



INTEGRATED COMPREHENSIVE CARE PROGRAM

FROM PILOT TO EXPANSION

Since 2012, the Integrated Comprehensive Care (ICC) program has been connecting patients with one Integrated Care Coordinator before, during and after their hospital stay. The Integrated Care Coordinator is the link between hospital specialists, community service providers (nurses, personal support workers, therapists, and palliative care), primary care, and community programs.

This coordinated approach to care with a cohesive multidisciplinary team that wraps care around the patient has proven to be a better model to support patients in their homes, maintain independence and avoid return visits to the hospital.

Mobile technology like tablets allows the teams to communicate easily with each other and with patients at home. Tablets, along with 24/7 telephone access to an SJHC nurse have reduced unnecessary trips to hospital for ICC patients.

Patient outcomes and satisfaction have been excellent. According to the independent findings by the Programs for Assessment of Technology in Health (PATH) Research Institute published in July 2014, the ICC model resulted in shortened hospital stays, improved patient satisfaction and fewer readmissions to the emergency department. In fact, the model has been so successful that the Ministry of Health and Long-Term Care issued an Expression of Interest in February 2015 looking for proposals of similar integrated models from hospitals and home care agencies across the province.

The expansion of the ICC model will transform patient care across the HNHBLHIN, providing an innovative, patient-centered, bundled approach to health care.

Last September, Dr. Eric Hoskins, Ontario's Minister of Health and Long-Term Care made a special announcement about expanding the Integrated Comprehensive Care (ICC) model across the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHBLHIN) for patients with chronic obstructive pulmonary disease (COPD) and congestive heart

failure (CHF). This was one of six "ICC-like" models that were approved for piloting by the Ministry.

We now refer to the original 3-stream project in Hamilton and in Waterloo Wellington as ICC 1.0. This program continues for patients who have undergone thoracic (lung and esophageal cancer) and joint (total hip and knee joint replacements) surgeries with St. Joseph's Healthcare Hamilton and patients who have undergone cardiovascular and thoracic surgery with St. Mary's General Hospital in Kitchener. COPD and CHF is part of the chronic patient stream, the third original ICC stream tested at St. Joseph's Healthcare Hamilton in the project pilot.

ICC 2.0

During the expansion announcement in September 2015, Minister Hoskins described the ICC project as a vision for the future of care delivery in the province of Ontario by providing a "bundled" approach to health care that aims to guide patients throughout their entire medical treatment, from hospital to home.

The goals of the project are:

- To establish a seamless patient centered care continuum from hospital to home, from both the patient and funders perspective
- To improve the patient experience by implementing the ICC Program LHIN-wide
- To improve quality outcomes and reduce unwanted or unwarranted variation in patient care pathways (reduced hospital length of stay, reduced emergency department visits and unplanned hospital readmissions, improve productivity of hospital and home care and reduce overall cost)
- To improve efficiency of the healthcare system by integrating resources across the continuum
- To inform policy by implementing ICC LHIN-wide.
- To fully engage key stakeholders (e.g. physicians) and patients/family in the HNHBLHIN ICC Model.

PRESIDENT'S CORNER

A message from Jane Loncke, President



If there is one certainty in the healthcare system today, it is that we are in the midst of unprecedented changes. We know the Ministry of Health and Long-Term Care will be implementing structural changes to the health system which were set out in Patients First: A Proposal

to Strengthen Patient-Centred Health Care in Ontario, a discussion paper released in December 2015.

While the Patients First discussion paper focuses on changes across the health system, the Ontario government continues to show its support for the home and community care sectors through additional funding. The 2016 budget reaffirms Ontario's commitment to a 5% annual funding increase to the home and community support sector, an additional investment of \$250 million per year, over the next two years.

St. Joseph's Home Care as an organization will also be undergoing a change in the coming months.

Home and community care and post-acute care are recognized as key strategic opportunities within the St. Joseph's Health System and as such, St. Joseph's Home Care needs to expand its presence and scope of services.

We met on March 17 to hear an announcement from Dr. Kevin Smith on the vision for St. Joseph's Home Care's future. Dr. Smith shared that to build on the success of the Integrated Comprehensive Care (ICC) Program and our Community Support Services program, SJHC would be undertaking a strategic partnership with another home care agency; a

strategic partnership that will leverage the size and scale of that partner as well as expedite the investments needed to improve the home care platform.

