transformed the health care landscape and our successes stand as exemplars for the rest of Ontario. Our team is widely acknowledged as a leader in the sector, and I know it is through our collective efforts that we are reaching ever new levels of quality, innovation and excellence.

Together, we have worked to ensure we provide the best care possible for our clients and that the client experience drives the process and all clients are treated with care and respect. I encourage each of you to continue on this journey – to always look for ways to improve the lives of our clients.

I have thoroughly enjoyed every moment of the time spent at Toronto Central CCAC. I have accomplished what I set out to do and realized what I envisioned on my first day as CEO. Know that wherever I am and whatever I do, I will continue to watch the story of a better client experience unfold with a keen interest and admiration to those who spend each day improving the lives of our clients.

I have already advised our Board of Directors and they will be implementing both interim measures and an established process to appoint a new CEO to lead the CCAC through the next phase of its ongoing journey.

Camille Orridge, CEO, Toronto Central CCAC, June 30, 2010

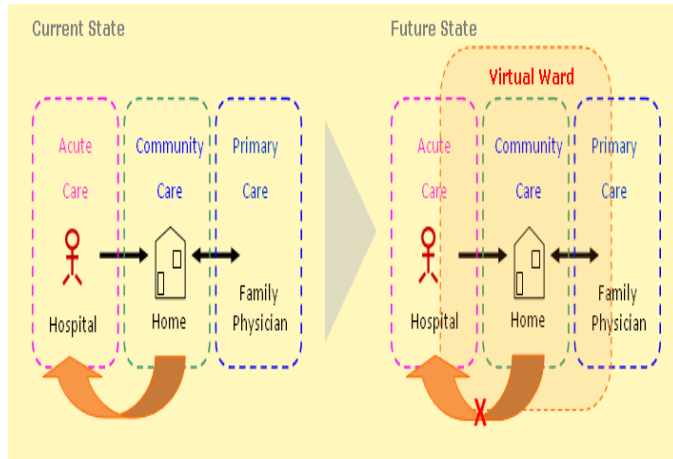
This publication is produced by the Toronto Central Community Care Access Centre to inform health partners, service providers and the community. Contact us at 250 Dundas Street West, Suite 305, Toronto, ON M5T 2Z5, 416-506-9888; www.toronto.ccac-ont.ca; toronto_ccac@toronto.ccac-ont.ca.

Toronto Central CCAC is fully funded by the Toronto Central Local Health Integration Network.



2010 - investing in quality and improving client experience

Virtual Ward



The Toronto Central CCAC is participating in a project called the Virtual Ward. Launched in March, the project is an innovative partnership between the Toronto Central CCAC, St. Michael's Hospital and Women's College Hospital. The partners work together to create an integrated team to support clients discharged from hospital who are at high risk for re-admission. The goal is to provide a more supportive and safe transition of clients with complex care needs home from hospital.

The virtual ward team includes:

- Attending Physician from the hospital
- Hospital Nurse Practitioner
- CCAC Care Coordinator
- CCAC Pharmacist, and
- CCAC Nurse Practitioner

This team meets daily to discuss the care management of clients on the virtual ward. Once the client has safely transitioned home and no longer needs ongoing follow-up, they are discharged from the virtual ward. Many clients continue with CCAC services.

Outcomes:

- Reduction in hospital re-admissions
- Reduces cost to the health care system

Benefits for everyone:

- Daily rounds to discuss patients
- Multi-disciplinary team (including a physician)
- Shared information
- Single point of contact with 24/7 physician availability
- Coordinated care and communications

Long-Term Care – New Regulations

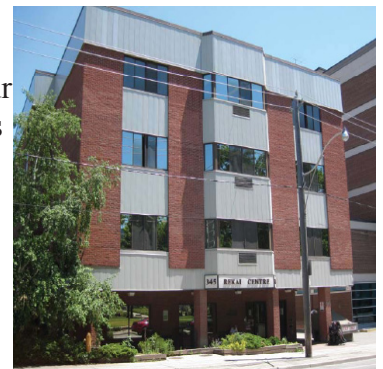
The Ministry of Health and Long-Term Care issued new regulations to accompany the Long-Term Care Homes Act, 2007. These came into effect on July 1, 2010.

The three main components of the Act address:

- Residents' rights and care;
- Placement and admissions process; and
- Defining clear roles, responsibilities and authority for the hospital and community sectors

Toronto Central CCAC has been working with our hospital and LTC partners to plan for the successful implementation of the regulations across the Toronto Central LHIN. Our approach is focused on:

- Producing the best client and caregiver experience
- Developing an interdisciplinary team approach across the organizations that integrates and respects one another's roles and responsibilities
- Improving client access and transitions
- Supporting the Toronto Central LHIN Emergency Department /Alternate Level of Care Strategy



2010 - investing in quality and improving client experience

FAST Centres: Providing Urban Health Treatment Options

Robert is one of the many clients to benefit from the option of community care. He first visited a hospital Emergency Department (ED) for treatment of a severe wound on his hand. The wait time there was approximately four hours.

Rather than return to the Emergency Department, Robert was referred by CCAC staff to the CCAC *FAST* Centre for his next wound care treatment (FAST = Fast access to supportive treatment).



Options Beyond Emergency Department

Clients requiring IV and/or wound care treatment can receive immediate treatment at the *FAST* Centre versus returning to the Emergency Department for scheduled treatment. Results: faster discharge from hospital; no repeat visits to ED for treatment; helping reduce ED wait times for other patients.

Robert called to express his gratitude with the services he has received at the *FAST* Centre, "I am grateful I could receive the care at the *FAST* Centre versus going back to the Emergency Department."

This treatment option is particularly desirable for many of our urban health clients, as they often do not have specific home addresses or may not be available to wait at home for visiting nursing care.

This is a win-win situation: the client experience is improved as they are able to receive care in a safe environment and as a quality initiative, the health system benefits through cost effectiveness and resource reallocation of scarce community resources. Our *FAST* Centres provide treatment for an average of 1800 clients each month.

Meeting Room Space Available

Toronto Central CCAC is pleased to offer meeting space at our West, Central and East community offices, free of charge to our community health and social services partners.



For room booking details, visit our website at <http://www.ccac-ont.ca/> (under the Partners tab).

G20 Summit - Thanks!



The week of the G20 Summit in Toronto is one to remember. It is also one for which we wish to express our sincere appreciation and thanks to our staff, service providers and community partners. Everyone pulled together to ensure people across the city had access to the health care they needed!

It Takes a Community

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personal support, nursing and occupational therapy. We visited Sam and Louisa often and discussed options for care including nursing home.

Sam and Louisa decided it was time for long-term care. The CCAC is now helping Sam and his family with planning his move to long-term care.