Innovating to Improve Patient Care and Transitions through Technology
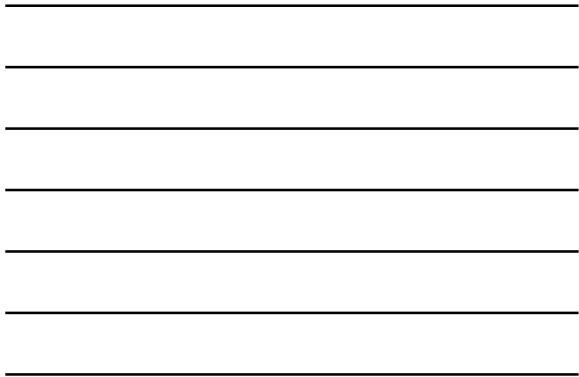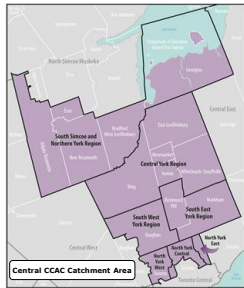
October 31, 2012

Cathy Szabo
Chief Executive Officer
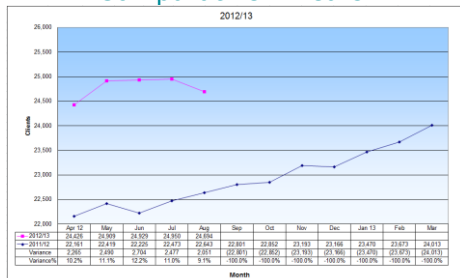
Central CCAC

Central CCAC at a Glance*

- **Central Local Health Integration Network (LHIN)** – most populous in Ontario (1.8 million residents)
- **Budget** – $228 million
- **Unique patients** – approx. 92,000
- **Patients on service any given day** – approx. 28,000
- **Largest referral source within LHIN** – Southlake Regional Health Centre
- **Largest referral source outside LHIN** – Sunnybrook Health Sciences Centre
- **Community nursing clinics** – six
- **Number of employees** – 685
- **Central LHIN partners** – 7 hospitals, 46 long-term care homes, 28 service providers and many community agencies
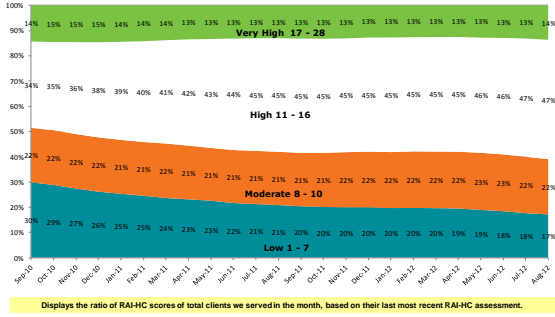

Central CCAC Catchment Area

*(2011-2012)

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Active Clients (Non-Unique) Comparative 2 Years

	Apr 12	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 13	Feb	Mar
2012/13	24,426	24,909	24,929	24,950	24,894							
2011/12	22,161	22,419	22,225	22,473	22,843	22,862	23,193	23,166	23,470	23,673	23,673	24,013
Variance	2,265	2,490	2,704	2,477	2,051	(22,861)	(23,193)	(23,166)	(23,470)	(23,673)	(23,673)	(24,013)
Variance%	10.2%	11.1%	12.2%	11.0%	9.1%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%	-100.0%

Note: In August the number of active clients is up approximately 9.1% above last year.

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Clients Served by RAI-HC Score

Displays the ratio of RAI-HC scores of total clients we served in the month, based on their last most recent RAI-HC assessment.

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More than *outstanding care, every person, every day*

Can we alleviate pressure on other parts of the system?

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Innovating: a strategic priority

Central CCAC's commitment to improving patient care and transitions via technology is embedded in our Strategic Plan 2011-2014

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Hospital in the Community

- **Medication Management Support Services (MMSS)**
  Reduces falls, decreases Emergency Room visits, improves pain management – **patients just feel better**
- **Community Clinics**
  Provides highly specialized nursing (wound care, IVs) in convenient locations in the community
- **Home First**
  Allows ALC patients to safely leave hospital with enhanced service levels to continue recovery and consider options at home
- **Balance of Care**
  Partners CCAC and Community Support Agencies to provide services in the community as an alternative to long-term care

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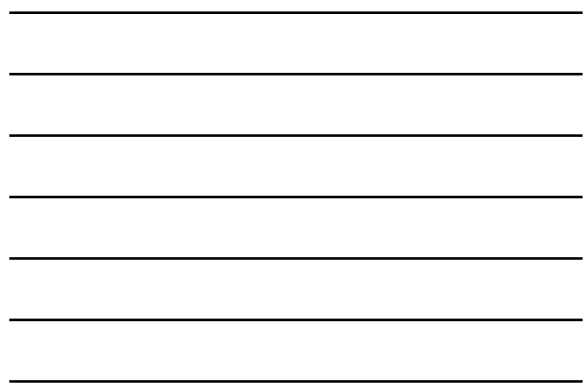
Foundational Technology

