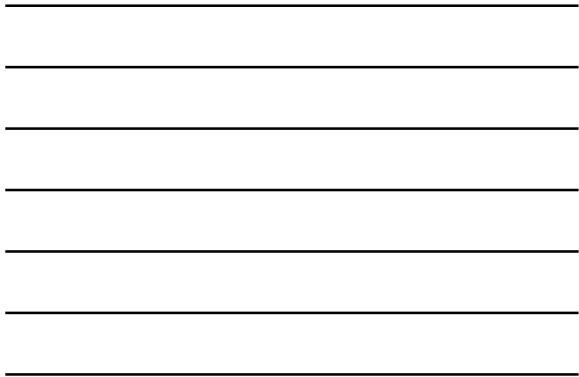




Innovating to Improve Patient Care and Transitions through Technology

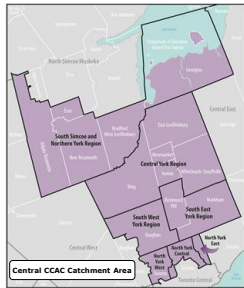
October 31, 2012

Cathy Szabo
Chief Executive Officer



Central CCAC at a Glance*

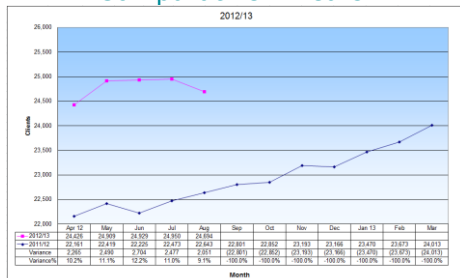
- **Central Local Health Integration Network (LHIN)** – most populous in Ontario (1.8 million residents)
- **Budget** – \$228 million
- **Unique patients** – approx. 92,000
- **Patients on service any given day** – approx. 28,000
- **Largest referral source within LHIN** – Southlake Regional Health Centre
- **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



*(2011-2012)



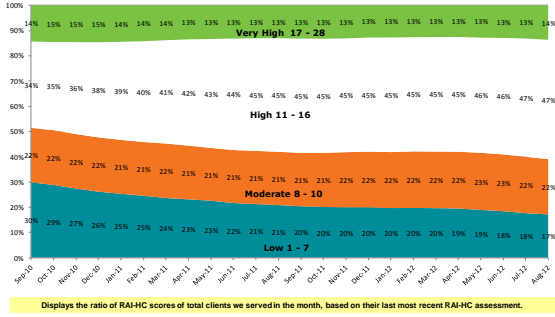
Active Clients (Non-Unique) Comparative 2 Years



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



Clients Served by RAI-HC Score



Central CCAC 4

More than outstanding care, every person, every day

Can we alleviate pressure on other parts of the system?

Strategic Goal	Measure	Status of Initiatives			
		Q3	Q2	Q3	Q4
Democratize system leadership that strengthens client care transitions and system flow	Measure - Hospital Readmission (working target) - Hospital readmission of long stay clients - target under development				
	Reported Quarterly First Quarter: 13.0%				
Family Health Team & Community Health Centre Engagement Strategy	Expanded Role of the CCAC's - Adult Day Programs & Assisted Living				
	Expanded Role - Rehabilitation & Complex Care				
Automated Provider Report	Automated Provider Report				
	SM&L Family Health Teams				

Central CCAC 5

Innovating: a strategic priority

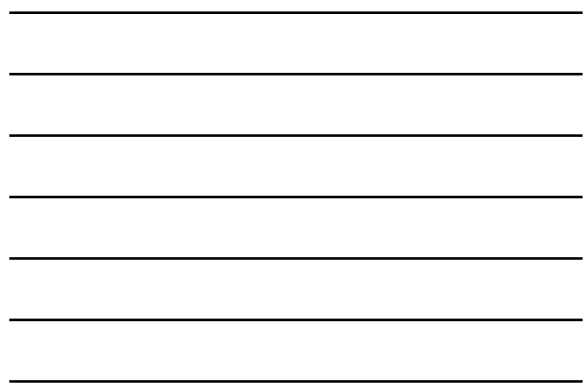
Central CCAC's commitment to improving patient care and transitions via technology is embedded in our Strategic Plan 2011-2014



