Waterloo Wellington CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires

Board Highlights
March 22, 2017

CEO's Report

Patients First Act – Bill 41

The CCAC and LHIN are continuing to work collaboratively on operational readiness to support a seamless transition of the CCAC to the LHIN. The transition dates for CCACs have not been confirmed as yet, but the Ministry of Health has indicated they are working towards all CCACs and LHINs being informed of their transition date by April 7, 2017. 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 Ministry is still communicating that transitions will occur in a staggered approach beginning 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.

The Board recognized the efforts of staff acknowledging the exceptional work and efforts of the senior staff – Dale Clement, Martina Rozsa, Rob Forbes, Danielle Van Duzer, Kelly Smith, Dennis McCollum and Susan Robertson – to enable a smooth transition to take place in support of our patients.

Outstanding Service Delivery

Advance Care Planning (ACP)

WWCCAC continues to work in collaboration with Hospice of Waterloo Region (Regional ACP lead agency) to review our policies, procedures and forms to ensure they align.

To build advanced care planning awareness, WWCCAC is participating in the design of an ACP event. The purpose of the session is to bring together corporate leaders, including Human Resources and Unions to build an understanding of ACP as being a corporate wellness initiative development due to the impact on their workforce (e.g., aging employees and employees caring for elderly or chronically ill family members).

Personal Support Service Delivery Model

Engagement with our Waterloo Wellington Retirement Home partners has taken place to introduce our enhanced PSW Interval Care model. The model development stems from a need to work together differently and find new and innovative ways to deliver personal support services that address the changing demand, create greater capacity for care, and improve the patient experience. Over the coming months, we will spread from our four pilot homes to engage the other Retirement Homes individually to begin the planning for how we roll out the enhanced PSW Interval Care Model inside their home

Inspired People & Culture

Human Resources (HR) Update

The past two months have been very focused on building the transition framework with the Local Health Integration Network that will support transition activities related to Human Resources. The team has developed a joint workplan for transition readiness activities.

Effective Partnerships & Relationships

Primary Care Alignment

Partnerships with several Early Adopter Primary Care Practices representing all 4 LHIN sub-regions are being established. Throughout April and May, Primary Care Providers and their staff are being introduced to the Care Coordination teams that are aligned to their practices. It is anticipated that consultative models of Care Coordination, designed in collaboration with primary care physicians, will be agreed upon and operational by late Spring.

Telehomecare

We have successfully launched three Telehomecare pilots across the LHIN. The first is with 10 patients whose primary diagnosis is Chronic Obstructive Pulmonary Disease and who reside in Guelph. These patients are being supported through remote patient monitoring with RN support through a partnership model involving the WWCCAC Rapid Response Nurses (RRN) & Guelph Primary Care, Guelph General Hospital & Guelph Wellington EMS Community Paramedics.

Two additional telehomecare pilots were launched on March 6, 2017, in Guelph (15 patients with Chronic Obstructive Pulmonary Disease) and in Cambridge (25 patients with Congestive Heart Failure) through a partnership with Cambridge Memorial Hospital and Primary Care.

Each patient's health status will be monitored remotely by WWCCAC Rapid Response Nurses via easy-to-use technology. The nurses will work in collaboration with primary care and other members of the patient's care team to provide patient education and health coaching for preventative care and patient self-management of their chronic disease. The goal of these projects is to evaluate how the use of telehomecare strategies supports an improved patient experience, reduces visits to the emergency department and reduces hospital readmissions.

Performance Excellence

IT/Facilities

The Automated Provider Reporting (APR) for nursing providers is on track for full deployment April 19, 2017, at which time our nursing provider organizations will begin to submit routine reports and wound care path reports electronically. APR is currently active for three of our therapy providers. APR improves the patient experience by supporting more efficient and timely communication between CCAC and service providers.

This year, IT staff working with in-home teams and Patient Services has provided two of the teams with access to CHRIS, so that they can create coordinated care plans in CHRIS for their complex patients. These care plans can be shared with other care providers including CCAC staff, primary care practitioners, hospitals, and others in the circle of care, giving valuable information to the broader care team. This initiative focuses on an improved patient experience through enhanced communication and has saved significant time for the in-home team staff.

Incident Management System

Over the last few months, CCAC staff have been working on refining the framework for identifying, tracking, and resolving patient incidents, complaints, and commendations. Developing the new framework has involved defining what constitutes an 'incident' that requires follow up, what processes need to be in place to ensure that incidents are captured, and mechanisms to escalate incidents requiring more intervention. A risk matrix has been created to stratify incidents by risk profile, and processes have been developed that will allow any staff to understand how to handle an incident.

This framework is laying the groundwork for the procurement and implementation of a new Incident Management software system, which will enable us to automate the monitoring of incidents and provide information we can use to identify trends and patterns in incidents over time.

Communication & Engagement

Communications

Communications continues to work with the LHIN Communications and Organizational Development Teams. In collaboration with the LHIN, a communication has been developed for front line care providers at our service provider agencies. The communication is in the format of a post-card that can be used to support personal support workers who may receive questions from patients. The post-card will also be provided to WWCCAC Care Coordinators and distributed to other stakeholders. The message continues to be that there is no disruption to care, no changes to those providing care, and no changes to the way you contact your care coordinator.

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Ensure Program Quality and Effectivenss

Quality Improvement Plan (QIP)

The Board received, reviewed and approved the 2017-2018 Quality Improvement Plan to be submitted to Health Quality Ontario (HQO) by April 1, 2017. This is the 4th annual plan for WWCCAC and all CCACs provincially.

A new quality indicator was added for home and community care that focuses on coordinating care for patients with multiple conditions and complex needs. It was noted that upon transfer of the WWCCAC to the WWLHIN, the WWLHIN will assume responsibility for execution and oversight as per Bill 41.

Performance Measurement Framework (PMF) for 2017-2018

The Board received, reviewed and approved the measures for the 2017-2018 PMF. The PMF aligns with the 2016-2019 Strategic Plan and includes the 5 Success Factors and the Strategic Initiatives associated with each.

Report on Implementation of Requirements of the Accessibility for Ontarians with Disabilities Act (AODA)

The Board received and reviewed an overview of the AODA and report on the status of the WWCCAC's Multi-year Accessibility Plan in compliance with the AODA and regulations. It was reported that the initiatives undertaken to date and those planned as set out in the Accessibility Plan satisfy the WWCCAC's obligations under the AODA. The WWCCAC is committed to providing a respectful, accessible and inclusive environment for all patients, employees, partners and the public.

Annual Overview of Ethics

The Board received and reviewed a report on the activities of the organization's Ethics Committee, Ethics Consultations and Ethics Rounds. A key objective of the WWCCAC Ethics Committee is to provide an environment that fosters an ethical orientation to decision making throughout the organization. The Ethical Framework focuses on principles such as the patient's right to self-determination, fairness and respectful collaboration.

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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