CSS Providers Ontario East Meeting Notes

Wednesday Oct 09th, 2024

10:00 a.m. to 11:30 a.m.

Join Online: Click here to join the meeting

Agenda Items	Lead	Information/Discussion/Action(s)	Time
Welcome Land acknowledgment Updates from Health System Partner	CCSN Co-Chair: Joanne King	Nathalie opened the meeting and welcomed everyone. Land acknowledgment by Joanne.	5 min.
■ Ontario Community Support Associately. (10 min)	ciation (OCSA) Patrick Boily - Director of	 Funding Letters: Sent out earlier this week. Pre-Budget Launch: Initiated last month; details available on the website. New Template Letters: One for organizations to request meetings with local MPPs. One for supporters without meeting requests. Templates can be shared with board members, volunteers, and community champions. Home First Directive: Engaging with Ontario Health and Ontario Health at Home; planning discussions underway for implementation. Elevated conversations with the Ministry of Health for long-term success and proactive planning. Excitement about the upcoming conference; it has sold out early. 	
Ontario Health East (OHE) (15 min) Shannon Gesualdo -System Stra Ontario Health East,	ategy, Planning, Design & Implementation	 Stem Strategy, Planning, Design & Implementation Updates: Assisted Living Services; the final webinar in the policy update series is delayed. 	

 Navid Nabavi- Lead, Performance, Accountability, and Funding Allocation Ontario Health East • Expected completion and invitations by late fall (end of October or November).

Funding proposals:

- Health system funding proposals can be submitted anytime; onetime funding is more accessible than base funding.
- Proposals reviewed by a cross-functional team at Ontario Health East, with a separate forum for urgent health and safety concerns.

<u>Performance, Accountability, and Funding Allocation Ontario Health East</u> Funding Updates:

Recent funding letters sent out include:

- o 4% increase for community services.
- o 3% increase for workforce compensation (eligible staff).
- o 1% increase for eligible general costs.

Adjusted funding based on discussions with other regions:

 Base funding is now 3.4% with 0.6% as one-time funding, but distribution remains at 3% for workforce compensation and 1% for general costs.

Guidance on Funding Usage:

- Funding must be directed specifically to workforce compensation; not for other purposes.
- No specific percentage increase direction provided; allocation flexibility is allowed.

Meal Services Funding:

• Base funding for meal services is confirmed to continue as long as no changes are communicated.

Leah Bartlett, and Lacey Embacher- Capacity Access and Flow (ALC/Update)	 Capacity Access and Flow (ALC/Update) Reinforcement of the "Home First" approach, emphasizing its importance. Encouragement to engage in system tables for collaboration. Importance of communicating capacity to local partners to ensure awareness of available support. Seasonal Considerations: High occupancy expected during respiratory season; awareness of tight capacity is crucial. Additional Information: Memos on vaccinations and rapid access testing will be found via these links. Link to the updated Covid vaccine program. Link to the updated Covid testing and treatment approach.
Home and Community Care Support Services (Ontario Health at Home) Kevin Babulic - Director. Patient Services (5 min) Isabelle Meunier	 Isabelle Meunier stepped in for Kevin who sent regret. Collaboration: Emphasis on the importance of collaboration within the system and with partners. Acknowledgment of the Home First philosophy and its integration with various partners. Current Initiatives: Efforts to standardize data collection and reporting across the province for consistency.

CSS Collaborative _ Ontario East. I		 Transition towards a hybrid work model with staff expected to work three days in the office. Supplies and Equipment: Focus on aligning supplies and equipment standards across the province to ensure equitable access. 	5 mir
		<u>Terms of Reference:</u> The collaborative table approved new terms of reference to guide their work, viewed as a living document to be revisited as needed.	
CSS collaborative – Ontario East Region Meeting CSS provider members CSS provider members OCSA Ontario Health atHome OHE – System Strategy, Planning Design & Implementation, PAFA, Access & Flow Guests – as requested	All members Meeting (108 CSS Providers in East Region) Updates from: • Health systems Partners – Information sharing (OH East, OCSA, Ontario Health atHome) • Shared Resources -Operational	 Communication Pathways: Emphasis on clear communication mechanisms to facilitate information flow among a large number of providers. Monthly meetings of the CSS collaborative table include representatives from various organizations, Ontario Health, and patient/family committee members. Launch of a new bimonthly all members meeting for updates from Ontario Health system partners. Existing regional meetings transitioning to bimonthly sessions to ensure all members receive timely updates. 	
		Ongoing Communication Efforts:	

Sub regional / regional group meetings Regional Service Network Tables MOW, Attendant Care, ALS-HRS, Homemaking, ADP, Respite			with feedback welcomed from members.	
Central East OHE CSS CE providers meeting (monthly) Newsletter / Email / W	Network (3x year) OHE SE CSS providers meeting (monthly)	Champlain Champlain All members meeting (Quarterly) Replace with bi-monthly East region meeting Local touchpoint (Ottawa, Renfrew, Eastern Counties)		
egional Service Network is Cobus, Capacity Deve			Please refer to PowerPoint.	15 min
			Purpose of Regional Service Network Tables:	
			 Designed for CSS providers to collaborate on strategic priorities. Emphasis on sharing successes among CSS providers to strengthen client service. CSS providers are engaged in provincial initiatives like the Home First initiative and ALC best practices. Please check the PowerPoint slides for more details on this topic. 	

