

BOARD HIGHLIGHTS – SEPTEMBER 30, 2015

CEO REPORT

Ceo Dale Clement reported on:

2016-2019 Strategic Plan

The draft Strategic Plan was presented to the Board. Based on interviews with 18 key stakeholders, a public engagement survey (with over 350 respondents), and two board and leadership focus sessions, the draft plan is being finalized and a communication plan is being developed.

2015-2016 Annual Business Plan

Projects are moving forward as planned. A formal monthly reporting process is underway to review organizational indicators, and action plans are immediately implemented when indicators are not tracking in a positive direction.

Ontario Special Needs Strategy

All three area partners (Grey-Bruce, Waterloo Region and Wellington-Dufferin) submitted integrated rehabilitation service delivery models for the pediatric pre-school and school age children in October. The four provincial ministries (Children & Youth Services, Education, Health & Long Term Care, Community & Social Services) will provide feedback to the collaborative tables in 2016 about next steps.

Palliative Care

Presentation/education sessions are underway with our hospital partners in an effort to establish a better understanding of what the community has to offer in terms of supports to EOL patients. These sessions will strengthen our working relationship with hospitals to improve EOL care. In October, a new model was implemented that has dedicated palliative intake Care Coordinators working in our Access department to improve early identification of patients requiring palliative and EOL care at the point of access while improving organizational capacity and knowledge with respect to end of life care. Work is underway to incorporate post-acute palliative pain and symptom management beds into the Coordinated Bed Access model managed by CCAC.

Communications and Patient Relations

Plans are underway to develop a new and updated patient/family brochure, which will gather feedback and insight from patients as to what is important from their perspective to read and hear when receiving CCAC care and service. It is anticipated that new brochure will be available in the new year.

Rapid Recovery Pilot Program:

The program, which aims to facilitate earlier discharge of patients from inpatient rehabilitation and restore beds, kicked off in October and is targeting late January for the first patients to be enrolled.

Schlegel Long-term Care Home Opening

192 new long-term care beds were filled on schedule.

New Coordination of Care Model

This new model will align our care coordinators within four Health Link geographies. We will engage staff through focus group sessions and formal on-line surveys to gain their input on this first draft of our new model and next steps. This valuable feedback will be used to generate the next iteration in the re- alignment of our coordination of care service delivery model.

Employee Engagement Survey

Survey has been launched and is soliciting input from all of our staff. The survey is done across all CCACs, to provide insight into staff satisfaction and engagement. Results from this survey will focus our commitment to staff engagement

System Coordinated Access (SCA)

SCA is a regional project that will provide technology and mechanisms to streamline and rationalize referrals across the region. It is expected that formal procurement will begin in December.

IT/Facilities

Teams continue to work hard on a number of projects to support the improved use of technology, such as Automated Provider Reporting to replace faxing with digital communications between providers and CCAC staff, and ED notification will allow the CCAC to be informed electronically if a CCAC patient visits a hospital emergency room

Research initiatives

A research section was added to CCAC's website for university and other research partners to access, a Research Committee was formed to review new and emerging research initiatives within the organization, and a new research approvals process was developed to align research activities with CCAC's strategic priorities. Currently WWCCAC has 10 research projects underway, with partners including University of Guelph, University of Waterloo, Wilfrid Laurier University, McMaster University, and St. Elizabeth Research Center.

Reports from Standing Committees

Governance Policy – Mentorship Program and Education Plan

As part of orientation, each new board member will be matched with a current experienced board member who will act as a mentor. The purpose of this arrangement is to assist new board members in their growth and development on the WWCCAC board.

Quality Committee

The Committee reviewed the Patient Story (see below), Quality Improvement Initiatives, Research Activities, Annual Report, and Service Provider Performance Monitoring Updating.

Quality Committee Dashboard – Performance Management Framework and Quality Improvement Plan Metrics (Q2)

The Committee reviewed its second quarter dashboard report, a combined report of the Performance Measurement Framework (PMF) and the Quality Improvement Plan (QIP) indicators. Focus was on the results and action plans for indicators for which data was not available. Suggestions were made to resolve timing issues for these indicators.
Resources Committee

They reviewed Terms of References and Work Plan, Financial Statements, Q2 Dashboard, and Key Budget Assumptions, and it was noted that leadership team is adopting best practices to reduce projected end-of-year deficit.

Audit Committee

They provided a review of the litigation update, compliance report, insurance coverage, and enterprise risk assessment.

Report on Compliance

The board reviewed the CEO Certificate of Compliance.

Patient Story

Board members heard a story about Cedric, 73, who had been enrolled in the Community Stroke Program after suffering a stroke in April.

At the time of discharge from hospital five months later, Cedric couldn't walk or talk, and needed the use of a feeding tube to eat. During discharge planning at Freeport, Cedric and his wife Esmie met with a WWCCAC Care Coordinator who helped to transition Cedric from hospital to home.

Cedric was placed in the WWCCAC's unique Community Stroke Program which provides specialized services in the home. His interdisciplinary team, including a dietitian, nurse,

physiotherapist and speech-language pathologist, provide three months of in-home intensive rehabilitation and Cedric has now regained many of his functional skills and the quality of his life has greatly improved. The story demonstrates the commitment of the WWCCAC to patient safety and quality focus.

WWCCAC Annual Report

The Board of Directors welcomed Director of Communications, Danielle Van Duzer, to the meeting and received an overview about the electronic and interactive Annual Report, released on September 22, 2015. This year's theme, Caring for our Community, reflects the progress made by the WWCCAC in advancing their strategic plan in 2014-2015. Highlights include three videos featuring patients living in the Waterloo Wellington community who were supported by CCAC services. The report is hosted on the WWCCAC website and can be viewed [here](#).

Learn More

More information on the Board meeting are posted to the WWCCAC website at wwccac.org click on "About Us, Governance, Board Meetings".

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