Jane Clement-Spurr, Client Services Manager with the Access team in Stratford, describes the past few months as “interesting and exciting.” She’s referring to the consolidation of access services from Oxford and Huron Counties to the Perth office in Stratford. Seaforth staff members began working in the Stratford office in October 2011, and Woodstock staff members joined them in January. The new team, roughly 15 people, is energized, innovative and highly productive.

The transition was made smoother by the fact that the three teams had worked together in the past. “We thought of ourselves as a virtual team,” she says. “But it was different getting used to working together geographically.” She is quick to add that the benefits far outweighed any challenges. “Great things have come from this change. Everybody brought strengths, and we ended up with the best from each team. Now that we’re together, we are co-creating where we’re going as a hub and how we’re going to meet our client needs in the future.”

Cathy Kelly, Regional Manager of Client Services, is equally enthusiastic. “Once the relationships and trust were built, the new team was committed to finding new ways to work more efficiently and effectively. They are really engaged and empowered, and they have a strong voice going forward.”

Kelly points to several quality improvement PDSAs that the team has initiated, noting that most of the ideas for improvements came directly from frontline staff. For example, Client Services Assistants now have an enhanced role with orthopedic clients, serving as a single point of contact and arranging with clients for case managers to do their assessments at an agreed-upon time. Another pilot project involves daily telephone contact with smaller hospitals that don’t always have a case manager on site. The calls enable CCAC staff to know what clients are in hospital and ready to go home, so that their assessments can be completed in a timely fashion. The idea, “borrowed” from Grey-Bruce, will soon be expanded to several small hospitals in the area.

Although it’s only early days in the evolution of the team, it is already a South West CCAC high performing team. “It’s a great group,” says Clement-Spurr. “When we talk about some of our Key Performance Indicators, we have a good open discussion and everyone thinks about how best to respond to the challenges.”

Clement-Spurr says building the team has been a journey. “Not a journey like one of Chevy Chase’s vacations, thank heavens, but there have been moments when it helped to have a sense of humour! Through the ups and downs, we’ve always kept our focus on doing the best for our clients.”

Strength in Numbers

Six months in, the new South West CCAC access team in Stratford is a high performing team

PHO Access Team: Above, Left to right, back row: Cheryle Harris, CM; Jane Clement-Spurr, CSM; Angie Muir-Hughes, CM; Julia Knijnenburg, CM; Pamela Roberts, CM; Shirley Hughes, CM; Ruth Ann Steckle, CM; Julie Patterson, CM; Leanne Baird, CSA. Front Row: Anne Mondoux, CM; Sheila Rolph, CSA; Kaylene Groot, CSA; Cheryl Renecker CSA. Absent: Carolyn Deloyer, CM; Janetta Weaver, CM; Keltie MacNeill-Keller, CM; Diane Simas, CSA; Eleanor Devereaux, CSA; Jane Easun, CSA
Over the past several years, and especially over the last six months, many experts have stepped forward to talk about the importance of home and community care. It's no news to us at the CCAC, but there is growing recognition in government and among the public that a health system weighted toward acute care hospitals simply cannot be sustained. Care provided in the community is less expensive, often more effective, and almost always preferred by patients and clients.

Of course, home and community care is complex. The key to making it happen effectively is called case management or system navigation.

Case management, we often say, is both an art and a science. It’s about knowledge and skill, and also about compassion and understanding. It’s something we do with our clients, not to them. It’s not just about providing nursing and personal support: it’s about connecting people to a wide variety of services and supports in their communities.

Make no mistake: case management is not an administrative expense. It is a therapeutic intervention that helps clients stay well, get better, maintain their independence, and stay at home longer. It also saves the health system money – lots of it.

System navigation isn’t an easy role, but we’ve got a head start. Our case managers have been doing this work brilliantly for years, even decades. We have a long-standing commitment to Client-Driven Care. From Partnerships for Health to Home First, we have shown that we can be innovators.

We must continue to live up to the investment the Ministry and the LHIN have made in us. We must become experts in customer service and work more closely with our partners in primary, hospital and long-term care. We must implement best practices and strive for continuous improvement.

Frankly, if we don’t excel at case management, there are others in the health system who are ready and willing to take on the role. We have an opportunity to own this. Let’s grab it!

I look forward to seeing you at our All-Staff meetings in May.
Owen Sound and Walkerton: Thurs., May 17, 9:00 am
Stratford, Seaforth and Woodstock: Thurs., May 17, 2:00 pm
London, St. Thomas and Strathroy: Fri., May 18, 9:00 am

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A Message from Sandra Coleman, CEO South West CCAC

Nothing Less than Excellence

WHAT’S THE BUZZ?