If you were unable to attend the meeting, the video of the presentation and highlights from the question session is available on Surge Learning.

The specifics of the partnership are under discussion. Dr. Smith did mention at the meeting that one of the priorities for identifying the partner organization is to have compatible mission and vision and that the negotiating agenda is for zero job loss.

As you can imagine, this is a very important decision and we are engaged in an extensive due diligence process including both face to face meetings and a detailed analysis of written submissions from multiple potential partners.

While the timeline may have changed due to an extensive due diligence process in analyzing the submissions of the potential strategic partners and meeting with potential partners, I will continue to share details of next steps and further information as decisions are made and we continue to plan for another opportunity to come together as more information becomes available.

I understand that you may have questions that come up and the lines of communication are open. I encourage you to continue to send your questions to Tanya Tomasino (ttomasino@stjhc.ca, at extension 2225 or anonymously by putting a note in Tanya's mailbox in the front copier room in the office) so I can continue to respond to your queries as they come up.

Find us on



St. Joseph's Home Care is now on Facebook

Facebook is an excellent tool to connect with people and build on our reputation for providing quality, compassionate care. We invite staff to connect with St. Joseph's Home Care on Facebook by liking the page and sharing it with others. "Liking" the page will ensure updates to the SJHC account (such as announcements, news and stories, photos, inspirational quotes, etc.) appear on your timeline.

Find the SJHC Facebook page here: <https://www.facebook.com/StJosephsHomeCare/>

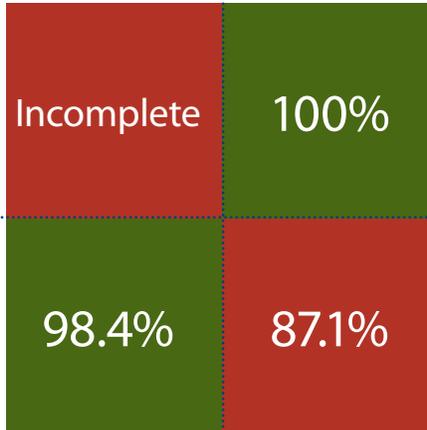
2015-16 QUALITY IMPROVEMENT PLAN RESULTS

Implement HNHB CCAC's Best Practice Guideline (BPG) Non-Cancer Pain Pathway

SJHC did not achieve the target to implement this BPG non-cancer pain pathway. The project had three phases: education, testing and implementation. The pathway education was 86% completed by all nurses. The team is currently in the testing phase, which is approximately 25% complete as the kick-off and a few subsequent meetings have taken place. The testing phase was much longer than anticipated as there were unexpected vendor delays, and all pathway modules must be implemented at the same time.

Access to Personal Support Worker (PSW) Care within 5 days

SJHC exceeded our target of 90% and achieved a rate of 100%. This past year, the HNHB CCAC modified the eligibility for providing services to clients and the Collaborative Care Model program at SJHC was able to admit all the clients referred to the program and provide a home visit/assessment within 5 days of the referral acceptance. The wait time target for PSW care is a key priority for both Health Quality Ontario & the CCAC.



Improve the overall client satisfaction

SJHC exceeded our target of 95% and achieved an overall client satisfaction rate of 98.4%. As the overall client satisfaction target was not achieved in 2014/15, the strategy implemented this year was to focus client satisfaction improvements on a select number of assisted living programs within the Community Support Services division. These programs included Gwen Lee Supportive Housing, Park Street Assisted Living, and the Neighbourhood Model for Seniors at Risk programs.

Improve the referral acceptance rate

SJHC did not achieve the target of 91% for referral acceptance, reaching an overall acceptance rate of 87.1%. In order to achieve the 91% target for referral acceptance, SJHC must have a full staffing complement. Vacancies, high turnover, and sick calls in both Q3 and Q4 were factors that affected acceptance rates. It is important to note that there has been a marked improvement from the previous year, when the year-end referral acceptance rate was 76.8%, compared to 87.1% for 2015/16.

2016-2017 Quality Improvement Plan Goals

St. Joseph's Home Care's direction for the 2016/17 Quality Improvement Plan was two-fold: adopt indicators for new quality initiatives aligned with the quality priorities for the St. Joseph's organizations in Hamilton (St. Joseph's Home Care, St. Joseph's Healthcare Hamilton and St. Joseph's Villa) and continue the quality improvement work on indicators where the target was not achieved in the previous year. We continue to align our work with the priorities of St. Joseph's in Hamilton.

