

The Access To Care Approach

Access to Care | Right Care | Right Time | Right Place

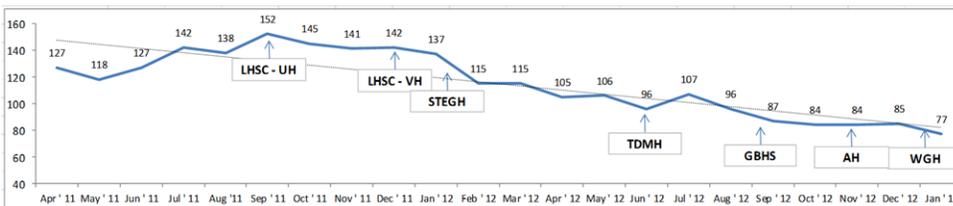
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Reflecting on our accomplishments in 2012/13

During the 2012/13 year, the Access to Care team grew to include team members throughout the South West, all across the health care spectrum. *Organizations and individuals working together to implement large-scale system transformation to better serve seniors and adults with complex needs.* As we prepare for the year ahead, it is encouraging to take a moment to consider a few of our achievements in the past year.

Home First

Implementation of Home First has meant that fewer people have to wait in hospital for Long Term Care. *Patients and clients impacted by the Home First philosophy are telling us that this approach contributes to their ability to make decisions about their care, in situations that are often overwhelming.*



Number of People Waiting in Hospital for Long-Term Care

Assisted Living/Supportive Housing

Based on the new Provincial Policy on **Assisted Living for High Risk Seniors**, eligibility criteria have been developed by providers in the South West through a collaborative effort to ensure that the right services are available to those who need them. Oxford County providers have already begun to use this criteria with their current clients.

Adult Day Program

Adult Day Program providers are working together to build processes so that all people in the South West will have equitable access to their programs through consistent client fees and LHIN funding. They have also developed eligibility criteria for admission to Adult Day programs which has been successfully trialed in Oxford County.

Complex Continuing Care and Rehabilitation (CCC and Rehab)

Eligibility criteria for admission to Complex Continuing Care and Rehabilitation have been developed in collaboration with providers across the South West:

- Implementation of coordinated access to new rehabilitation beds in Woodstock is demonstrating that the new process and criteria are ensuring that the right patients are getting the service in the right place at the right time.

Extensive consultation is in process and a work plan is in place to inform decision making on the realignment of CCC and Rehab services to best meet the needs of the residents of the South West LHIN (Final recommendation to be submitted to the South West LHIN Board in June 2013).

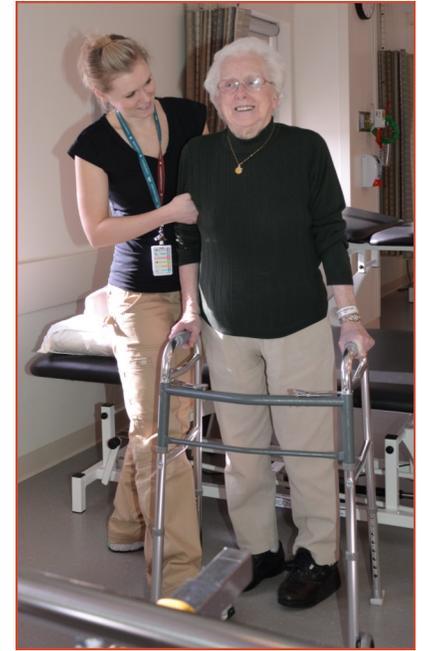
This issues and concerns raised through the Access to Care work have often been difficult to address, but true collaboration and open communication among all of our partners has made these accomplishments possible. *As the team prepares to continue the Access to Care work in 2013/14, we look forward to your support and feedback.*

[Check us out at www.southwestlhin.on.ca](http://www.southwestlhin.on.ca)

> [Current Initiatives](#) > [Access to Care for current news and resources](#)

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QUESTIONS TO PONDER



Including clients in designing care is crucial to meeting their needs.

In the past, how have clients participated in decision-making at your organization?

As we move towards care being provided in 'hubs', how do we ensure the client is included?

Consider both individual and system planning.

FEEDBACK



To receive future issues of the [Access to Care eNewsletter](#), [click here](#).

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More about Experience Based Design (EBD)



Dedicated to improving experiences for the people that we serve, team members have used focus groups, interviews and case studies as tools to capture patient/client perspectives to help guide the Access to Care work. At the EBD workshop however, team members recognized that more could be done to include patients/clients in co-designing solutions.

In the Assisted Living/Supportive Housing/Adult Day Program initiative, the team identified the need to explore the communication gap that can happen when a client requires an emergency department visit or hospital stay. To further explore this concern, the team decided to use the following capture methods from early January to the end of February:

Statistics

- Why individuals required hospital care
- Why individuals chose the hospital they did

Videos/Photos/Audio Recording

- When permission is granted

Experience Questionnaires

- AL/SH Clients who require an ED visit often require staff accompaniment
- Staff fill out questionnaire based on client responses

Individual Interviews

- Using standard questions to encourage the client to give broad perspective

Early results are providing the team with a great deal of valuable information to better understand and to further include patients/clients in the co-design of solutions to the challenges they face.



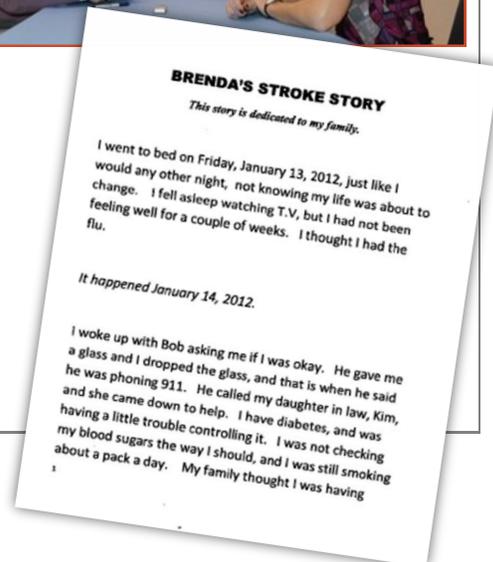
Mrs. G., a retired teacher, is living independently with Assisted Living supports. Having been hospitalized multiple times during the past three months, most recently with MRSA, Mrs. G. was able to share a great deal of information with us.

Restorative Care and Convalescent Care in the South West

As the Access to Care team was studying and preparing recommendations for the Complex Continuing Care and Rehabilitation (CCC/Rehab) Report they determined that further study was required to understand how Restorative Care and Convalescent Care could complement the CCC/Rehab Care in the South West. Mary Lynn Priestap, working with consultants, has taken the lead on preparing this report.

Stakeholder engagement is currently in progress with the majority of the interviews having been completed. Administrators, direct care providers, patients and clients have all been asked to provide their input and while their perspectives have raised difficult questions, their willingness to participate has been encouraging.

Analysis on this feedback is ongoing and the development of future recommendations has begun. The final report is expected in mid-April 2013.



Brenda, pictured to the right, in the centre, had a stroke in early 2012. She spoke candidly with Mary Lynn about her recovery and shared a detailed written account of her experiences. To read Brenda's story, please [click here](#).