

CEO's Report

Patients First Act – Bill 41

WWCCAC received the order from the Minister of Health for transition of the organization to the WWLHIN, effective May 17, 2017. This date is also the effective date for dissolution of the WWCCAC. WWCCAC is in the third wave of transitions which starts May 3 and continues weekly until the last transition at the end of June. The WWCCAC has ensured the required notices and postings with respect to the order have been completed and, with the LHIN, are continuing to work collaboratively on operational readiness to support a seamless transition of the CCAC to the LHIN. In addition, the WWCCAC continues with a focus on transformation activities with respect to alignment with Primary Care and improving patient experience.

Outstanding Service Delivery

Personal Support Service Delivery Model

Through partnership with our PSW (personal support worker) providers, improvements have been made to PSW reference documents to support consistent authorization and delivery of PSW services to patients (regardless whether they live in their own homes or in a retirement home). Education on these improvements will begin in April for all patient-facing staff (care coordinators and contracted PSW agency staff). Individual engagement with each retirement home will occur throughout the spring to support a consistent understanding and strengthened collaboration between retirement home services and contracted PSW services through WWCCAC. This quality improvement initiative will set the foundation for implementation of our PSW Interval Care Model inside each retirement home.

Total Joint Replacement (Hip and Knee) Physiotherapy Clinics

In alignment with a request from the Ministry of Health and WWLHIN, the Quality Based Procedure (QBP) funding provided to WWCCAC will be used to provide rehabilitative services to patients receiving elective hip and knee replacement surgery in a new model. The physiotherapy services for the majority of these patients will be provided at WWCCAC-led physiotherapy clinic(s). A Request for Services is being sent to all WWCCAC therapy service providers seeking physiotherapy providers to establish physiotherapy care centre(s) for the provision of physiotherapy services. Target implementation date is July 2, 2017.



The clinic benefits to patients and the health system include:

- Promotion of self-management and independence by having patients access services in the community setting sooner;
- Alignment with the Community First philosophy - delivering quality care at the right time, in the right place;
- More efficient use of health human resources and a more cost effective model of service delivery;
- Earlier patient integration into their community setting allowing for opportunity to network with other patients with similar rehabilitation needs; and
- Clinic settings allow patients to access exercise equipment not always found in the home.

Inspired People & Culture

Human Resources (HR) Update

The Human Resources & Organizational Development (HROD) team continues its focus on transition activities for the upcoming transfer of all employees to the Local Health Integration Network. With the receipt of the transfer order and transfer date from the Minister of Health we are able to generate the required letters to our employees for transfer to the new organization. The HR and OD staff of both organizations are jointly implementing the HR & OD workplan for transition and ensuring readiness.

ONA collective agreement negotiations for the contract that expired on March 31, 2016, were successfully completed and ratified in early April. Changes are now being implemented. This round of bargaining was very positive in terms of our local relationships.

An interim Senior Director of Patient Services will be put in place until the LHIN's Vice President of Home & Community Care position is filled. Recruitment is ongoing by the LHIN for that position.

The Director of HR recruitment is nearing completion, and we hope to have a candidate chosen by the end of April for Kelly Smith's retirement at the end of June. Other vacancies within HR & OD have been jointly hired by the CCAC and LHIN HR & OD team and all vacancies should be filled by May 1.

Effective Partnerships & Relationships

Special Needs Strategy (SNS) – Integrated Rehab Services in Schools

Direction was received from the Ministry to the SNS Regional tables to start including service provider agencies in the planning work. The Ministry is targeting December 2017



to receive updated work from the various tables across the province with tentative implementation of new models beginning Septemebr 2018.

Telemedicine

As of April 1, 2017, WWCCAC has assumed the role of lead organization for the WWLHIN Telemedicine Program. Over the course of 2017/18, the program will undergo a full evaluation with a commitment to support building capacity within the existing budget and to ensure maximum utilization and adoption across the LHIN with a focus on Primary Care.

Integrated Discharge Planning

St. Mary's General Hospital and WWCCAC have successfully entered into a Memorandum of Agreement (MOU) for an Integrated Manager of Discharge Planning. Work is underway to define the framework for a fully integrated discharge planning team including the Integrated Care Coordination (ICC) model of care. A project has been launched to transition current service delivery under the ICC model of care to existing infrastructure within WWCCAC.

Memory Clinics

The model for the integration of care coordination in the non-Family Health Team affiliated Memory Clinics which began in January 2017 has proven to be overwhelmingly successful for patients and the Memory Clinic team members. With the care coordinator embedded into the 'collaborative activities' of the team, there is less duplication and hand offs and better access to CCAC and Community Support Services. By May 2017, care coordination will be embedded into the all non-Family Health Team affiliated memory clinics.