The four quality priorities for the 2016/17 year are:

1. Complete a medication reconciliation for new palliative clients in the Visiting Nursing Program by the 3rd visit in alignment with the medication management priority for St. Joseph's in Hamilton.
Target is 100% by the end of Q4
2. With each transition from SJHC, make verbal contact with the receiving organization within 48 hours to share information about the client's care needs (this is known as the warm hand-off) in alignment with the transitions priority for St. Joseph's in Hamilton.
Target is 100% by the end of Q4
3. Improve the referral acceptance rate in the visiting nursing program, based on 600 offers received per quarter in alignment with the access priority for St. Joseph's in Hamilton.
The target is 91% based on our HNHB CCAC contract obligation.
4. Measure client satisfaction in the Community Support Services private pay program in alignment with the client satisfaction priority for St. Joseph's in Hamilton.
Target is 92% based on the provincial average for client satisfaction.

PSW DAY IS MAY 19

Personal support workers (PSWs) have been described as the heavy lifters of the health care system. Their work is essential to the day to day operations of Ontario's health care system and the Personal Support Network of Ontario has designated May 19 as PSW Day to celebrate this indispensable work done by PSWs across the province.

PSWs provide services and direct care to individuals in SJHCs supportive housing programs, at St. Joseph's Healthcare Hamilton and in clients' own homes. They work with clients who have a broad spectrum of conditions and health care needs, whether needs are temporary or on a continuing basis.

Some of the functional tasks performed by PSWs are:

Activities of daily living (ADL) – personal care like bathing, feeding, dressing, toileting; lifting, transferring and/or repositioning; light housekeeping; and medication reminders.

Instrumental activities of daily living (IADL) – menu planning, shopping, and meal preparation; accompanying clients to appointments; and educational and recreational assistance.

Delegated tasks –under the direction and instruction of a Regulated Health Care Professional, PSWs may administer suppositories, colonic irrigations, enemas (for bowel disimpaction), or medications; maintain inventories; and supervise exercise routines.

Another important element of the service provided by PSWs is caregiver relief. We know that people with Alzheimer's, dementia and a number of other illnesses are often cared at home by family members and loved ones. PSWs are trained to care for people with these types of ailments and can provide help with ADLs, IADLs, or delegated tasks for these individuals.

Personal Support Workers enhance the quality of life of their clients and oftentimes their family members and loved ones by providing valuable compassionate care in the form of home management and personal care assistance. The work of a Personal Support Worker significantly assists in enabling individuals to continue living in their homes.



QUALITY & CLIENT SAFETY COMMITTEE

St. Joseph's Home Care has an internal Quality & Client Safety Committee that meets monthly to review our internal quality results and identify areas of focus for further quality and client safety initiatives. The committee's work is aligned with both the Excellent Care for All Act and the quality work that is being undertaken by the St. Joseph's Health System.

The purpose of the committee is to proactively monitor and be accountable to Senior Management for the measurement, analysis and continuous improvement of our client-focused care and the services provided across all programs at St. Joseph's Home Care.

On April 6th, the committee had the pleasure of welcoming to the meeting long-time member of the SJHC Board of Directors and a member of the Joint Boards of Governors for St. Joseph's in Hamilton, Dr. Mary Guise.



Dr. Mary Guise

While the Board receives frequent updates of the committee's work in quality and client safety, this was an opportunity for a board member to observe first-hand the committee meeting.

The team was truly delighted. It highlights the board's interest in quality both at the governance level and the operational level. Dr. Guise commended the committee members on their high level of engagement, and was impressed that all attendees, from staff to our client representative, were comfortable voicing their thoughts and each one brought a different perspective to the meeting.

Looking to the future, Mary advised the committee to remember that incident reporting is critical for quality improvement and to continue discussion at these meetings, not to fault our colleagues, but to reveal weaknesses in the system that can, in turn, lead to improvements.

SJHC'S 95TH ANNIVERSARY



St. Joseph's Home Care celebrates 95 years serving Hamilton

The year was 1921.