Central CCAC 6

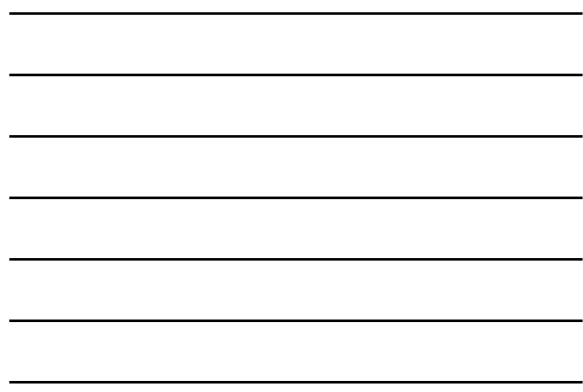
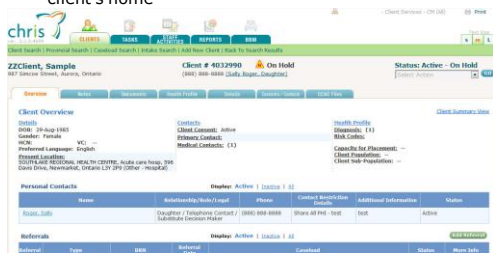
Hospital in the Community

- 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



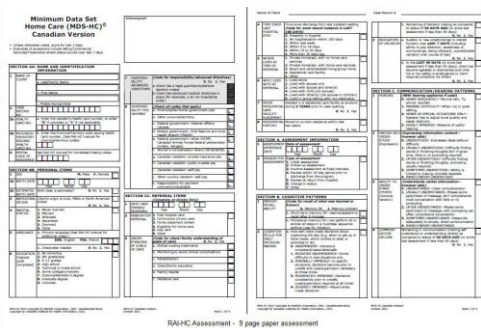
Foundational Technology

- 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



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

Central CCAC

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leading practice

Medication Management Support Services

Medication Management Support Services (MMSS) has earned provincial, national and international recognition

How it helps patients

- Provides patients with support and education to help them better manage their chronic conditions and live more safely in their own home
- Decreases the number of medications taken (on average one per patient)
- Reduces falls and enables patients to better manage pain

MMSS is about

- Targeting patients with complex needs transitioning to new health care providers, such as hospital to home
- Identifying and resolving medication discrepancies and medication-related problems through in-home pharmacist visits
- Partnering with York Central Hospital, the Institute for Safe Medication Practices, and Central area hospitals to offer proactive solutions

How it makes our health system stronger

- Encourages integrated approaches to care delivery and communication by linking C.C.A.C. pharmacists, family pharmacists and specialists (via Central CCAC's innovative MMSS electronic system)
- Reduces medication-related emergency department visits and hospital re-admissions
- Saves the Out-patient Drug Benefit program approximately \$100 per patient, per year

Through the Central CCAC quality lens

Safety

- Reduces adverse drug events that can lead to falls

Science

- Leverages best practices through partnership with the Institute for Safe Medication Practices

Service

- Engages cross-disciplinary providers in common support of patients in their own home

Worth mentioning

- MMSS patients rate improvements in their overall health and quality of life 88% report a decrease in emergency department visits, 71% report a decrease in falls, and 51% report a decrease in pain
- Featured at the International Society for Quality in Health Care Conference (Hong Kong) and won a Bronze in the Patient Safety Category at the 2010 Innovations in Health Care Ontario

Patients were so impressed by the Medication Management Support Services they nominated Central CCAC for a 2011 #NAC-Debitite Leadership Award

"I think there's a better chance of being kept, being healthier and staying on top of control of my medications. Central CCAC's Medication Management Support Services program helped me to do exactly that." MMSS patient

Central CCAC

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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

Central CCAC

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leading practice



Our Community Clinics provide convenient and specialized nursing care to help our patients get on with their lives

How they help patients

- Improve health outcomes and shorten length of hospital stay
- Address patients to continue their daily activities - including work - by making it easy for them to schedule clinic visits at a time that is convenient for them
- Promote patient independence and enhance self care

How they make our health system stronger

- Enable hospitals to focus their resources on patients with more complex needs
- Build capacity in the community to deliver enhanced nursing services
- Save money on medical supplies
- Reduce emergency department visits

Worth mentioning


- Between April 1, 2011 and March 31, 2012, Central CCAC provided services to 7,828 patients through 46,658 clinic visits

