

Unleashing Innovation through Collaborative Partnerships

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CEO and Registrar for the Newfoundland Council of Health Professionals

An integrated health and social care system that provides seamless patient- and family-centred care that is accessible, accountable, evidence-informed, integrated and sustainable.

The CHCA's work advances four strategic areas:

Advocacy

Informing and influencing policy and practice

Awareness

Increasing the understanding of the role and value of home care

Knowledge

Building capacity through partnerships and networking

Leadership

Initiating conversations that catalyze change

CHCA STRATEGIC PLAN 2017-2020

PEOPLE CAPACITY BUILDING

Facilitate knowledge and skills development.

- Develop knowledge tools
- Support knowledge application

POLICY NATIONAL BENCHMARKS

Encourage consistency and equity across jurisdictions.

- Promote Harmonized Principles
- Reinforce accountability

PROCESS INTEGRATED CARE

Promote integrated models of health and social care.

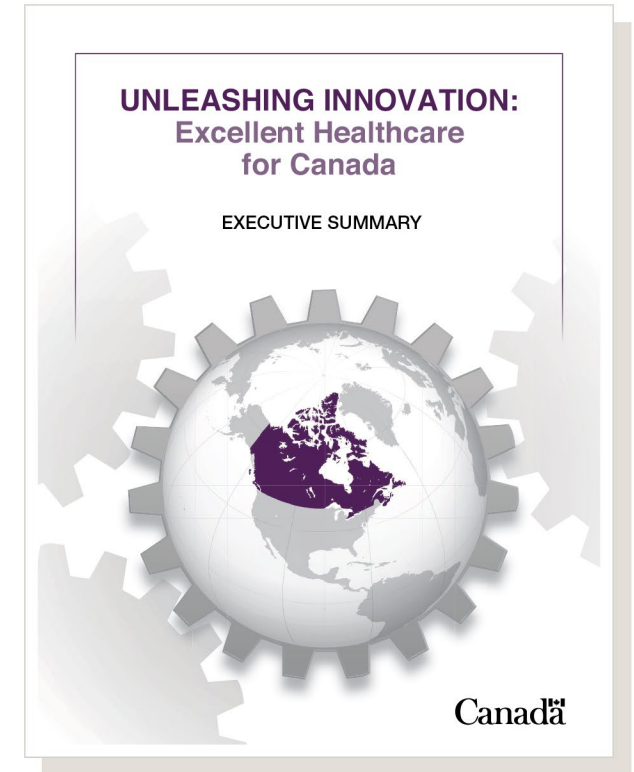
- Share leading practices
- Facilitate scale and spread

CHCA OPERATIONAL EXCELLENCE

Foster collaborative networks and resource hubs.

- Engage members
- Explore innovations

- Spirit and culture of partnership
- Incentives and value for investment
- Engaged patients and caregivers
- Frontline provider expertise
- Accountability and evidence-informed decisions
- Commitment to scale up existing innovations



