HealthLinks
Western Champlain

Western Champlain Health Link Communiqué

A Patient Story

Eighty year old "Debbie" was admitted to hospital due to a personal crisis. She had unmanaged diabetes, bipolar disorder and dementia. Her common law partner had been her caregiver, but he had died. While Debbie was a hospital inpatient, her daughter took steps to relinquish her Power of Attorney status, stating that she lived too far away to have the role. Hospital staff noticed that Debbie would not look after herself. Instead, Debbie would lie in bed all day.

With the Public Guardian and Trustee, the Health Link care coordinator, "Laura", was able to establish that Debbie's finances allowed her to move into a retirement home. Laura took her on tours of the local retirement homes, encouraging Debbie to make the final decision as to where she wanted to live. Laura coordinated this move from a very rural area into a large town. This work included assisting Debbie with packing, storing and then downsizing Debbie's possessions. Laura also coordinated vision and hearing appointments and helped Debbie settle into her new home.

There was evidence of financial abuse of Debbie from both sides of her family. Laura worked with the bank and the retirement home to put financial and personal safeguards in place in order to protect Debbie.

Now when Laura visits Debbie, she is dressed and smiling. She participates in the social activities in the retirement home and enjoys the group dining. The staff administers her medication and her mood and health have stabilized.

Coordinated Care and Ontario Health Teams

The People's Health Care Act (2019) is changing the landscape of how healthcare is delivered across the system. The advent of Ontario Health Teams provides us with an opportunity to expand existing service delivery networks providing integrated care for patients with complex needs. Under OHTs, coordinated care will become the norm.

The Ministry has communicated that it expects that the Health Links approach will be fully integrated into standard care delivery by the end of the 2019/20 fiscal year and, as such, they will be concluding designated funding for Health Links implementation as of March 31, 2020.

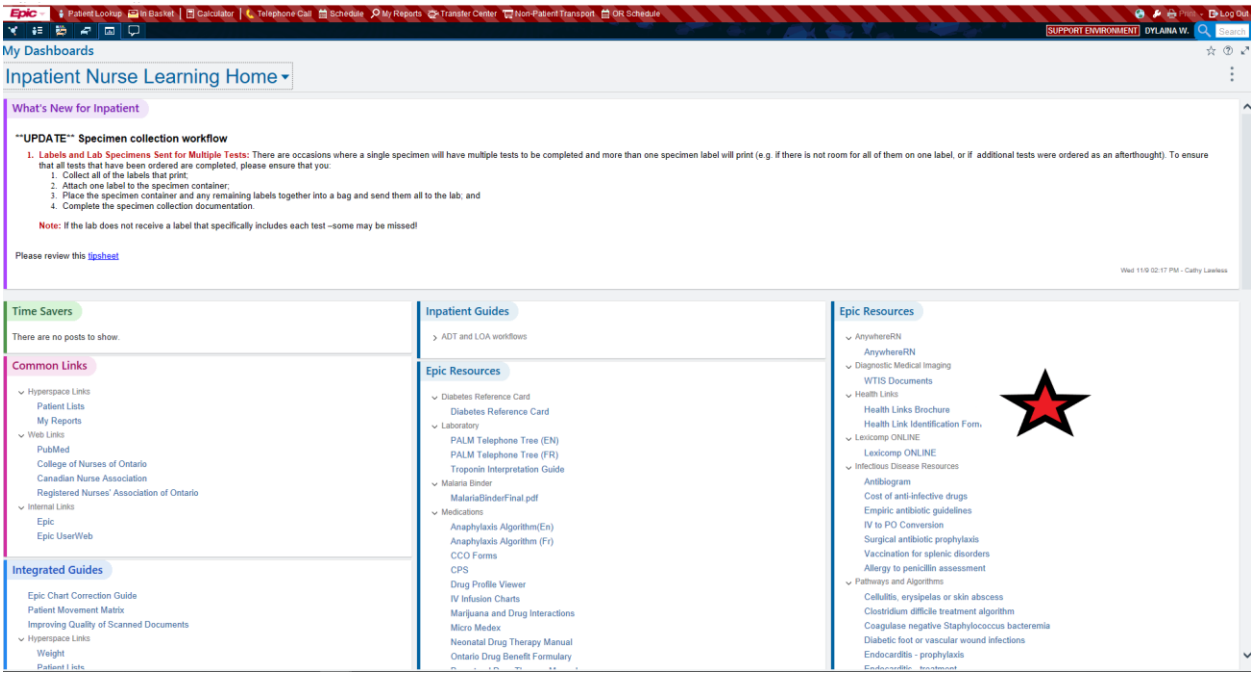
While there have been great strides made, the Champlain LHIN recognizes that there is additional work to be done to support full integration of the approach into standard practice. Accordingly, the LHIN has committed $1.04M in base funding, effective April 1, 2020, to help sustain the approach for integrated care for complex patients. The base funding will support the continuation of some funded care coordination capacity and other supports including coaching, planning and administration

The Western Champlain Health Link Advisory Committee will work with the Health Link Coordinating Council to successfully transition the Health Link work into the local development of Ontario Health

Teams. The Western Champlain team continues to offer coaching and administrative support so that local service providers are successful in embedding the Health Link approach into their front line work. The team will also work with partners to ensure that there is no disruption of care coordination for individual complex patients. Updates from the LHIN will be ongoing during this transition.

Champlain Identification/Referral Form in EPIC

For EPIC users, the Health Link Identification/Referral Form is under the resource section of the software.



CCPs now on Connecting Ontario Clinical Viewer

The Connecting Ontario Clinical Viewer is a secure, web-based portal that provides real-time access to digital health records including dispensed medications, laboratory results, hospital visits, LHIN Home and Community Care services, mental health care information, and diagnostic imaging reports and images.

Any certified user of the Connecting Ontario Clinical Viewer can now use this portal to view their patient's Coordinated Care Plan (CCP). Updates to the CCP must still be done in CHRIS. The CCP will be visible in the Documents/Notes portlet if the CCP was created or updated during the time period being viewed.

With the CCP as a digital tool for care coordination, this advance means that care coordination work will be more visible to other health service providers, such as hospitals and primary care.

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Reach Out to the Western Champlain Health Link Team

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This word cloud was generated from the “Care Goals” section of the Coordinated Care Plans for patients on Arnprior & District FHT and Barry’s Bay Community Paramedics caseloads on or after April 1, 2018