That year, Hamilton was in the depths of an influenza epidemic. Bishop Dowling of the Hamilton Diocese directed the Catholic Women's League to start a visiting nursing service to assist with the medical and social needs of the community.

The new service would be called the St. Elizabeth's Visiting Nurses' Association after Saint Elizabeth of Hungary, the thirteenth century saint venerated by Germans as the saint of the common people because of her efforts to help people right in their own environment, no matter how humble.

Nursing care was a focus, but public health education and charitable work were often part of the service these nurses offered patients.

St. Elizabeth Visiting Nurses' Association was incorporated in 1958 and became a member of St. Joseph's Health System in 1996. The name was changed in April of 2005 to St. Joseph's Home Care (SJHC).

Our services have evolved over the last 95 years to meet the changing needs to our community, but our commitment to delivering compassionate, quality care to people of all creeds, races and economic backgrounds is unwavering. It is this philosophy that is still at the heart of our mission and is the true legacy of our founders.

St. Joseph's
Home  Care

95 YEARS

NURSES' WEEK IS COMING IN MAY

Each May, the contributions nurses make to society are celebrated on the week of May 12th.

Why May 12th? Because this was the birthdate of Florence Nightingale, the English social reformer and statistician who is widely credited as the founder of the nursing profession; in her honour, May 12th is recognized by the United Nations as International Nursing Day.

At St. Joseph's Home Care, celebrating Nurses' Week is a long-standing tradition. Nursing was at the heart of the services we have provided to our community since our inception in 1921 and continues to be a significant part of what our organization does today.

Each year we take time to celebrate nurses with a social tea and other events in honour of Florence Nightingale, who founded the first professional nursing training school in 1860. The nursing leadership team at SJHC plans to continue this special observance in 2016 and asks that nurses stay tuned to the special events plants throughout the week of May 8-14.



SCAN. PLAN. PROCEED.



Working in the community, it is important for you to be constantly aware of your surroundings so that you are able to work safely. We want you to arrive home safely at the end of the day!

From the moment you arrive at a client's home, you need to assess if there are any health and safety risks. For example, ask yourself:

- Is the driveway clear of ice?
- Is the parking lot well lit?
- Do you have an easy means of exit from the client's home?
- Does the client have any guests that would pose a risk to your health and safety?
- Are the floors clear and safe to walk on?
- Is the equipment you are about to use in safe working order?

We call this process **Scan, Plan, Proceed**. This process is for all staff and happens each day at work and in our personal lives, which means it is an automatic process that we should be doing all day long!

Examples:

1. You need to reposition a client. Prior to starting, you make sure that the transfer pad is in good condition and that the patient and the colleague who is assisting you know the plan to reposition. Once everyone is ready, then on the count of 3 you proceed in repositioning the client.
Scan. Plan. Proceed.
2. Walking into a client's home and you notice a lot of clutter and boxes on the floor. You know you have to make your way into the living room, so you scan the walkway from the door to the living room and plan your route, making sure to avoid tripping hazards. Then you carefully make your way to your client.
Scan. Plan. Proceed.
3. Walking from your car to a client's home, you realize that there is a mound of snow in your way. You scan the area to find a spot that is clear of snow so you can safely walk through, even if that means having to walk a little further out of the way.
Scan. Plan. Proceed.

ICC 2.0 EXPANSION



St. Joseph's Healthcare Hamilton was named to lead the expansion of St. Joseph's Health System's ICC model for COPD and CHF across all HNHB LHIN acute care

hospitals, while St. Joseph's Home Care is the project's leading Home Care Agency for the HNHB LHIN.

The roll-out of ICC 2.0 is being staged in four separate phases. This staged approach is ideal to allow the teams to look at what is working and to problem solve issues as they come up, while applying the learnings as more patients are enrolled in the program. The phases are:

Phase 1: Burlington

Joseph Brant Hospital enrolled its first patient in October 2015.

Phase 2: Hamilton/West Lincoln

Enrollment started in January 2016 for patients from three hospital sites within the Hamilton Health Sciences corporation: Hamilton General Hospital, Juravinski Hospital, and West Lincoln Memorial Hospital.

Phase 3: South Zone

Four hospitals in the Haldimand and Brant area are participating in the ICC 2.0 program and started patient

enrollment in February. The hospital sites include Brant Community Hospital, Norfolk General Hospital (in Simcoe), West Haldimand General Hospital (in Hagersville) and Haldimand War Memorial Hospital (in Dunnville).