Ontario budget increases funding for community care

After weeks of uncertainty, the Ontario budget was passed on April 24, with the NDP supporting the minority Liberal government. Among the provisions relating to community care:

- A new seniors strategy, including more home care, better care coordination and new care coordinators
- A funding increase to community care of 4% on average over the next three years, subject to decisions by each LHIN
- Accelerated move to patient-based funding, so that hospitals, long-term care and CCACs are funded based on the types and volumes of patients they are serving
- Commitment to transform health care and reduce the overall rate of growth to an average of 2.1% over the next three years

Report calls for more and better home care

A recently released report from the Health Council of Canada studied home care in five provinces, concluding that many seniors are not getting the care they need and many caregivers are in distress as a result.

Among the report’s recommendations:

- Narrow the gap between funding for long-term care and home care. (Currently funding for long-term care is .96% of GDP, compared to .21% for home care.)
- Integrate home care across sectors and services
- Provide support for family caregivers
- Ensure a smooth transition from hospital to home care
- Ensure that family physicians are involved as part of the home care team

Says John G. Abbott, CEO of the Health Council of Canada:

“When home care is properly valued and integrated into the health system, it can improve the health and well-being of many seniors and their families and reduce costs to the health system.”

Find the Report, Seniors in need, caregivers in distress, at www.healthcouncilcanada.ca/tree/HCC_HomeCare_FA.pdf
Each year the CCAC recognizes staff nominated by peers for living the principles of Client-Driven Care (CDC) with the Client-Driven Care Awards of Distinction.

There are four categories of Awards, three to Individuals and one to a Team, in recognition of outstanding commitment to the development of health promoting relationships and empowered people.

**Members of the Selection Committee**

Dr. Carol McWilliam, Evelyn Harris-Williams (Board member), Donna Ladouceur, Sandra Lawler, Jacqueline Wesley, Hellen Beasley, Stephanie Brett and Rae Nylander-Martin.

**Congratulations to the nominees and a big thanks to all nominators.**

**INDIVIDUAL CLIENT SERVICES**

**Annie Morris**’ energy and positive attitude is uplifting. Annie takes the opportunity to constantly learn to improve her skills and knowledge and that in turn improves the quality of care she provides to our clients.

**Sheila Rolph** is an inspiration to everyone she works with. She handles work and life changes as they come, turning challenges into opportunities. Sheila is a great team player.

**Grace Bradish** works tirelessly at the client and system level to improve delivery of palliative care in the community. She has been a key player in the development of the eShift palliative care model.

**Joan Cavanaugh** has a “knack” for connecting clients to community supports and providing system navigation. Joan exhibits patience in working through new workflow practices, confident in her knowledge, and has a willingness to co-create solutions.

**Laurie Johnston** is a team player who fosters the importance of learning new skills and keeping up with current data. Laura works by example and always has a positive attitude and encouraging smile.

**INDIVIDUAL OTHER**

**Kirsten Zang** strives to help staff with their computer and facility issues and teaches them how to solve the problem by simplifying processes and teaching tips and tricks.

**Joanne Teutloff** strives to build trusting, meaningful relationships with CCAC staff and external partners. She is open to suggestions, and offers insight and knowledge.

**Wendy Smith** gains respect by evaluating every situation and coming to a resolution by taking into account everyone’s viewpoint.

**LEADERSHIP**

**Bonnie Thompson** spans the bridge between the larger organizational vision and operational details. Bonnie is engaging, always present with a positive attitude and approaches work with a “can do” attitude.

**Dave Speedie** responds and coordinates IT resources to meet the demands of clients and ensures resources are available and operational. Dave inspires pride within his team with a shared understanding of the team’s contribution to the strategic goals.

**Nancy Schaff** demonstrates sensitivity, support and client-centered leadership to her client services team. She displays a high level of compassion and professionalism during difficult and challenging times.

**Megan Nichols**, in keeping with the Mission and Values, is able to support and coach her team both on an individual and group basis. Megan promotes empowerment and cohesiveness by listening, providing constructive feedback and fostering a collaborative spirit.

**Ali Nasser** loves cutting edge work and has been instrumental in bringing the new staffing model including the triage CM, complex care CM and Hospital Transfer Team to the Victoria Hospital site. Implementing such a change requires excellent communication skills.

**Joanna Makinson** is passionate about the Mission, Vision and Compass and speaks of the compass as “the placement on which everything in the organization should be served.” She develops partnerships outside the CCAC to obtain information and knowledge she can to bring to her educator role.

