

## **CEO Report**

### Patients First Act, 210

The CEO's report overviewed the introduction of Bill 210, the *Patients First Act, 2016*, and the five key proposals originally shared in the *Patients First* discussion paper and that formed the framework of Bill 210. It was pointed out that when the legislature was prorogued on September 8, all bills which had not received Royal Assent prior to the prorogation were entirely terminated and in order to proceed in the new session, they must be reintroduced as if they had never existed. The new session opened on September 12 with the Speech from the Throne. It was noted that the government has committed to reintroducing all government bills that were before the legislature prior to prorogation, continues to support *Patients First*, and is committed to reintroducing a bill in the Legislature as soon as possible.

### Collaborative Planning

WWLHIN staff and CCAC staff started meeting over the summer months and into the fall to learn more about each organization. The LHIN CEO has been meeting with key members of the CCAC's leadership team as orientation into the organization's structure and functions. While awaiting the passing of the legislation, the CCAC is drafting a plan for transition to support integration.

### Neighbourhood Model

The WWCCAC neighbourhood model for delivering patient care was successfully implemented on target on July 11. WWCCAC now have 4 sub-region boundaries that align to the WW LHIN sub-region boundaries, and within these boundaries, 15 neighbourhoods. Caseloads are comprised of a mix of complex, chronic and community independence patients, resulting in fewer patient transitions between Care Coordinators. The neighbourhood model aligns a dedicated Care Coordinator to each retirement home (with the exception of specialty patients), as well as a dedicated Stroke and Rapid Recovery Care Coordinator in each neighbourhood.

In the Rural Wellington neighbourhood Care Coordinators follow their existing patients through transitions in care between hospital and community to align with the primary care North Wellington Hospital model (GMH, PDH, LMH). This new approach will support an improved patient experience and greater collaboration with our healthcare partners in the delivery of coordinated services across the continuum of care.

### Wound Care Best Practice

Upon the close of the Regional Wound Care Council, the CCAC submitted the final close-out report to the LHIN with recommendations for further cross sector system level work to



be completed over the next several years. The focus of the recommendations for 2016/17 for Home and Community Care included the implementation of the 5 Clinical Best Practice Pathways that were developed by the Wound Clinical Collaborative Committee, including the implementation of the Outcome Based Pathway module. This framework sets the foundation for greater accountability and management of best practices in wound care in the community. It will also provide a framework for WWCCAC's Specialized Wound Clinical Nurse Specialist and Nurse Practitioner to collaborate with wound care specialists and primary care physicians in our region in providing patients with increased access to best practice wound care assessment and treatment.

### Ministry Respite Funding

in July 2016 WWCCAC received a funding letter for Respite/Caregiver services from the LHIN in the amount of \$954,800. The purpose of the funding is to provide enhanced respite support to caregivers and wherever possible to expand or leverage existing respite programs and services. Over the past two months WWCCAC has been in consultation with our system partners regarding the different types of respite programs that currently exist across the LHIN in an effort to determine how best to allocate the new funding. A framework for allocation of these resources over 2016/17 fiscal year will be launched in early October.

### Access and Retore – Rapid Recovery Program

The Rapid Recovery Program is now well underway and patient referrals are flowing from Acute, Rehab and Restorative Care programs across the LHIN. Convalescent Care will be added as a referral site in October. The target patient enrollment in the program for 16/17 is 120 referrals. August saw 47 referrals and we are confident we will meet our target for end of fiscal year. This program continues to support patient flow across the health care system and allows patients to increase their functional independence in the comfort of their own home, which is where they want to be.

### Palliative Coordinated Bed Access – Hospice

The work to include inpatient palliative care beds at Freeport and SJHC into the Coordinated Bed Access process is in its final planning stages. Residential Hospice beds will be included as part of this initial launch. This will support the creation of an aligned, streamlined, coordinated and equitable access approach for patients/families for all palliative bed types across the system. It will also provide greater clarity and consistency in referral process across the LHIN. Target go-live date is December 6.

### Primary Care Alignment

A key focus for 2016/17 will be the alignment of our neighbourhood Care Coordinators to the 500 Primary Care physicians across the WW LHIN. The CCAC and LHIN will be working



in partnership on this initiative. This is a first step in realizing our vision for a synergistic model of service delivery between CCAC and Primary Care. A dedicated Primary Care Lead has been secured to lead this work for the next 12-24 months.

## **Ensure Program Quality and Effectiveness**

### Respite Support for Caregivers – One Couple’s Story

As part of its quality focus, the Board of Directors received the story of a caregiver who described the hard realities of full time caregiving for a loved one, the risks of emotional and physical burnout, and how respite care, funded and coordinated by the WWCCAC, has allowed her husband to live at home with dignity and safety by enabling her to take the physical and mental breaks she needs in order to care for herself. As she explained, “When you get burned out, you can’t be as nice as you should be. You resent having to get up all the time. You don’t have that emotional joy; you don’t have that joy and peace inside yourself. That’s important because the person receiving the care needs to feel cared for, respected, and to have their dignity.”

### Innovative Wound Care Pilot

The Board received a report about the WWCCAC’s piloting two clinical wound care evaluation projects using a neuromuscular electro-stimulation device, called the ‘geko,’ to reduce the prevalence of difficult to heal wounds. It was noted a number of pilot projects across the province involving CCACs have demonstrated positive outcomes and accelerated healing time with difficult to heal wounds of mixed venous and diabetic aetiology with use of the geko as an adjunctive therapy or intervention for wound healing. The WWCCAC will trial the ‘geko’ device in a pilot to test the use of the geko to prevent new and recurrent venous leg ulcers from becoming chronic in nature, and a second project will trial a cohort of patients with chronic, difficult to heal wound to achieve accelerated healing, improve quality of life and reduce long term wound care costs.

### Service Provider Performance Monitoring Report

The Board of Directors received an annual report on service provider organization (SPO) performance. Key activities and mitigation strategies to address areas of improvement and to strengthen relationships with service provider partners were highlighted. A summary report of two key indicators for fiscal year 2015/16 and the first quarter of 2016/17 was provided, explained and reviewed in detail.

### Quality Dashboard Report

The Board reviewed its Q1 Quality Indicator Dashboard. This is a combined report of the Performance Measurement Framework (PMF) and the Quality Improvement Plan (QIP) indicators, as well as LHIN negotiated indicators (18 metrics in total). The indicators are



those that enable board directors to focus their attention on organizational successes and areas of risk at a high level.

### **Provide for Excellent Management**

#### Executive Compensation Framework

The Board received and reviewed a recent letter from the Treasury Board Secretariat. This pertained to designated employers under the Broader Public Sector Executive Compensation Act, 2014, and the Executive Compensation Framework which came into effect on September 6, 2016. It was reported that WWCCACs' existing Executive Compensation Frameworks are in place and are generally well in compliance.

### **Ensure Board Effectiveness**

- The Board of Directors reviewed several governance policies in accordance with their three year policy review schedule.
- The Board of Directors received and reviewed the Q1 Governance Dashboard.
- The Board of Directors received a Disaster Recovery Procedures for CCAC's IT Systems Report, as well as an IT Plan report.

### **Learn More**

More information on the Board meeting are posted to the WWCCAC website at [wwccac.org](http://wwccac.org) click on "About Us, Governance, Board Meetings".

Reference Information:

Danielle Van Duzer, Director - Communications

Tel: 888 883 3313 extension 5623

Email: [danielle.vanduzer@ww.ccac-ont.ca](mailto:danielle.vanduzer@ww.ccac-ont.ca)