Phase 4: Niagara

The final phase will involve enrollment of patients from the Niagara Health System through three sites: the Welland Site, Niagara General Hospital, and the St. Catharines Site. Patient enrollment is scheduled to begin in April 2016.

Identifying challenges and brainstorming solutions is embedded right into the structure of the program. The phased roll-out sets the stage for problem-solving and revision. In addition, the Integrated Care Coordinator, program management (from both SJHH, the specific sites, and SJHC), the administrative team, and representatives from the contracted therapies providers meet weekly to ensure all members of the care team adhere to the established care path (which was tested during the ICC 1.0 pilot stage) and identify trends for non-adherence to the care pathways, as these may point to areas where the pathway needs revision. This collaborative approach builds the interdisciplinary and cross-organizational teams.

To date, patients and families describe that health education and supportive care following discharge have enabled positive health outcomes: increased understanding of medications and strategies to maintain health, fewer emergency department visits or readmissions, and reduced puffer use for COPD patients.

DR. SMITH RECEIVES KNIGHTHOOD

Dr. Kevin Smith was honoured as a Knight of St. Gregory during a celebration at the Cathedral Basilica of Christ the King in Hamilton on February 28, 2016.

His Excellency, Archbishop Luigi Bonazzi, the Apostolic Nuncio to Canada, conferred upon Dr. Kevin Smith, the President and CEO of St. Joseph's Health System the papal honour of Knighthood of St. Gregory the Great during the 11:00 a.m. Sunday Mass at the Cathedral Basilica of Christ the King in Hamilton.

For over twenty years, Dr. Smith has been engaged in Catholic Health Care. Between 2001 and 2009 he was the President and CEO of St. Joseph's Healthcare Hamilton and from 2009 until now he has been the President and CEO of St. Joseph's Health System. He has and continues to be involved in leadership roles with the Ontario Ministry of Health.

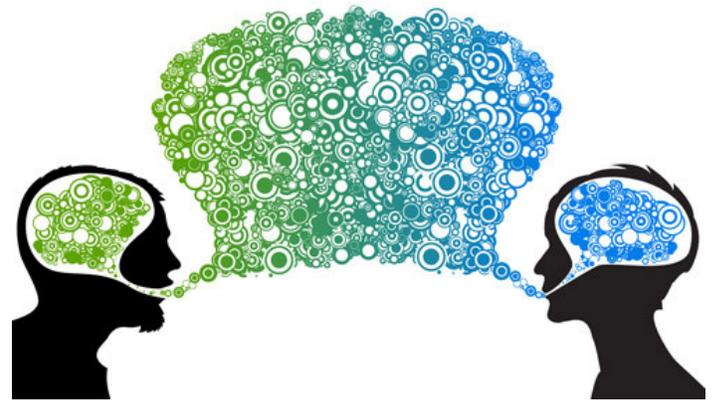
Now Dr. Smith can use the title 'Sir' Kevin Smith and will be saluted by the Swiss Guard any time he visits the Vatican.



Workplace communication isn't easy...

While it may be easy to recognize positive workplace communication, it's not always easy to demonstrate it on a day-to-day basis. The causes of workplace conflict can be grouped into two different groups of root causes that stem from organizational or interpersonal factors. Below we explore some of these organizational or interpersonal sources of conflict.

While there are many causes of conflict, organizationally and interpersonally, that can affect our work each day; we can do something about it. In the workplace, your conduct should demonstrate maturity and professionalism.