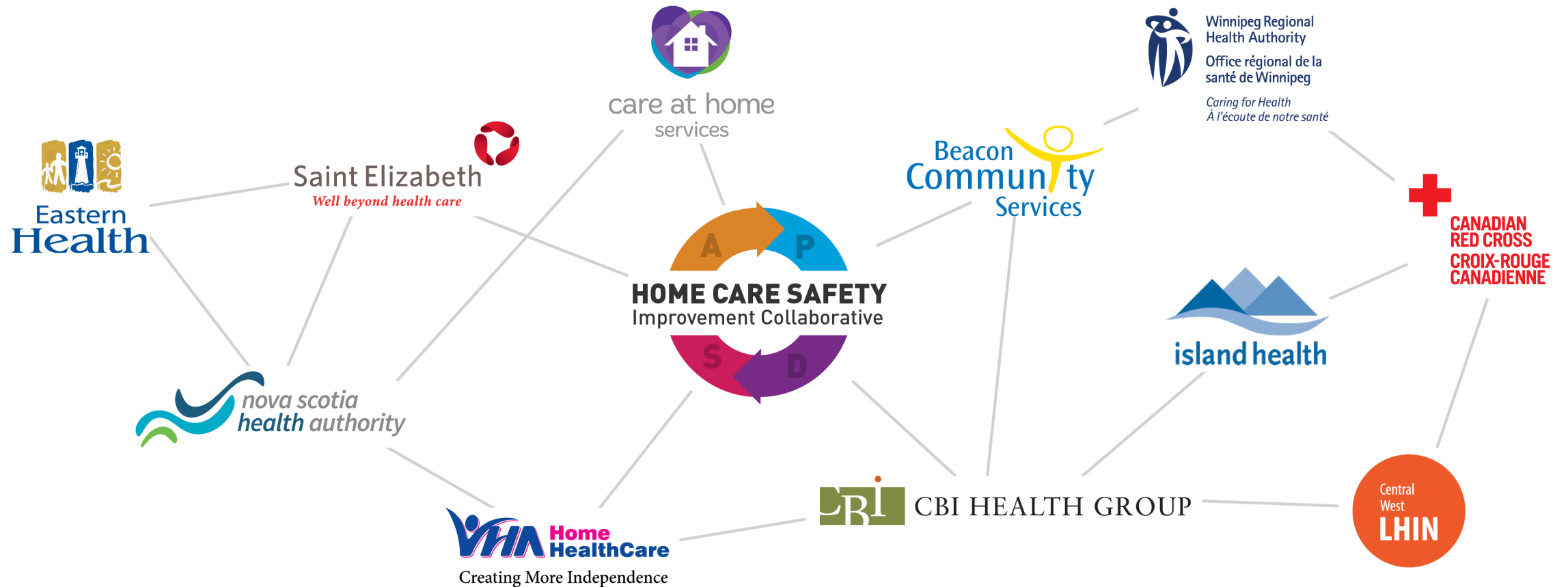


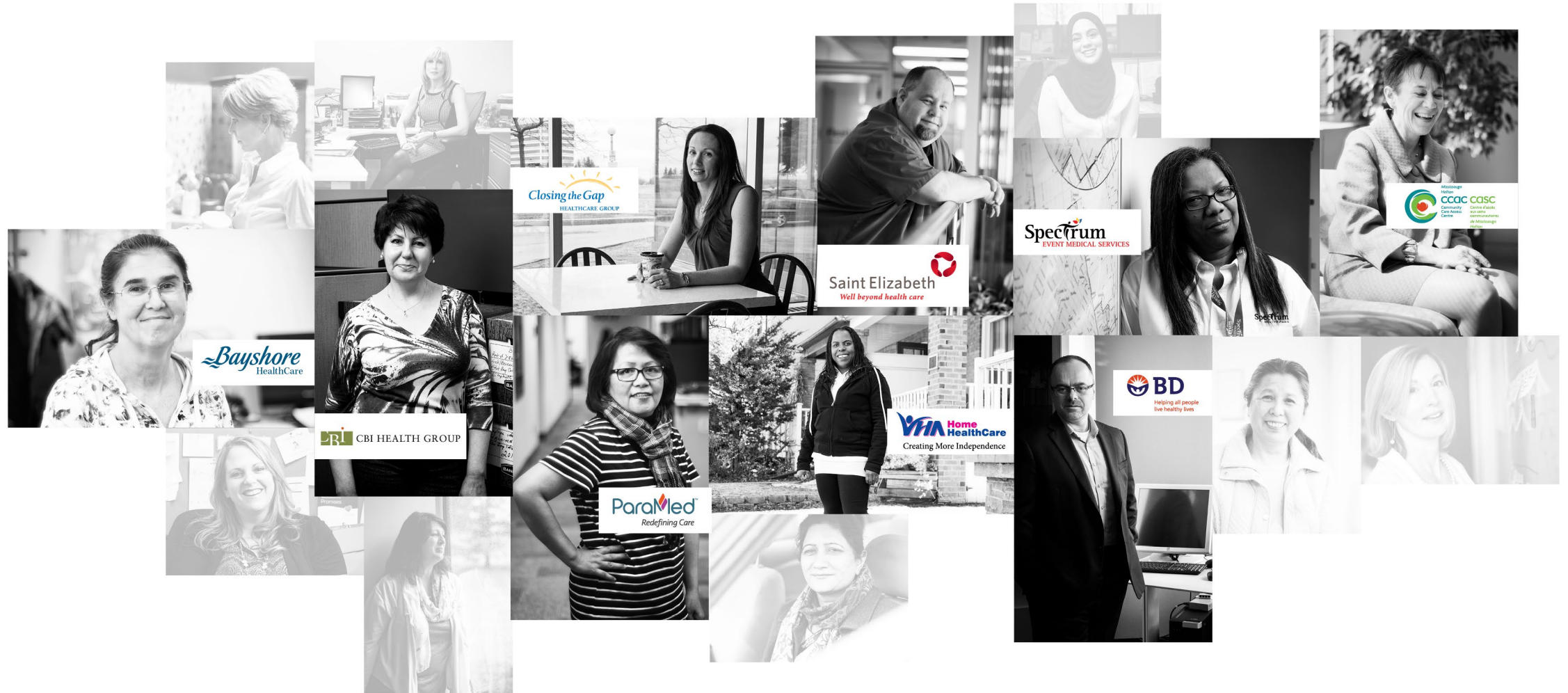
Canadian Home Care
Association
canadienne de soins
et services à domicile