**Anthony Konkan** knows building codes, maintenance and office safety and uses this knowledge to bring solutions forward to meet organizational needs. Anthony has a wonderful sense of humour which helps when problem-solving challenging issues.

**Nancy Johnson**’s compassionate approach assists staff in the many changes taking place within the CCAC. Her attention to detail gives her the ability to drive change and encourages others to analyze and critique their own work.

**Jane Clement-Spurr** has a thoughtful, creative and reflective leadership approach that gets to the heart of a challenge. Jane’s openness and trust in the client services teams she leads has always been a recipe for success.

**Cris Carlsson** consciously thinks from a CDC perspective and often compliments her team on jobs well done, recognizes contributions, shares positive feedback and empowers her team to be part of decision making.

In the recent Goderich disaster, **Darlene Bogie** showed professionalism, system knowledge and spirit of cohesiveness. Darlene went above and beyond by advocating for the client, ensuring all our clients were safe and working with the Goderich Emergency Response Team.

**Jacqueline Mockler** is an inspirational leader and continuously strives to build a commitment to excellence through the initiatives she leads, staff interactions she engages in, and through her desire in mentoring team members to enhance their leadership strengths.

**TEAM**

**Health Care Connect Team** By practicing CDC principles, the Care Connectors are able to get a shared understanding and co-create strategies to overcome misunderstanding. As excellent ambassadors of the program, developing strong relationships with physicians and their teams is the foundation to ensure a high rate of attachment for clients to primary care.

— Anna Ackland, Andrea Fisher, Janice Ross-Greenside and Marg Valleef

**Client Services Assistants and Administrative Assistants — Woodstock Site**

This team is synergy at its best and exemplifies self-directedness to distribute unexpected workload and communicate the plan. They foster collaborative partnerships and are sensitive to people’s ways of relating and appreciate others’ perspectives. — Candice Beselaere, Tina Calic, Sharon Broadhurst, Krista Doan, Arlene Clemence, Laurie Harrington, Vicky Kielesinski, Lois Langohr, Shirley Manzer, Angela MacCann, Gail McMillan, Myrna Powell, Heather Smith, Diane Simas, Karen Schneider, Shawna Ricci, Shannon Brett, Tracey Fuschino, Roelie Dank

**South West PCS Team**

This team has created unique bonds that extend across the CCAC and is always available to answer questions, participate in work groups to develop innovations and create orientation materials for new staff. — Janice Weeks, Karen Gibb, Pat Ball, Donald Fisher, Janet Hook, Flo Brock, Helen Gasidio, Colleen Klingenberg, Adam Cann, Lynda Clarke, Kathy Sleeth, Eva Schreiter, Gina Couper, Cindy Stevenson-Fair, Eleanor Devenish, Lois Gilchrist, Marcy Cloutier, Kim Green, Catherine Bishop, Kelsey Loughran, Angie Muir-Hughes, Margo Miller, Serena Russwurm, Sharon Wolfe, Susan Deffett, Nancy Downard, Tammy Tolman, Dianne Boniferro and Elizabeth Uzdavris

**Owen Sound Hospital Team**

This team strives to be happy, fun and maintain relationships. Using a collaborative approach, each team member is a champion with different strengths and interests that helps them build capacity. — Donna Andrew, Jen Coghlin, Kerry Cragg, Saskia MacMillan, Kathy McCarthy, Sally McGill, Trish Schnurr, Sue Robertson, Rachel Thomson, Shelley Torrie, Cathy Whitehurst, Roseanne Illman and Shirley McDougall

**Owen Sound Community CSAs**

This compassionate group understands each other's strengths and weaknesses and works to reach a common goal: assisting the client through the health care system. Open to suggestions by others helps them treat others as they would want to be treated – with dignity and respect. — Alison Blackwell, Cindy Weber, Angela Parker, Lynne Scott, Lori McKinnon, Linda Fetter and Sue St. Pierre

**Owen Sound Access Team**

This organized and cohesive team has a passion to make a difference. Everyone brings unique creative skills to the table in determining the best ways to adapt to a changing environment. — Michelle Duell, Gina Stroud, Bernadette Robertson, Dawn MacMillan, Kathy Weir, Sue Graham, Ashley Keeling, Darlene Turner, Sally McGill, Sarah Sadikian and Carla Crowther

