eShift program goes international

It started in the South West in 2009 as a pilot project with one nurse and two patients. Today, just five years later, the eShift model of care is spreading around the globe. Already running across much of Southern Ontario – it was launched in Waterloo Wellington in March and will launch in Erie St Clair and Hamilton Niagara Haldimand Brant later this year - eShift was also launched in the US by Hospice of Michigan in December 2013. Soon, it will be up and running in France and England as well.

“We started with a small team on that first project,” said Megan Nichols, Regional Quality Manager at the South West CCAC. “So it is completely surreal for me that from that tiny project we now have an international model of care.”

The eShift program is an innovative nursing model of care that uses specialized technology to connect off-site nurses to specially trained Personal Support Workers (PSWs) in palliative patients’ homes. The PSWs carry out activities on behalf of the nurse, which enables a single nurse to care for up to four patients, in four locations, at one time. The model provides an easier way to get nursing resources into rural and remote areas, gives much needed relief to patient caregivers and family members and enables more patients than ever to die in the location of their choice. It was selected as an Accreditation Canada National Leading Practice, acknowledging it as a “sustainable, creative and innovative service” of national significance.

Word of eShift’s success spread quickly, and many jurisdictions began inquiring about the benefits of the model of care. In early 2013, when Hospice of Michigan expressed an interest learning more about eShift, the South West CCAC and Sensory Technologies met with them to discuss the program. “They loved it,” said Nichols. “They went back to Michigan to engage with their own regulatory bodies and colleges to develop an implementation plan, and launched last December.”

At the beginning of April, the South West CCAC hosted a delegation of physicians and eHealth leads from St. Luke’s Hospice in Sheffield England, and from The Health Network in Franche-Compte, France. “They’d seen our presentations and read the information, but they wanted to see eShift in action,” said Nichols. “They came and saw eShift provided overnight in a patient’s home and then went on to Michigan to see it in that environment.”

The Health Network in France expects to roll out eShift in the fall of 2014 to their palliative patient population, while St. Luke’s is considering how to implement eShift into their long-term care settings for end-of-life patients. Both European organizations, and Hospice of Michigan, have expressed an interest in partnering in a joint learning collaborative.

“That is huge,” said Nichols. “We now have the opportunity to conduct joint research and to learn from each other’s best practices to continue improving patient care. For something to have spread this quickly and this dramatically is hugely exciting.”

South West CCAC supports fairness for Personal Support Workers

The Provincial Government has announced new measures for recruiting and retaining personal support workers (PSWs) in Ontario. The measures set a new base wage for publicly funded PSWs in home and community care settings to $16.50 per hour by April 1, 2016. They also create more permanent employment for PSWs and help new graduates find work through on-the-job orientation.

The South West CCAC welcomes these new measures. Ontario needs a stable PSW workforce and these new measures will help ensure that workforce can continue to exist.

Delegates from France and the U.K. visited the CCAC to learn about eShift.
Ensuring the health of the system

In today’s health-care environment, home and community care is important for a number of reasons. It enables patients to stay at home, where they most want to be; it provides relief for patient family members and caregivers; it provides a sense of accomplishment to those of us who work in the field; and it saves the Government and the health-care system valuable resources and taxpayer dollars. As our province’s population continues to age, the importance and the value of this care to all of these groups will continue to rise. For these reasons, it is important to make sure that home care is functioning at a high efficiency. We must ensure that home and community health care in this province is, in fact, healthy.

The provincial government, in partnership with stakeholders including the CCACs, is taking steps to do just that.

Recently, the Ministry of Health and Long-Term Care announced a provincial vision for Home and Community Care, entitled Making Healthy Change Happen. It outlines their desire to further improve the quality and value of home and community care in an aging demographic, while still achieving the best possible value for health-care dollars. As I have shared with you, in order to achieve their vision they will hold a series of summits across Ontario to gather feedback from providers, patients and their families. The Ministry will also seek input from a panel of health-care experts, including Dr. Samir Sinha, whom many of you heard shared his thoughts on home and community care with us at our annual spring event last year. This approach aligns with recommendations in the Health Comes Home papers that were published by the OACCAC/CCAC last fall.

In addition, as I have also shared with you, Ontario’s Auditor General (AGO) is reviewing the Province’s palliative care system as part of her 2014 report. To develop a clear view of the palliative care system in Ontario, the AGO, Ms. Bonnie Lysyk, and her staff are visiting with LHINs, CCACs, hospitals and residential hospices where they are discussing palliative care programs and initiatives. The South West CCAC is playing an active role in these discussions. Information gleaned by the AGO and her staff will be used to make recommendations that will benefit palliative care province-wide, and thus improve the larger home and community care system.

We welcome the opportunity to contribute to, and help inform, any discussion that leads to a better home and community care system, as it is the responsible thing to do. It is encouraging that projects of this nature are being prioritized, as preparing today will help ensure a successful tomorrow.

Introducing our Inaugural Quality Improvement Plan

Ontario’s CCACs strive to deliver high-quality, integrated care to patients, as reflected in the shared vision, outstanding care – every person, every day. As such, as of April 2014, all CCACs in the province have developed and published Quality Improvement Plans, or QIPs.