- CHRIS (Client Health & Related Information System)
  - Comprehensive data in one record
  - Simplified provider interactions, faster service
  - Used throughout the sector
  - Supported by mobile technology enabling work in client's home
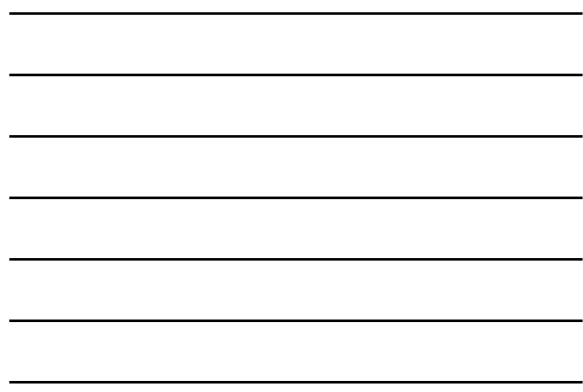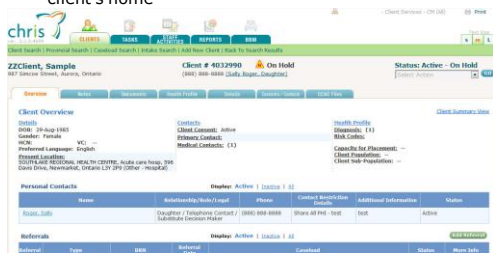
Foundational Technology

- RAI-HC and RAI-CA

RAI-HC Assessment – 9 page paper assessment
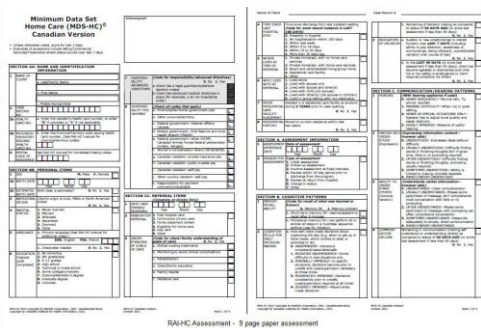
Advancing Safety, Science and Service in Community Care through Technology

- Quality – consistent, accurate and current patient information
  - No duplicate data entry
  - Immediate access to record by all members of the health care team
  - Innovation to support system sustainability through efficiencies
    - Less telephone follow-up
    - No paper record
- More efficient reliable management of referrals in a standard format
- Increased transparency and accountability as system is able to track information, e.g., referral times
- Support evidence-based decision making with real information

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Medication Management Support Services (MMSS)
Self-Reported Survey Results

(April 1, 2012 to September 30, 2012)
288 respondents

66%	of clients report they had a decrease in the number of times they visited an Emergency Department
59%	of clients report they have had a decrease in falls
67%	of clients report they have had a decrease in pain
97%	of clients rated their ability to self-manage as good or excellent
98%	of clients rate the MMSS service as good or excellent

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Central CCAC Clinic Capacity
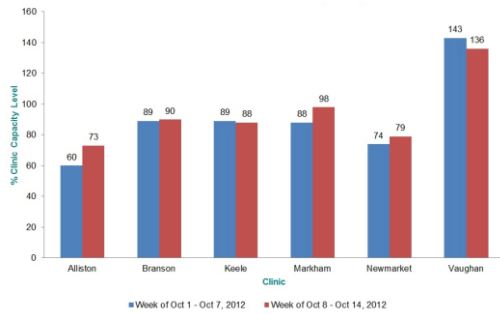
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Wound Information Tracking System (WITS)

- WITS is an electronic wound outcome tracking system developed by the Central CCAC

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Resource Matching and e-Referral (RM&R)

- Supports seamless, timely transitions, better system flow
- 45,000 patient referrals annually from seven hospitals
- Quality, objective, comprehensive, legible referral helps service provider make an effective decision about accepting client for service…the first time
- Implementation required change management and strategic approach:
  - Working with hospital leadership, IT, clinical teams
  - Leveraging lessons learned of RM&R deployment in other LHIN
  - LEAN methods to harness expertise of clinicians and CCAC staff
  - Training and support for hospital and CCAC staff on new referral system and exchange of clinical information
  - Expanding role of CCAC Hospital Transfer Team for triaging/routing hospital referrals

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RM&R: Technology that Benefits the Health System

- First e-health records integration across CCAC and Central LHIN hospitals – ahead of provincial e-health plan 2015 target
- First in Canada to automate e-referrals from hospital emergency departments to community care
- Central LHIN hospitals reporting a completion rate ranging between 71.4% - 88.6%
  - 11% - 28% improvement from pre-implementation
- Central CCAC meeting target of accepting e-referrals within 2 hours

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RM&R: Technology that Benefits the Health System

- Supports inter-LHIN integration and collaboration
  - Inter-LHIN rehab referral project (Central LHIN hospitals to Toronto Central LHIN rehab facilities – July 2012)
- Sets stage for regional partnerships - builds capacity to connect all parts of the system to CCAC and one another electronically
- Enables CCAC and provider to maximize other innovations
  - Connecting GTA (cGTA)
    - Data sources leverage and connect service provider information systems, regional and provincial registries and repositories

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Other Opportunities

- **MyChart**
  - Spring 2011 – Partnership between Central CCAC and Sunnybrook to launch MyChart
  - November 2012 – Pilot to implement MyChart for all Central CCAC clients, leveraging Sunnybrook experience

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Questions?

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