Community Clinics are about

- Quick and easy access to specialized nursing services for mobile patients
- Easy access, with all our locations near Central LPHS hospitals
- Service seven days a week, with extended evening hours

Through the Central CCAC quality lens

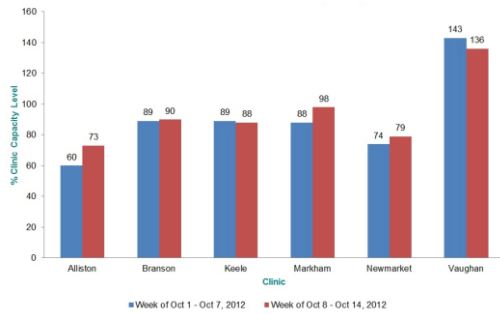
- Creates a low-risk environment for vulnerable populations to receive care
- Provides research-based, specialized nursing care
- Gives patients a convenient option for accessing care in the community, on their time



"Most of all the clinic allowed me to have my independence as I could carry on my daily routine and not have any sleep interruptions for the nurse to come."

Central CCAC 13

Central CCAC Clinic Capacity



Central CCAC 14

Wound Information Tracking System (WITS)

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

Wound Information Tracking System (WITS)

Active Clients

Client #	Client Name	Age	Client Status	Report ID	Report Type	Location	Priority	Date	Wound Status	Wound Type	Wound Size
1	SMITH, BETH	75	IN PROGRESS	OP	WOUND ONLY	INTERNAL	1	20-Oct-2011	09-Nov-2011	YES	
2	SMITH, BETH	75	IN PROGRESS	WOUND ONLY	INTERNAL		1	20-Oct-2011	09-Nov-2011	YES	
3	SMITH, BETH	75	PENDING APPROVAL	WOUND ONLY	INTERNAL		1	15-Nov-2011	09-Nov-2011	YES	
39	MILLER, SUSAN	61	IN PROGRESS	OP	INTERNAL		1	20-Oct-2011	06-Oct-2011		
4	HARRIS, JOHN	65	IN PROGRESS	OP	INTERNAL		1	05-Nov-2011	02-Nov-2011		
2	SMITH, DAVID	29	IN PROGRESS	OP		ATTENTION TO GASTROSTOMY	1	01-Nov-2011	08-Aug-2011		
1000000	MATHUR, CATHER	29	IN PROGRESS	OP	INTERNAL		1	20-Oct-2011	20-Nov-2011		
9	TOM, BERNARD	29	IN PROGRESS	OP	CHANGING STATUS	ATTENTION TO GASTROSTOMY	1	20-Oct-2011	02-Oct-2011		

leading practice

Resource Matching and e-Referral (RM&R)

RM&R is one way we are leveraging technology to enable faster, seamless patient transitions and better health system patient flow

How it helps patients:

- Standardizes and automates transfer of patient information, for better transitions – especially for patients coming from hospital to home
- Reduces errors by improving the quality and completeness of the information shared between care settings

RM&R is about:

- Creating a streamlined and reliable method of electronically transmitting thousands of patient referrals to the CCAC and other health service providers
- Tracking and reporting on the completeness of referrals for continuous quality improvement
- Leveraging technology to support greater organizational efficiencies
- Enabling CCAC efforts to build capacity to process referrals more effectively through initiatives such as the Hospital Transfer Team

How it makes our health system stronger:

- Reduces duplication of efforts and supports the goal of one patient health care record
- Creates a single source of life-wide referral information captured in a consistent reporting format
- Links multiple health organizations in the Central region, helping providers to work together more effectively to meet their various delivery responsibilities
- Strengthens the foundation for future collaboration among health care organizations

Through the Central CCAC quality lens:

Safety

- Reduces risk of errors during patient transitions by providing a complete and legible referral

Science

- Maximizes electronic data management to improve consistency and accuracy of referrals

Service

- Reduces the number of times people need to provide their personal health information

With mentoring:

- The Central CCAC led implementation of RM&R with the hospitals in Central LHIN included the first in Canada to automate referrals from emergency departments to community care
- With RM&R, hospitals are meeting and often exceeding their target of 90% of referrals complete the first time they are sent



"RM&R is great because it supports all health care organizations during the process of referral system. This is going to help us expedite referrals and support our emergency department referrals more effectively."
 - Hospital Staff Interviewer

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

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

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

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

Questions?