Website:

- New public-facing website to improve access to CSS services through an e-referral platform.
- soft launch of website providing the opportunity for agencies to join the AccessCSS network and/or submit their Organization name and logos to appear on the website in the about section
- Features include:
 - o Introductory video and service description dropdowns.
 - A section detailing the role of CSS and links to partner organizations.

Provider-Specific Resources:

- Knowledge hub for resources, guidelines, recorded training, and toolkits.
- Upcoming member login section for access to meeting minutes and agendas.
- Branding aimed at building recognition for CSS services, with a communication toolkit planned.

<u>Professional Development Needs:</u>

- Survey conducted to identify top needs: client care, grant writing, fundraising, HR, and leadership training. <u>Training registration</u> <u>links</u>.
- Free virtual training sessions available; recordings will be stored in the knowledge hub.
- o Additional sessions will be added if capacity issues arise.

Client Information System Updates:

	 Overview of client information system needs across different regions. New vendor negotiations in final stages after RFP for shared services organization (SSO) support. Communication about the next steps will be sent to SSO agencies soon. 	
7.Member Highlights (15 min) ➤ CSS Advisor Pilot_ Carole Green and Whitney Hale _ Dementia Society of Ottawa and Renfrew County		15 min
	Collaborative initiative involving: Ottawa Health Team (OHTESO) Champlain Community Support Network Dementia Society of Ottawa Ottawa Hospital Care for Health and Community Services Aimed at relieving pressures in hospital emergency departments by enhancing community care access. Target Population: Focused on older adults (55+) in the emergency department of the largest hospital in the Ottawa area. Key Pathway Elements: Utilized Care Dev and EPIC (electronic medical records). Implemented patient screening for needs using the clinical frailty scale. Engaged emergency department staff to improve knowledge and support referrals.	

Involvement of Local Services:

- Included various community resources: Meals on Wheels, senior centers, respite care, etc.
- Additional support from Ontario Caregiver Organization and specialized geriatric services.

Whitney Hale's Role:

- Onboarded to develop standard operating procedures and gather knowledge about local services.
- Created educational resources and tracking documents for data collection.

Initial Challenges:

- o Missed opportunities to involve more collaborators.
- Delays in timelines due to cross-sectoral differences in privacy and legal practices.
- Difficulty accessing a physical workspace in the emergency department.
- o Limited and inconsistent Internet access impacted operations.
- Delays in accessing EPIC (electronic medical record) led to data entry duplication and administrative burdens.

<u>Collaborative Efforts</u>:

- o Frequent meetings and planning days to address challenges.
- Development of a pilot project playbook for scalability and knowledge sharing.
- Essential support from the Ottawa Hospital to secure a workspace and Wi-Fi.

<u>Data Overview</u> (December - September):

- Whitney engaged with 208 unique patients.
- o 403 direct referrals and 135 indirect referrals were provided.
- An average of 2.7 referrals per patient; only 2 patients returned to the hospital within 7-10 days.
- Highest patient volume during cold and flu season (January and February).

Patient Demographics:

- Most patients were aged 80-89.
- o Predominant presenting issues were chronic diseases.
- Low number of patients with a formal dementia diagnosis; many presented with cognitive decline.

Community Engagement:

- The majority had primary healthcare providers; only 9% accessed community support services prior to the initiative.
- o Identified caregiver burnout among patients.

Capacity Building:

- Conducted over 30 education sessions for healthcare professionals.
- $\circ \quad \text{Slight increase in referrals through CareDove}.$
- Focus on building capacity for future independent usage of CSS services.

Geographic Insights:

o 93% of patients were urban residents; 7% from rural areas.

	 High demand for homemaking, transportation, and friendly visiting services. 	
	<u>Feedback and Next Steps</u> :	
	 Initial feedback was overwhelmingly positive, leading to plans for anonymous surveys. Continued partnership with various organizations to secure long-term funding beyond March 2025. Future data analysis will enhance understanding of service utilization and patient needs. 	
	Conclusion:	
	 Initiative demonstrates promising results and significant data collection for future improvements and scalability, despite initial challenges. 	
8.Adjournment		
Next All Members Meeting Date: Dec 11 ^{th,} 2024 @ 10:00am.		
Note Takers: Reem		