CEO Report

Patients First Act

The Patients First Act was re-introduced to the legislature on October 6, 2016, as Bill 41. It has passed first and second reading. As with its predecessor legislation (Bill 210) the five key proposals that continue to form the framework of the Act are –

- A single point of accountability for effective Integration of Services under the leadership of the Local Health Integration Network boards, with service provision planning through the development of LHIN **Sub-Regions**

- Timely Access to and Better Integration of **Primary Care**

- More Consistent and Accessible **Home and Community Care**

- Stronger Links to **Population and Public Health** with an emphasis on using the expertise of our population and public health experts for improving the equity of care delivery across the province

- Better planning to address the needs of **Indigenous People** Across Ontario

As noted, Bill 41 still requires an integration of CCACs with LHINs and the formation of a Shared Services Organization into which the OACCAC will transition. The notional target for transitions to begin is April 1, 2017.

Planning and Performance

The corporate planning cycle is underway as CCAC begins to develop the Performance Management Framework (PMF), Quality Improvement Plan (QIP), and Annual Business Plan for 2017/18. These planning documents will be developed and finalized over the next couple of months, with ongoing collaboration with the LHIN to ensure that our plans are aligned. The first steps involve setting principles and parameters that will guide development of these plans.

Neighbourhood Model

A focus for Fall/Winter 2016 will be the evaluation of the Neighbourhood Model around the key project objectives:

- Reduce patient transitions between care coordinators

- Establish the foundation for primary care alignment and community ward concept to foster improved collaboration with system partners;

- Improve staff experience through a team-based approach within smaller

neighbourhoods; and

- Rural Wellington neighbourhood model (adult/senior and palliative care), improve transitions in care between hospital and community.

Ministry Respite Funding

The 2016-17 resources will be allocated to the following patient cohorts -

- Caregivers supporting patients with dementia - specifically those on a waitlist for an Alzheimer's Adult Day Program that enables caregiver respite or those who live in a geographical area where such programs are not available
- Caregivers supporting a palliative / end of life patient

Advanced Care Planning

In alignment with the WWLHIN Regional Advance Care Planning initiative, WWCCAC is working in collaboration with Hospice of Waterloo Region to ensure CCAC staff and service providers have the knowledge and resource material necessary to support patients and their families in having advanced care planning discussions and understanding a person's end of life wishes. Education is being offered to CCAC staff and service providers in October, 2016.

Medical Assistance in Dying (MAID)

Federal legislation supporting Medical Assistance in Dying received royal assent on June 17, 2016. Since that time, WWCCAC has operationalized the federal law using regulatory Colleges' and Ontario Ministry of Health and Long Term Care guidance documents. WWCCAC is participating in a WW Regional MAID working group to develop a regional MAID framework and standards to support equitable, timely and skilled access to MAID for all WW residents.

Telehomecare

Through collaboration with Guelph primary care, EMS, GGH and CCAC the vision of the Telehomecare pilot has been established – reducing ED / hospital admissions for patients with Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) by providing remote patient monitoring for patients in collaboration with Guelph health care partners.

The foundational work to support Telehomecare in Cambridge for patients with CHF is in progress. The process will support patients with CHF to consistently have access to a Rapid Response Nurse to support a smooth transition from hospital, and prevent medically unnecessary re-admissions from occurring. Mirroring the Telehomecare model in Guelph and learning from the Guelph experience, Telehomecare will be added to Cambridge CHF

discharge planning process to supplement the support provided by the Rapid Response Nurse and primary care.

Nursing Clinic Update

The new Waterloo Nursing Clinic is scheduled to open November 1, 2016. This is the sixth CCAC Nursing Clinic across Waterloo Wellington. The clinic will operate seven days a week, including holidays, between 8 a.m. and 8 p.m. for specialized nursing care.
As well, hours of the CCAC's Guelph Clinic located in the Guelph General Hospital were expanded effective October 24, 2016, with hours from 8 a.m. to 8 p.m., 7 days per week. This year also marks the 10th anniversary of the partnership between CCAC, ParaMed and Guelph General of the CCAC Nursing Clinic located at the Guelph General.

Innovation Procurement

The successful completion of the innovative procurement for System Coordinated Access (SCA) has been recognized by the Ministry of Government and Consumer Services (MGCS), and will be the subject of a presentation to MGCS (including Ontario Buys) in late October, as a highlighted procurement project. The Project Manager of SCA and the WWCCAC Senior Director of Corporate Services will be presenting.

Information Technology

Automated Provider Reports (APR) will 'go live' with our first provider in early November. APR will digitize communication between CCAC and providers and lead to significant improvements in communication of patient information between providers and the CCAC which will improve patient care and safety. We are on track to go live with five providers by end of the year.

Communications

The 2015-16 Annual Report, which is an extended version of the community report mailed to patients in July, is currently being distributed to stakeholders. Communications will continue to share annual report stories found in the report with patients in the fall newsletter and through social media. It was reported the WWCCAC received two media inquiries over September/October.

Ensure Program Quality and Effectivness

Enterprise Risk Management Refresh Report

The Board of Directors adopted a risk enterprise management (ERM) framework based on leading practices in May 2012. Twice a year the senior leadership team refreshes the ERM

assessment, identifying the residual risk rating by considering the existing mitigation strategies in place and the external known risks which are identified through day-to-day scanning of the provincial and local environments and recent environmental scans. The Board received and reviewed the recent bi-yearly assessment review with comparision to previous assessments. The Enterprise Risk Profile is comprised of 14 risk categories. The level of residual risk had not increased in any of the categories. The majority of risk categories have been assessed as well managed or low.

LHIN Renewal WWCCAC Communication Plan

With the re-introduction of the Patients First Act, 2016 (Bill 41), one of the key proposals that formed the framework of the legislation continues to be integration of CCACs with LHINs. The Board and Leadership team together identified areas of risk that will require a high level of collaboration and clear communications for a successful transition. The Board received presentation which explored what a successful transition looks like and outlined identified next steps to effect a successful transition.

Transition Update

The Board received and reviewed a report about implementation planning underway by the Ministry of Health to ensure that the Patients First implementation could proceed in a timely and seamless fashion. Information was provided about a joint Ministry-LHIN Steering Committee set up with Ministry and LHIN executive leadership, along with an overview about the provincial work stream groups. It was noted the Ministry is also regularly meeting with LHIN Board Chairs and CEOs and CCAC Board Chairs and CEOs and other external advisors. Locally, a similar structure has been proposed by the LHIN with a steering committee and work stream structures to ensure operational readiness for transition. The foremost priority both provincially and locally is to ensure that no patient care is interrupted.

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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