

## **CEO's Report**

### Patient's First Act

Bill 41 has received second reading and is currently in process with the Standing Committee of the Provincial Government. Third reading will proceed once the Committee process is complete and is expected to occur before the House rises in December. The CCAC continues with efforts to support a seamless transition in anticipation of the passing of the legislation. In addition, the CCAC is focused on transformation activities with respect to alignment with Primary Care and improving patient experience.

### LHIN Transition

CCAC staff has been working on completing the due diligence necessary for CCAC transfer to the LHIN, in the event that Bill 41 is passed. A number of functional work teams in the areas of Finance, IT, Human Resources & Organization Development, Performance, and Patient Services, have been formed to work through the details. Overall, progress has been good, although the transition will require ongoing dedicated and focused effort. There are still many decisions that will need to be made at the provincial or LHIN level, that will inform the work of the implementation teams

### Neighbourhood Model

As a subsequent phase to the Neighbourhood Model, planning is underway to align a dedicated Neighborhood Care Coordinator to every high density patient building such as seniors' buildings and retirement homes by March 2017. This will enable improved efficiency in the planning & delivery of services within these buildings by using our health service resources more effectively.

### Ministry Respite Funding

The new Caregiver Respite service was implemented in October to support caregivers supporting patients with dementia, as well as caregivers of patients at end of life. It was reported that to date, the Caregiver Respite service has been initiated for 30 patients and families. A comprehensive analysis of the current respite allocations for all chronic and complex populations will occur over the Fall/Winter 2016 to establish clear criteria for eligibility of caregiver respite for 2017/18 funding allocations.

### Coordinated Bed Access (Addition of Palliative and Hospice Beds)

Waterloo Wellington Community Care Access Centre in collaboration with our local Hospitals and Residential Hospices, with feedback from our community service providers and physicians, designed a Palliative Care Coordinated Bed Access process for all Complex Continuing Care (Palliative Care/End of Life and Pain and Symptom Management) and Residential Hospice bed types in Waterloo Wellington. The Coordinated Bed Access



process will provide system planners and partners with real-time data about the capacity and availability of regional palliative/end of life care bedded resources to support patients in accessing the care they need. As of December 5, 2016, the Waterloo Wellington Community Care Access Centre will be the new single point of access for all palliative beds.

### Primary Care Alignment

Building on the foundation of the Neighbourhood Model, CCAC is working in partnership with our LHIN to develop a communication and engagement strategy for Primary Care regarding next steps in the alignment activities targeted for January 2017. This initial communication and engagement will be centred on the alignment and establishment of partnerships between care coordination teams and primary care practices to set the foundation for future work with mental health and palliative care. This full alignment of Care Coordinators to all Primary Care practices across the LHIN is targeted for July 2018 through a staggered sub-LHIN approach.

### Information Technology

Automated Provider Reports (APR) went live with our first provider in early November, and four more providers are expected to be up and running before the end of the fiscal year. 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. Efficiencies in administrative work for both CCAC and service providers with the electronic support is another benefit.

## **Ensure Program Quality and Effectiveness**

### Research Activities

The Board received and reviewed a report on research participation and planning, with report on key findings since the last report in November 2015. Research activities reported on included: Integrating Personal Support Workers and Nursing into the Stroke Community Program, Experience of Filial Caregivers during Care Transitions (from Hospital to Home), Evaluation of CCAC's Stroke Community Rehabilitation Program, Transforming Primary Health Care for Frail Elderly Canadians, Patient-Provider Partnerships Across the System, Falls – An Investigation of Physical Activity, Heart Rate & Sleep Patterns with a Wrist-worn Device & RAI-HC Data

### Patient Relations Semi-Annual Report

The Board received and reviewed the semi-annual Patient Relations Report and an overview of the Patient Experience Annual Client & Caregiver Experience Evaluation results. The Annual Client & Caregiver Experience Evaluation (CCEE) results were derived from standardized provincial surveys. The Waterloo Wellington Community Care Access



Centre is performing at or above the provincial average on all indicators. Our Care Coordinators received high ratings from our patients/carers and 92.4% of patients rated their experience with CCAC services as very good or excellent.

### Nursing Clinic Quality Improvement Initiative

The Board received a presentation from Waterloo Wellington Community Care Access Centre patient services staff highlighting a Nursing Clinic Quality Improvement Initiative which aligns with 2014-2016 strategic priorities – *Provide Care When and Where Needed* – *Support Safe Independence* – *Partner for Seamless Care*. This presentation described Waterloo Wellington Community Care Access Centre nursing clinic locations, services, hours, etc., and spoke about the benefits of the nursing clinics to both patients and the system. The quality improvement initiative undertaken to improve access to the nursing clinics was described.

### Quality Improvement Plan 2015-16 Provincial Performance

The Board of Directors received a report that provided a provincial view of Quality Improvement Plan (QIP) results that allowed the Directors to examine Waterloo Wellington Community Care Access Centre performance compared to peer CCACs. The results showed that Waterloo Wellington Community Care Access Centre was the best performer for hospital readmission rates and placed in the middle of the peer group for other indicators.

## **Ensure Board Effectiveness**

### Review of Governance Policies

As part of its three-year review plan for all governance policies, the Board reviewed five of its policies pertaining to role descriptions of officers and committee chairs. No revisions were made.

## **Learn More**

More information on the Board meeting are posted to the Waterloo Wellington Community Care Access Centre website at <http://wwccac.org> click on "About Us, Governance, Board Meetings".

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