A QIP is a formal, documented set of organizational priorities focused on quality and quality improvement objectives. In the South West, the recently launched QIP is fully aligned with the organization’s Strategic Plan and Performance Measurement Framework (PMF). “The South West CCAC has been working on, and committed to, quality improvement since its inception,” said Lois Beamish Taylor, Senior Director of Performance Management and Accountability. “The QIP is simply a new format for monitoring and reporting on that work.”

The South West CCAC QIP identifies four main quality objectives for the next year:

- to improve patient safety by reducing adverse events resulting in harm
- to improve the effectiveness of patient care by improving targeted clinical outcomes
- to increase the number of days patients spend at home
- to improve the patient experience

“We have set targets for each area that we will achieve through a number of planned improvement initiatives,” said Beamish Taylor. Initiatives will include things like spreading falls prevention programs across the South West, further utilization of the newly-develop Service Initiation Time (SIT) tool, and working with partners to consistently achieve treatment best practices. The progress and success of initiatives will be carefully monitored on a regular basis and opportunities for improvement will be identified and implemented accordingly.

By April 1, 2014, all CCACs submitted their QIPs to Health Quality Ontario – an independent government agency that monitors Quality in the health-care system. Ontario’s hospitals and primary care teams also submit QIPs, and beginning in 2015, the province’s long-term care homes will as well. This process helps ensure a standardized approach to quality improvement across the health-care system, and is one Beamish Taylor supports. “CCACs will report on their quality indicators which, in collaboration with other health-care partners’ QIPs, will have a significantly positive impact to patients and the system,” she said.

Read the South West CCAC QIP by visiting www.healthcareathome.ca/southwest >>
Our Performance >> Quality Improvement.
The energy to change

The South West CCAC’s IT department has gone green. An ongoing project to replace old, bulky, power consuming server units and equipment with high performing, energy efficient technology is now complete.

The project came about in 2010 because the CCAC’s server room was at capacity. Every spot on every shelf was full of equipment. And it was drawing so much power, that in the event of a power outage, the organization’s back up generator was running close to its full capacity. “Something had to change,” said IT Manager Eric Hoffman. “We had to find a new way of doing business.”

The new way of doing business uses the latest IT technology, which not only conserves power, but also vastly improves the organization’s flexibility when it comes to system resources and capacity. Previous server equipment was like a series of boxes on shelves, with each box dedicated solely to whatever resources were running and/or stored on it, said Hoffman.

“With the old equipment, every time you wanted to add a server, you’d add another box,” he said. “It reduced flexibility because those resources were committed entirely to that solution, and if requirements changed, you needed to replace the equipment.”

The new system acts as a shared storage system, capable of running multiple applications and storing a variety of information. It is also easily expandable to accept additional disc space, memory or computing power, all of which can be added and shared with both existing and new applications. “Before, when we needed a project done, we needed to find rack space, power and cooling capacity,” said Systems Analyst Terry McKerral. “Now we can just slot in new computing power and go.”

The new system is also profoundly more powerful. In 2008 the system had 16 CPUS, a measure of computing power. Today it has 638, with the capacity to climb considerably higher, yet it requires no more administrative support than the old system. And in the event of a power outage, it would have the back up generator running at only 20 per cent of its full capacity. The organization now has a far superior system, which uses less power, and yields savings that can be reinvested into the growth of the organization, all within an existing budget.

“The savings are important,” said Hoffman, “but more importantly we’re supporting our staff to do their jobs while reducing our energy footprint as a responsible consumer. It’s absolutely worth the effort.”

South West CCAC team profiles

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<tr>
<th>Team Name</th>
<th>Corporate Services</th>
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<tbody>
<tr>
<td>Team Leader</td>
<td>Hilary Anderson</td>
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Corporate Services consists of a number of different functional teams with expertise in finance, statistics, and technology. Staff members come together as a single cohesive team to support the South West CCAC and each other. The main areas of responsibility include:

**Finance**
- Issuing pay cheques to more than 700 employees on a bi-weekly basis, as well as handling of employee pension reconciliations and annual T4 slips
- Monthly financial reporting to the Senior Team, Board, LHIN and Ministry of Health and Long-Term Care
- Preparation and verification of financial statements

**Health Records**
- Protecting patient health information through regular privacy audits of patient records to ensure no unauthorized access has taken place
- Reviewing any privacy breaches entered through the Event Tracking Management System (ETMS)
- Conducting appropriate review and release of information to family, lawyers or insurance companies when required
- Diagnostic coding of information in CHRIS system

**Business Intelligence**
- Building and maintenance of dashboards for Care Coordinators with Community Independent and Chronic case loads
- Turning data into useable information by compiling specific, detailed reports based on dashboard results
- Maintaining the Data Warehouse to ensure data from all different systems is available for analysis and use in public-facing materials, annual reports, and updates to partners and stakeholders