ORGANIZATIONAL

1. **Task Interdependence.** Coordinating and sharing resources is difficult and, the more employees within an organization depend upon one another for information, resources, time, money, people, etc., the greater the potential for conflict.
2. **Shared Resources.** All organizations have limited resources. The greater the squeeze of time, money, facilities, people, etc., the higher the potential for conflict.
3. **Goal Incompatibility.** Units (departments, divisions, programs, etc.) often have different goals; for example, clients might be demanding more service while the funder wishes to slash budgets. Conflict arises to the extent that goals are incompatible.
4. **Differentiation.** Units usually develop their own ways of doing things: policies, procedures, norms, management styles, etc. To the extent that these differ from unit to unit, the potential for conflict is higher.
5. **Uncertainty.** We work in a changing environment. Changes can be caused by new technologies, new client demands, new regulations, shifts in the economy, etc. Coping with these changes creates stress and can lead to conflict.
6. **Reward Systems.** Organizational incentives can cause conflict between units. If one unit is rewarded for reaching a goal at another unit's expense, competition rather than cooperation is fostered.
7. **Jurisdictional Ambiguities.** When job responsibilities between units are unclear, conflict will result.
8. **Communications Breakdowns.** Poor communication, intentional or unintentional, usually results in misunderstandings and misperceptions. Mistrust and conflict increase as communication breaks down.
9. **Differences in Power or Status.** High-status units possess more influence than do those of lower status. Conflict often arises in these circumstances even though the power and status differences may be actual or perceived.

INTERPERSONAL

1. **Perceived Incompatibility of Self-interests.** Individuals believe that a win-lose situation exists; one person will gain while the other will lose. Conflicts arises when people perceive conflicts in motives, goals, aspirations, and roles.
2. **Perceived Scarce Rewards.** Individuals think they are in competition for the rewards and conflict arises from the competition.
3. **Perceived Inequity of Rewards and Status.** Some people are particularly sensitive to matters of equity, believing the rewards they receive should equal their contributions. We constantly create and adjust mental equations regarding our own input/output balance and conflict arises when we feel we are being treated unfairly.
4. **Differences in Self-Concept and Temperament.** People differ in where they prefer to focus their attention and energy, how they prefer to take in information, how they make decisions, and how they prefer to deal with the outer world. Conflict arises when there is a difference between one person's self-image and another's perception.
5. **Ego-Centrism and Obliviousness to Others.** Some people falsely assume that they are the only ones right in their judgments about the world and that others are wrong, except in those cases when the others agree. People differ in beliefs, values, priorities, norms, standards, methods, and attitudes.
6. **Poor Communications.** Often, the communication that person A meant to send and what person B receives differs and that difference can give rise to conflict.
7. **Perceived Absence of Mutually Acceptable Alternatives.** If an alternative cannot be found when what two individuals want is mutually exclusive, the conflict cannot be resolved. For example, in a shared office, Person A wants the door open while person B wants the door closed.

FUTURE DOCTORS LEARN ABOUT THE COMMUNITY

Did you know that St. Joseph's Home Care is connected into McMaster University's innovative education for future doctors? Two St. Joseph's Home Care staff members are leading education experiences to provide medical students a broader understanding of the challenges of delivering care in the community.



Professional Competencies Curriculum

The Professional Competencies curriculum is part of the McMaster School of Medicine Undergraduate Program and the current session runs from September 2015 to December 2016. The curriculum is designed to integrate knowledge and practical experience and enables students

to pull together the complexities of clinical practice with key domains of learning that include effective communication, medical decision-making, moral reasoning and ethical judgment, population health, professionalism and role recognition, self-awareness and self-evaluation, and social and cultural determinants of health.

Lori Lawson, Director of Community Support Services co-facilitates a group of 10 students with a physician to lead the students through topics like interviewing skills, indigenous health, LGBTQ health issues, how to work with individuals who have experienced violence and the effects of oppression on health (racism, classism, etc.), the experiences of individuals living with chronic disease, how the social determinants of health impact delivery of health care, and the nuances of providing care to aboriginal populations, immigrants and refugees. The curriculum provides these future doctors with a broader understanding of the complexities of medical practice and empathy for patients' particular experiences.

Program for Interprofessional Practice, Education and Research (PIPER)

More and more, the health system calls for collaboration between different sectors and professionals from different healthcare disciplines and McMaster has been a leader in

the promotion of a team work and collaboration between students in different healthcare fields. The Program for Interprofessional Practice, Education and Research (PIPER) at McMaster University's Faculty of Health Sciences was established in 2005 to provide support and develop learning experiences that further interprofessional education. This program links medical students with various learning opportunities (like shadowing experiences or tutorials) so they can gain a better understanding and appreciation of the variety of roles in the provision of health care services and to learn to respect and value the input of other disciplines in a team decision making process.