PATRON 



HOME CARE SUMMIT®
SOMMET DES SOINS
À DOMICILE®





Alzheimer's Awareness Month



Yes, I live with dementia.
Let me help you understand.

Alzheimer Society
CANADA

**Informing the
National Strategy for
Alzheimer's Disease
and other Dementias**

NATIONAL SURVEY FINDINGS
MAY 2018



Canadian Home Care
Association
canadienne de soins
et services à domicile
Advancing Excellence in Home Care

Bayshore
HealthCare



Public Health
Agency of Canada



CONSOLIDATION

BILL C-233
An Act respecting a national
strategy for Alzheimer's disease
and other dementias

CODIFICATION

PROJET DE LOI C-233
Loi concernant une stratégie
nationale sur la maladie
d'Alzheimer et d'autres démences

S.C. 2012, ch. 19, art. 52

TABLE

Adopté par l'Assemblée législative du Québec le 11 mai 2012, sous le numéro 102.

Adopté le 27 avril 2012

Adopté le 11 décembre 2011

Adopté par l'Assemblée législative du Québec le 11 mai 2012, sous le numéro 102.

**BILL
C-233**

Lorna Scott, Caregiver

HIGH IMPACT PRACTICES

Evidence informed practices in home and community care that result in better care, better outcomes and better value.



Integrated into their practice, the home care team can identify

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Integrated into their practice, the home care team can identify

CANADIAN HOME CARE ASSOCIATION

Integrated Models of Care Series

Connecting Northern and Eastern Ontario Community Expansion

Facilitating seamless service from the patient's place of residence, to hospital and back home

The 2014/15 Connecting Northern and Eastern Ontario Care project was previously launched by Access Care service in Western Ontario. The North technology across has implemented mandate to patient well locations, it sending 40 establishes in North West Health Unit. The North technology across has implemented mandate to patient well locations, it sending 40 establishes in North West Health Unit. The North technology across has implemented mandate to patient well locations, it sending 40 establishes in North West Health Unit.

Health Partner Gateway (HPG) is a secure web-

CANADIAN HOME CARE ASSOCIATION

Integrated Models of Care Series

One Client, One Team™

Transforming Integration at the Point of Care

This High Impact Practice highlights the Toronto Central Community Care Access Centre (TC CCAC) integration strategy, which has influenced the design and delivery of population-based programming. Delivering functional integration at the point of care for patients with complex needs, the One Client, One Team™ strategy has been implemented with older adults, children and palliative care clients.

