

CEO's Report

Patient's First Act

Bill 41 has been passed. The CCAC and LHIN are accelerating the transition planning efforts to support a seamless transition. The transition dates for CCACs have not been confirmed as yet. The Ministry of Health has engaged Deloitte to work with all LHINs and CCACs to assess readiness for transition and provide any necessary support. The goal is to ensure all organizations across the province are ready for transition by May 1, 2017. The Ministry is communicating that transitions will occur in a staggered approach beginning on or around May 1, 2017. In addition, the CCAC continues with a focus on transformation activities with respect to alignment with Primary Care and improving patient experience.

LHIN Transition

CCAC and LHIN staff has continued work on the necessary due diligence activities to support a seamless transition. The LHINs were required to submit an organization chart and budget by December 23, 2016 in alignment with Ministry of Health requirements which includes an 8% budget reduction of the combined new organization. The Ministry is working on the approvals of each submission and is expected to communicate back to the LHINs on their respective structures in mid-January. Following that, the LHIN will be implementing the plan for communicating the structure and how positions will be populated. They are expected to use a combination of appointment, internal competition and full competition methods to support the transition. Overall, progress continues to be good, and although the transition will require ongoing dedicated and focused effort, implementation is underway and is being well managed. 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.

Advance Care Planning

To support the adoption of Advance Care Planning (ACP) within care coordination and clinical practice, WWCCAC in collaboration with Hospice of Waterloo Region (Regional ACP lead agency), has initiated a review of our policies, procedures and forms to ensure they align with Advance Care Planning and Health Care Consent Act language. Through clear policies and the ACP education provided in Fall 2016, WWCCAC staff and service providers will have the knowledge and tools necessary to support patients and their families with advance care planning discussions.

Coordinated Bed Access (Addition of Palliative and Hospice Beds)

Coordinated Bed Access for Complex Continuing Care–End of Life/Pain & Symptom Management beds and Residential Hospices was implemented on December 5, 2016. WWCCAC is now the single point of access for all palliative care bed types within WWLHIN. The Coordinated Bed Access process supports patients in dying in their preferred place of death through timely and equitable access to palliative care/end of life beds. As well, the process provides system planners and partners with real-time data regarding regional palliative care/end of life bed capacity and availability.

Personal Support Service Delivery Model

Through partnerships with service provider organizations and retirement homes, we are building a new model of care that will improve the delivery & consistency of personal support care to patients. Using an interval of care approach, personal support workers will deliver care in smaller increments of time, more often, and would have the ability to care for multiple patients when it may not be necessary to provide one-to-one care for an extended period of time. Through the collaboration with two service providers and four retirement homes, this model will be developed and implemented over the winter of 2017, and then evaluated to inform future resource planning across the system.

Primary Care Alignment

Work is underway in Phase 1 of the Primary Care Alignment Initiative with a focus on improved connections with Primary Care Providers. A Dedicated Primary Care Phone line and enhanced Primary Care Reporting is being implemented in January with the goal of improved communication between WWCCAC and Primary Care Providers. Staff and stakeholder engagement around the initial alignment structure is a focus over the winter months, with early adopters commencing work on strengthening relationships between Care Coordinators and Primary Care Providers in an effort to begin co-designing consultative models of care.

Telehomecare

A Telehomecare program will be piloted in two locations over the winter 2017 – Guelph (targeting patients with Chronic Obstructive Pulmonary Disease) and Cambridge (targeting patients with Congestive Heart Failure). Each patient's health status will be monitored remotely via easy-to-use technology offering education and health coaching for preventative care and self-management of their chronic disease. The pilot outcomes will help to inform future planning of a sustainable Telehomecare program across the WWLHIN.

Memory Clinics

Significant work has been completed in third quarter to develop the model for the integration of Care Coordination in the Non-family Health Team affiliated Memory Clinics. As of January 13, the integration of Care Coordination will be piloted at the Freeport site. The Freeport site was chosen as the initial launch site for the model because there are five memory clinics operating per month at the location. The model has the Care Coordinator embedded into the 'collaborative activities' of the team. Common pathways have been developed to ensure integrated and coordinated activities with all the memory clinic team members. The Care Coordinator provides system navigation and completes the initial intake with the patient and their care providers at the memory clinic visit. The model supports the memory clinic acting as "one team" to improve the patient experience.

Automated Provider Reports (APR)

APR seeks to digitize over 100,000 report submissions received annually by service providers. Reports flow directly from the provider systems into CHRIS creating significant efficiencies on both sides by eliminating the need to process faxed reports. This results in more timely and reliable communications, less human error, and ultimately better patient care. Following a successful pilot launch with Saint Elizabeth Health Care (SEHC) in November, our largest therapy provider, CBI/Pace, has been scheduled to go-live on February 7, concurrent with an expansion of SEHC submissions. CarePartners, Paramed Weber and Paramed Manitou are expected to follow shortly thereafter. In addition, providers have committed to further enhancing their systems to allow for submission of the more complex Wound Care Clinical Pathway reports via APR.

Annual Corporate Planning

Work continues on the key planning documents for 2017/18, the Performance Measurement Framework (PMF), Quality Improvement Plan (QIP), and Annual Business Plan (ABP)

CCAC staff has been working closely with the LHIN staff to ensure good alignment and understanding of all of these planning activities, to ensure that both organizations have a shared understanding of the goals, objectives, and deliverables for 2017/18.

Communications

Communications continues to work with the LHIN Communications and Organizational Development Teams to integrate transition work plans. This approach is in line with the Provincial Communications and Organizational Development Work Stream. Collaboratively,



we are providing staff with regular transition updates through a new internal newsletter entitled *Partnering for Patients* which provides weekly updates on key projects including LHIN/CCAC transition, Primary Care Alignment and PSW Interval Service Model - a collaborative project with our service providers to build a model of care in congregate settings that addresses their health human resource challenges while also delivering a better patient experience.

As we wait for the province to finalize the Terms of Reference for the Patient and Family Advisory Council, we are working with the LHIN to establish a patient steering committee to work on designing a patient experience program that addresses these key objectives:

- Create clarity around the role of health system partners, including the LHIN, in the delivery of an exceptional patient experience.
- Identify a preferred communication infrastructure that enables the patient experience to be transparent and ensures ongoing patient feedback is shared effectively across health system partners.
- Create a design and implementation capability to respond to patient input.
- Consider new and innovative ways to motivate and incentivize health care providers in the delivery of an exceptional patient experience.
- Develop a mechanism to demonstrate ongoing successes and opportunities for system improvement, and create provider accountability for delivering an exceptional patient experience.
- Support our health care partners in the delivery of exceptional patient care.

This work aligns with CCAC's annual business plan and the approach enables us to move forward with the important work of engaging patients and families in driving system improvement while continuing to collaborate with the provincial work stream on a formal PFAC Terms of Reference.

Relationships with Other Providers within the Local Health Integration Network

RWHA Steering Committee Progress Report on KPMG Recommendations

The Board of Directors received and reviewed a report package from the Rural Wellington Health Alliance (RWHA) about the 13 recommendations made by KPMG. These recommendations were individually assigned to either the RWHA Operations Committee or RWHA Steering Committee. The motions were approved by the RWHA Steering Committee at its December 14th meeting with the direction that they be brought forward

to each member Board for approval. The motions were provided to the WWCCAC Board along with background information and a status report on each of the recommendations. The WWCCAC Board accepted the motions put forward from the Rural Wellington Health Alliance.

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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