**Information Technology**
- Ensuring proper functioning and encryption of all hardware (laptops, desktops, smartphones etc.)
- Completing hardware refreshes every 3 years
- Ensuring software is compatible with hardware and works with CCAC infrastructure
- Ensuring network infrastructure functions with proper speed and security
- Maintenance of Voice Over Internet Protocol (VOIP) phone network across all CCAC and most hospital locations
- Currently working to further support staff by migrating the South West CCAC to a Citrix environment that will allow staff members to securely log in to work from any computer

**Facilities**
- Ensuring all seven CCAC office locations and 30 hospital CCAC office locations are safe and secure for staff
- Maintenance, including repairs and shoveling of snow

**Interesting facts**

In 2013:
- Finance issued 18,850 pay cheques and made 9,922 Electronic Fund Transfers
- Service desk solved 11,163 tickets
- IT development team wrote more than 150,000 lines of code
**Welcome New Staff**

**London**
Andrea Campbell-Davison, Data Analyst, Kanika Kohli, Care
Lindsay Loranger, Care Coordinator, Cheryl Pfaff, Professional Practice Manager; **Owen Sound**
Kimberley Blackmore, Care Coordinator, Denise Rand, Care Coordinator;
**Woodstock**
Jennifer Sniuolis, Care Coordinator

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**O C C U P A T I O N A L HEALTH AND SAFETY**

**A Commitment for Life**

Make safety a habit, because getting home every day doesn’t just happen! That’s the theme for North American Occupational Safety and Health Week, May 4–10, 2014. This theme isn’t just relevant for Safety and Health Week; health and safety is a shared commitment. Our Occupational Health and Safety policies and procedures rely on everyone to be accountable for health and safety in the workplace.

The focus of the South West CCAC’s Occupational Health and Safety program is safe and healthy working conditions for all employees, volunteers, students, contractors, and others in the workplace. It is committed to supporting this with specific programs, policies and procedures, including:

- Joint Health and Safety Committee composition and responsibilities
- Reporting of work related accidents and injuries
- Accident/injury investigation
- Workplace Hazardous Materials Information Sheets (WHMIS)
- Fire safety
- Addressing violence in the workplace
- Work refusal procedure
- Emergency measures
- Wellness program
- First aid
- Early and safe return to work
- Slips, trips and falls
- Ergonomics/musculoskeletal disorders
- Infection control
- Personal protective equipment and N95 mask fit testing
- Transportation safety
- Young worker awareness program
- Educating and training in health and safety

Our policies and procedures also outline the shared commitment between employees and the CCAC through the assignment of responsibilities to various levels within the organization.

In addition, all new staff receive health and safety training in orientation, annually thereafter and when specifically required, and health and safety policies and procedures are reviewed by the Joint Health and Safety Committee and are promoted annually for required reading by all staff. The E-Learning Centre launch last fall also included health and safety training for all staff. Please watch future Innovation Updates for notices of health and safety training in the E-Learning Centre and for policy and procedure required reading.

Everyone has a personal responsibility to preserve their health and work safely.

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**Meet the Board**

Dr. Carol McWilliam

This month’s featured Board member is Dr. Carol McWilliam. Carol is a Professor Emerita with the Faculty of Health Sciences at the University of Western Ontario. She has provided consultations to numerous government bodies and health and social service organizations and served on committees leading the restructuring of London’s acute care institutions. Carol joined the Board in the summer of 2013.

Q. **What inspired you to become a Board Member of the CCAC?**
A. For the past 23 years, I have collaborated with the Care Coordinators, providers and patients of the South West CCAC and its predecessor CCACs and home care programs. I worked with many fine leaders amongst them to develop, implement and research the effectiveness of client-driven, in-home care. The long-standing commitment and contributions of all with whom I have worked has inspired me throughout all of our time together, motivating me to continue with our mutual endeavor to promote quality, cutting-edge in-home care after my retirement from the workplace.

Q. **What are you passionate about?**
A. I am passionate about the South West CCAC’s vision of delivering outstanding care – every person, every day, and their on-going endeavours to be leaders in promoting partnering approaches throughout all of health care and service delivery.

Q. **Do you have a mentor or someone who has greatly influenced your life, and if so, in what way?**
A. One of the greatest influences on my career was an older apartment-bound client of the Oxford County Home Care Program. Despite limited formal education, income and social support, she found a way to stay interconnected with her community. Seeing her optimize her limited potential for health and well-being throughout the last days of her life through refining an interdependent relationship with home care providers made me realize that partnering relationships can make a tremendously positive difference and overcome the problems of limited health and system resources.

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**Mini Me?**

CSA Valerie VanRoessel’s granddaughter stopped by recently to visit with London’s South West Access team. Posing with Piper for a “Little Mini Me” photo op is CSM Kris Bannerman.

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The South West CCAC’s Short Stay team celebrated Administrative Professionals Week, which ran from April 20 – 26, by hosting a pizza lunch for the Administrative Professionals on their team.

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**Meet Meghan Williams, London**

AA, her fiancé Meghan Backtash and their dog, Diesel. Meghan and Solomon are getting married on Saturday May 24, 2014 and will also have a Nikah (traditional Afghani ceremony) on May 20. The couple plan to honeymoon in Europe this fall. Congratulations!

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**Fundraising**

The London office raised $379.00 for the food bank’s Easter food drive. Thank you to everyone who participated.