The work began by engaging and listening to patients with complex care needs and their caregivers to gain a better understanding of their experiences with the health and social care systems. Patients shared their experiences of dealing with multiple providers in a complicated and disconnected system. They expressed feelings of anxiety, confusion and a lack of confidence and trust in the system (TC CCAC Stakeholder Focus Groups, 2010). This candid feedback clearly identified an urgent need to provide better care coordination and system navigation in order to improve communication and ensure continuity of care across health and social care settings.

Integrated models of community based care, seamlessly connect patients, both personally and electronically in real time, to primary care providers so that home care services, hospital services, long-term care services and other social services are needed. The home care service plays a vital role in making these connections happen. The Canadian Home Care Association is committed to identifying and facilitating the scale and spread of promising practices of integrated community-based care.

CANADIAN HOME CARE ASSOCIATION

Telehomecare in Ontario: Better Health, at Home

pulmonary disease (COPD), congestive heart failure (CHF) and associated comorbidities. Common comorbidities for these patients include diabetes, mental health issues, renal dysfunction and chronic kidney disease.

Telehomecare is a time-limited intervention of six months. Simple to use technology installed in the home enables remote patient monitoring of vital signs and symptoms, remote assessments and management through just-in-time and regularly scheduled health coaching sessions.

OTN's strategic vision as a mainstream channel to support patients living with complex chronic conditions in Ontario has enabled a fundamental change in health care delivery philosophy from:

- Provider-oriented to patient-centred by empowering patients to become self-managers of their own health.
- Silos to team-based by fostering inter-professional collaboration and integrated models of care that connect the patient's care across providers to ensure care continuity.
- Bricks and mortar centre to better access from anywhere by shifting health delivery from expensive hospital-based acute care to proactive community-based models.

IMPLEMENTATION

The current provincial Telehomecare program and care delivery model evolved through experience and evidence. A 2007 pilot program, co-funded by the Ontario Ministry of Health and Long-Term Care (MHLTC) and Canada Health Infoway (Infoway), introduced Telehomecare to patients with COPD and CHF. Overseen and managed by OTN, the program was deployed to eight Family Health Teams in both urban and rural settings. The team

city health and social care while leading the cost curve for age priority, the Canadian Home Care Association (CHCA) technology applications that support independence and

SPOTLIGHT ON INNOVATION

Modernizing Home Care A Process to Evaluate and Adopt Innovation

Facilitating consistent access to, and use of, innovative wound care products can have efficiency and effectiveness of home care service delivery and patient quality of life. Access Centre (MH CAC) has successfully achieved this goal by using a structured call and adopting the gels™ device for rapid wound healing.

Embracing Innovation

The Ontario Health Innovation Council, established in November 2013 by the ministries of Research and Innovation, Health and Long-Term Care, and Government and Consumer Services, identified the need to expand the adoption of innovative new technologies in all health care settings, including home care. In their 2013 report, The Catalyst Towards a Ontario Health Innovation Strategy, the council recommended the following:

- actions to support strategic, value-based procurement;
- evidence-based review of emerging health technology innovations; and
- coordinated pathways for the adoption and diffusion of innovative health technologies.

Innovative health technologies offer many opportunities to improve patient experience, achieve better outcomes and reduce health care costs. One application is wound care. Annually Canada spends \$3.9 million (10 percent of total public health care expenditure) on wounds. In home care, 50 percent of nursing visits involve wound care and approximately 30 percent of home care patients have a chronic wound (CHC, 2012).

Chronic wounds impact patients and their families, who may experience pain, disability, depression, anxiety, hospitalization, financial burden and death (Graham et al., 2003). For the MH CAC, the cost of managing wounds in the home is significant. In 2014/15, the MH CAC spent at least \$260,000 managing the most challenging wounds: arterial leg ulcers (ALU), venous leg ulcers (VLU) and diabetic foot ulcers (DFU). This amount does not include medical supplies, rehabilitation and personal support worker services.

Thank you to the SPOTLIGHT ON INNOVATION sponsor Perfuse Health Inc., the distributor of gels™. A care innovation, these self-contained devices increase venous return by 100 percent, attempt to prevent and microcirculatory flow by 400 percent. The gels™ device activates natural's mechanical muscle pump once per second to treat wounds and moderate edema. It replicates the blood pump 60 percent of continuous walking.