**South West CCAC Newsletter Team**

This team connects every member of the CCAC with creative skills to bring a comprehensive, fun newsletter to staff each month. The team has become a trusted resource to staff on what is happening throughout the CCAC. — Barb Clendenning, Jennifer Lobban, Jenna Prouse, Kaylene Groot, Nancy Tolman, Leanne Baird, Amy Peeters and Diane Becker

**London Intensive Case Management Team**

Creativity is this team’s middle name! They have become experts at finding ways to help clients. This team is progressive and innovative in building robust care plans for complex hospital discharges. — Heather McCallum, Peggy Callaghan, Josee Wilson, Diane Dodge and Sherri Zavit

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Shirley Koch, CCAC Lead for the Assisted Living/Supportive Housing/Adult Day Program (AL/SH/ADP) stream of the Access to Care strategy, says she and her co-chairs, Angela McMillan of VON and Mary-Jo Dunlop of Cheshire London, have been working hard for the past six months. They are pleased with the progress they have made, and look forward to exploring how community support agencies and the CCAC can work together better to support these clients.

“We all want equitable access to these important services,” says Koch. “With the changes we are recommending we are moving closer to that goal. We will be better able to work together as a system and ensure that we are supporting our clients to stay at home.”

“It’s the little things that add up to enable you to be a human being again!”
— Access to Care Client

Last fall Koch, McMillan and Dunlop were given the task of studying existing services and needs, and making recommendations to re-align services, improve the consistency of care, implement a common assessment tool, and implement the CCAC’s expanded role as a single point of access. Over the past six months, they have:

• Met regularly with the Assisted Living and Supportive Housing Network, and the Adult Day Program Network
• Held two client and caregiver focus groups, focused on assisted living and adult day programs
• Interviewed agency representatives about the needs of specialized populations
• Interviewed staff at two day hospitals
• Held focus groups with CCAC client service staff, engaging with 33 case managers
• Interviewed staff at other CCACs about their experience in implementing the expanded role
• Attended provincial meetings about the CCAC’s expanded role, organized by the Ontario Association of Community Care Access Centres (OACCAC) and attended by LHIN and CCAC leads across the province
• Contributed to the common assessment project

Koch says there have been many valuable lessons along the way. “The intensity of care that Adult Day Programs provide came to the forefront,” she says. “We also recognized that we must develop a system that works for specialized populations, which have unique and complex needs.” Another important issue, says Koch, is how best to support people who are currently living independently in the community. As one client pointed out in an interview, “It’s the little things that add up to enable you to be a human being again!”

The co-Leads presented their recommendations to the Steering Committee in March, and submitted a final report in April. The report is now being shared with system partners to validate the findings and provide feedback on the recommendations, and it will ultimately move through several stages of review at the LHIN.

The work of the Assisted Living/Supportive Housing/Adult Day Program initiative will be the focus on the CCAC’s annual all-staff meeting with partners, planned for Wednesday, June 6, in Stratford and London. Invitations have gone out to agencies providing the services, members of the Access to Care team, and representatives of the LHIN. “Our goal,” says CEO Sandra Coleman, “is to improve client care and safety through a shared understanding of each other’s roles, strengths and resources.” The three co-Leads will facilitate a collaborative learning session based around case studies.

“We’re very grateful for the participation and the candour of the organizations and individuals we have interviewed,” says Mary-Jo Dunlop. “We have learned so much through this process.”
Now that the accreditation survey results are available, leads Ashley Lehman and Nupee Hardeep Sadra are hard at work sharing the results and discussing responses and ideas with staff members. Lehman says she expects work will continue “full throttle” throughout the summer, in preparation for the on-site accreditation survey in October. She adds, “It’s important to remember that accreditation doesn’t stop in October. It’s a continuous, ongoing three-year cycle. Even after the on-site visit we’ll be working to make improvements.”

Lehman says the red-flag items in the Worklife Pulse survey are issues for many health care organizations. “They’re generally issues that don’t have a quick fix,” she says. “By engaging with staff members on an ongoing basis, we’re hoping they’ll help us identify what we can be doing as an organization to make things better.”

When it comes to the Patient Safety Culture, Sadra says it’s still a relatively new way of thinking for many at the CCAC, but the practices are in place. “A lot of procedures that client services teams use on a day to day basis are about ensuring client safety. When you start pulling all the pieces together, you realize how much we are doing.” The Event Tracking Management System is helping to focus attention on risk events and explore their root causes.

Accreditation PD days will continue on a monthly basis throughout the summer. Lehman says staff members can prepare for the sessions by visiting the Accreditation bulletin board on the intranet and reviewing survey results and other information. Feedback and ideas from the PD days are being recorded and will help the local QILTs choose where to focus as action plans are developed. The Accreditation Steering Committee and Senior Team will also review the staff feedback.