Performance Excellence

IT/Facilities

The automated provider reports (APR) project scope has been expanded to include wound care pathways, allowing service providers to submit these forms electronically from their systems directly into CHRIS. Service providers involved will go live with this report type simultaneously in May.

A pilot program has begun to grant access to CHRIS to a select group of community support services (CSS) agencies. This initiative expands the information available to these organizations in the circle of care, helping them to make better decisions for our patients and preventing duplication of assessments by CCAC and the CSS agencies. It also allows these organizations to use CHIRS as a tool for clinical documentation in the future.



New smartphones have also been purchased for all visiting care coordinators, and direct-care teams. These devices offer many more useful tools compared to their existing Blackberries such as the ability to scan documents in the field, record dictation, and complete forms. They will offer staff the opportunity to be more productive while out of the office. Accompanying this, is a mobile device management (MDM) software which provides IT administrators more control over the devices, allowing them to perform remote software installations, operating system upgrades, and memory wipes without requiring staff to come into the office.

Annual Corporate Planning

The annual Quality Improvement Plan, Performance Measurement Plan and Annual Business Plan have been completed for 2017/18. 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.

Contracted Service Providers

Annual renewal of service provider contracts has been completed for 2017/18. The Ministry of Health and Long Term Care has instructed CCACs to work with providers on the harmonization of PSW rates across the province. Under this directive, a single provincial rate has been established for PSW services, which includes the majority of services provided in Waterloo Wellington. Over the next few months, WWCCAC will be working with PSW providers to implement this change, with new rates being retroactive to April 1, 2017.

Communication and Engagement

Communications

Communications is supporting Organizational Development in the next phase of change management communications related to transition. WWCCAC staff recently celebrated our 10 year anniversary at an appreciation event. Communications recently worked with the LHIN to promote National Caregiver's Day, specifically sharing the impact of the respite funding WWCCAC received last summer to support caregivers. We shared the story of Audrey and Bill Simpson. Audrey is a full-time caregiver to her husband. She currently receives respite support for a few hours, five days a week. This gives her time to leave the home to run errands and re-energize with friends. The funding has also made it possible to keep her husband at home. The story was used by local MPPs in a series of news releases and a story ran in the Wellington Advisor.



Provide for Excellent Management

The Board received the Annual Health and Safety Report and approved the Health and Safety Policy to be posted in all CCAC offices in compliance with the Occupational Health & Safety Act. The report and policy statement were referred to the WWLHIN for their endorsement.

The Board received and approved the annual French Language Services Compliance Report 2016-17, Year 5 of a five-year French Language compliance plan, to be submitted to the LHIN by April 30, 2017. It was reported WWCCAC met the standards set out in the French Language Services Act Compliance Plan.

Dana Khan was introduced to the Board of Directors. Dana will be filling the Senior Director of Patient Services role on an interim basis until the LHIN's Vice President of Home & Community Care position is filled.

Board Effectiveness

The Board received the annual Bylaw Compliance Report in which it was noted that the Board is in compliance with its Bylaw.

The Board received and reviewed the WWCCAC Annual Report that was distributed at the meeting. It was noted that this has been a phenomenal year and that the presentation of the Annual Report represents a proud moment for Board and staff. The Annual Report will be distributed to staff and stakeholders, as well as posted on the organization's public website.

The Board welcomed the WWLHIN Board Chair, Joan Fisk, and WWLHIN CEO, Bruce Lauckner, to the meeting and presented them with copies of the Annual Report. The WWLHIN Board Chair and CEO addressed the Board, thanking them for their work over the period of transition and all the years prior.

Ensure Financial Viability

The Board received and reviewed a financial report including a WWCCAC Statement of Operations and Balance Sheet to March 31, 2017, and an activity analysis on the weekly spend rates of PSW and nursing services.

The report provided an overview of the operating results for fiscal year 2016-2017. It was noted there was a small surplus (about 0.1 percent of budget) for the year.

It was reported 100% of the new base funding that was received in March was used to maintain patient care with note that since 2012 there has been a 40% growth in PSW services and 13% growth in nursing services. The good utilization of resources to manage the budget was noted. The board and staff expressed pride in the WWCCAC's ability to



service high needs patient populations resulting in decreased alternate levels of care in Waterloo Wellington hospitals, improve the flow in the emergency departments and improve patient experience.

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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