For more information on the gels™ device and it's application, visit www.geldevices.com

SPOTLIGHT ON INNOVATION

Making a Meaningful Difference in Patients' Lives

of high-quality health care. In 2015, the World Health Organization is an "urgent need to meet the challenges being faced nowadays by health

SPOTLIGHT ON INNOVATION

Integrating Science and Evidence Management of Moisture Associated Skin Damage

Protecting the skin against moisture-associated damage (MASD) is an important component of comprehensive skin and wound care.^{1,2} Individuals receiving home care, particularly frail elderly with complex conditions, are especially impacted by MASD. This Spotlight on Innovation showcases the 3M™ CareLine® Advanced Skin Protectant which incorporates evidence and breakthrough science to improve care for home care clients* with Moisture-Associated Skin Damage.

*The term patient and client are used interchangeably.

Introduction

Moisture-Associated Skin Damage (MASD) can be defined as inflammation and erosion of the skin caused by prolonged exposure to various sources of moisture and potential irritants.³ It encompasses a range of conditions, including incontinence-associated dermatitis (IAD) from urine and/or stool, intertrigo dermatitis from perspiration, periwound skin damage from wound exudate, macula or saliva, and peristomal MASD from moisture around the stoma. It is a common clinical condition in the elderly population, often experienced by home care clients who have complex conditions, limited mobility or are bed bound. In fact, IAD affects up to 43% of all incontinent patients.⁴ In Ontario, 65% of home care patients suffer from incontinence, which can result in discomfort and embarrassment, pain, rashes and infections.⁵ Overall, MASD can be quite disabling and affect healing time, quality of life and care costs. The result is significant burden on the patients, caregivers, home care, and health care system at large.

MASD has a considerable effect on home care delivery and quality of life for those affected – physical, social, mental, emotional and financial.^{6,7} Individuals with MASD experience intense, persistent symptoms such as pain, burning, itching and tingling, loss of independence, and disruption in activities of daily living and/or sleep. If left untreated or not treated appropriately, MASD may also progress to secondary infections, pressure ulcers/injuries and bacterial overgrowth. Therefore, further compromising the individual's comfort, quality of life and treatment cost (i.e., increase care time and products). The failure to properly manage MASD at home often translates to higher long-term costs, associated with increased primary care and acute care (ER) visits, as well as premature admission to long-term care.

SPOTLIGHT ON INNOVATION is a unique way to build awareness of opportunities and facilitate the scale and spread of leading edge practices. Innovation in health care is a driving force in the quest to enhance a patient's quality of life, improve the quality and accessibility of care and reduce health care costs. Medical product innovations present real opportunities for individuals receiving care in their homes. The Canadian Home Care Association is working with our member organizations to identify and share innovative approaches in home care.



Canadian Home Care Association
2015 HOME CARE SUMMIT

SUNDAY NOVEMBER 8
PRE-SUMMIT WORKSHOP
08:30—11:30
GOVERNOR GENERAL BALLROOM I (Level 4)

TICKETS \$175

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SPOTLIGHT ON INNOVATION

Modernizing Home Care
A Process to Evaluate and Adopt Innovation

Promising areas of innovation are impacting care in the home:

- Improving the quality and accessibility of care
- Enhancing patient's quality of life
- Reducing health spending

Working with patients and to make home care better:

- Collaborative partnerships
- Individual commitment
- Integrated measurement
- Assessment of progress and outcomes

WHAT'S NEXT?
Inspiring home care by expanding, adapting and embracing successful innovations

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SPOTLIGHT ON INNOVATION

Making a Meaningful Difference in Patients' Lives

Comprehensive evaluation
Evaluate based not only on price, but also on measures of value such as reduced service use and patient satisfaction.

Structured collaboration
Reduce costs, identify and engage better partners, address care priorities, patient satisfaction

Strategic procurement
Create an evidence-based approach to procurement, address the needed supply and equipment inventory

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Independence, Safety, Comfort
A New Way of Providing Home Infusion Therapy