“This is the fun part,” says Sadra. “We have a chance to explore, to dig into the ‘why’ behind everything. This is an opportunity for most of our staff to have input and influence the action plans that the local QILTs develop.”

Mark your calendar for your May PD day and come prepared for a lively discussion!

**Accreditation Update**

**Full throttle!**

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**Moving Toward Paperless**

**The CCAC prepares to implement a new document management system**

“Imagine a world where we no longer have paper charts – where all client information is accessible electronically directly from the CHRIS record. Imagine sitting with a client in his home and being able to look at the latest nursing report or consultation note from the cancer clinic. That’s what we’re moving toward.”

At first blush, the term “Document Management System” doesn’t sound very exciting. But when Darlene Bogie, Regional Quality Manager, talks about the project to implement the Docushare system, you can hear the excitement in her voice.

While each South West CCAC client has an electronic record in CHRIS, he or she also has other information that is not currently in the electronic system – everything from doctor referral forms to consult notes and nursing reports. Right now, most CCAC offices keep these bits and pieces in paper files, only scanning them when the client is discharged. In London and St. Thomas, documents are scanned into the existing document management system, Fortis, as they are received.

All that is changing. The South West CCAC is the fourth CCAC in Ontario to implement Docushare, a new document management system that integrates fully with CHRIS. The implementation is being supported by the CHRIS team at the Ontario Association of Community Care Access Centres (OACCAC). The new system will go live at the Perth-Huron-Oxford hub on June 4, followed by implementation in London-Middlesex-Elgin on June 18, and Grey-Bruce in early July.

CCAC staff and partners have been involved in planning for implementation. A team of CSAs worked with the project team to identify the different document types included in client files. Two staff events in early May will focus on modifying workflows to integrate the new system. Staff training will take place during the last two weeks in May. Existing documents will be migrated from Fortis to Docushare over the summer. Once the new system is in place, other electronic features, such as implementing a gateway linking health system partners to CHRIS, can be introduced.

Bogie says the project will make care better for clients and families. “This will improve their experience in that case managers will have all the information at their fingertips when they need it,” she says. “Clients will feel that we are truly a team, and that in turn will improve their sense of trust and well-being.”
Celebrations and Good Luck Kristin
Kristin Bishop, CCM in the Elgin office has accepted a position with Thames Valley District School Board, London. She will continue working for South West CCAC on a casual basis. Pictured with Kristin during a farewell snack time are (left to right): Michele Foster, Executive Assistant; Pam Hill, Community CM; Kristin; Kris Bannerman, SCRT CM and Sherri Rastel, Community CM.

Happy Retirement Ladies
Seaforth CCAC’s Debbie Gable, CM at the Goderich Hospital has retired. Her colleagues helped her celebrate on April 12 at the Park House in Goderich. Debbie worked at the CCAC for 24 years. We wish her the best of luck.

Congratulations to Joan Cavanaugh, Pat Cartwright and Sandy van der Veen who retired from their CM positions on April 30, 2012. Joan and Pat were with the South West CCAC for over 25 years and Sandy for over 13 years! Left to Right: Pat, Sandy, Joan. Best wishes to all.

Spring Sprint 2012
On April 21, the London Brain Tumour Foundation hosted Spring Sprint 2012. Joan Cavanaugh’s book club and South West CCAC staff joined to support Joan, who has recently been diagnosed with a brain tumour, by participating in the 5 kilometre walk and raising over $6,500.

Congratulations to Joan Cavanaugh, Pat Cartwright and Sandy van der Veen who retired from their CM positions on April 30, 2012. Joan and Pat were with the South West CCAC for over 25 years and Sandy for over 13 years! Left to Right: Pat, Sandy, Joan. Best wishes to all.

Celebrations
April 25 was Administrative Professionals’ Day and the Owen Sound office marked the day with a celebration.

Left to right: Client Services Assistants Sue St. Pierre, Bernadette Robertson, Gina Stroud, Tracee Fletcher, Angela Parker, Serena Russwurm, Cailynn Schmidt, Jennifer Lobban, Cindy Stevenson-Fair and (seated) Dawn MacMillan.

Welcome New Staff
London Daniel Fenton, Tier 1; Cassandra MacMillan and Leticia Neufeld, CSAs; Michelle Foster, Executive Assistant; Mary Lou Card, Preet Cheema, Julie Fortner, Melissa Grieve, Rita Peters and Peggy Storozinski, CMs