Bridget Hill, RPN with St. Joseph's Home Care's Visiting Nursing Program has been a participant in taking medical students out for a 4-hour session in the community. Most of her students have been first-year medical students with no community experience, so they have been able to experience first-hand some of the realities community nurses encounter on a day-to-day basis and have developed a better understanding and empathy for the complexities of providing healthcare in a person's own home. Bridget uses her time to share just how crucial seemingly unimportant matters are, like how vital it is to write legible doctor's notes when there is a number of individuals who will be reading (and interpreting) them, or how important it is to be available to community nurses when questions or concerns arise.

Bridget notes that this has been a great experience for her and encourages her colleagues to volunteer to allow medical students to shadow them. If you are interested in volunteering, please contact Linda Halford.



Knowing the Risks: Public Warning System

Ontario has an Emergency Public Warning System to provide timely and accurate information on emergency situations and what to do to protect yourself and your family during an emergency. The system issues three types of warnings: Red Alerts, Emergency Information Advisories and Tornado Warnings.

Red Alerts

The province issues a Red Alert to notify citizens of immediate actions they need to take to protect themselves, their families and others when there is an imminent threat to life, public safety or property. Each Red Alert includes a brief description of the event, its location and recommended actions. Some situations in which a Red Alert may be issued are: a large fire or explosion; a chemical leak or spill; a nuclear emergency; or a transportation accident.

Red Alerts are issued by the Office of the Fire Marshal and Emergency Management's Provincial Emergency Operations Centre when these three criteria are met:

- Confirmation from a trusted source that an incident has or is about to occur
- Confirmation that the incident may pose a major risk to life, public safety, security or substantial damage to property
- An immediate broadcast with a call to action may help reduce the potential threat to life, public safety, security or damage to property

Emergency Information Advisories

An Emergency Information Advisory provides Ontarians information about current or evolving emergency situations and may recommend protective actions to take.

The Provincial Emergency Operations Centre will issue an advisory if the incident is of provincial significance and meets one of these criteria:

- May pose a significant risk to life, safety or property;
- May generate considerable public concern; and
- May receive considerable media profile.

Some situations in which an Emergency Information Advisory might be issued include: large-scale power outages; threats to public safety; or a major transportation incident.

Tornado Warnings

A Tornado Warning is issued in partnership with Environment Canada when a tornado is either imminent or occurring in a given area. They contain information on what Ontarians can do to protect themselves during a tornado.

Sending out alerts, advisories & warnings

Alerts are distributed through a number of channels, including:

The Emergency Management Ontario website

- Email (subscription required)
- Text Messages (subscription required)
- Media outlets: television, radio, online media
- Social media: Twitter, Facebook, RSS Feeds (subscription required)

The warnings also complement community emergency management programs that may include public alerting mechanisms, such as automated phone calling, in-home tone-alert radios and sirens.

Sign-up to receive notifications

The key benefit of subscribing to Ontario's Emergency Public Warning System is that warnings reach Ontarians quickly and updated as the situation changes and includes advice to keep you and your family safe.

To sign up for Red Alerts, Emergency Information Advisories or Tornado Warnings, visit www.ontario.ca/emo. Create an account and confirm your account on the email that you will receive to activate your account. Once the account is activated, you will be set up to receive updates.

You can cancel your subscription to email Alerts, Advisories or Warnings any time by clicking the "unsubscribe" link at the bottom of any Alert or Advisory email you receive.

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Types of Alerts

Alerts are issued for situations that are considered a threat to life and are broadcast immediately through the Emergency Public Warning System. Here is a list and description of some of the alerts that may be issued:

NATURAL

Storm Surge

An abnormal rise in sea level accompanying an intense storm or hurricane that poses a threat to coastal areas.

Flash Flood

Often occurring from river ice jams and excessive unexpected rainfall, it is a sudden onset of water causing immediate flooding. This event presents a unique danger to life and safety as there is little or no warning.

Dam Overflow

An overflowing or failing of a dam or reservoir can threaten areas downstream. An alert is issued only in the case of imminent flooding.

Magnetic Storm

A worldwide disturbance of the Earth's magnetic field that can disable electronic devices and infrastructure.

Meteorite

A natural object originating outside the Earth (meteoroid) that passes through the atmosphere and hits the ground.

Earthquake

A sudden release of energy in the Earth's crust that creates seismic waves and can cause substantial damage, especially in urban environments.

Landslide

A down-slope movement of masses of soil and rock material under the force of gravity, a landslide can threaten communities and infrastructure in its path.

Hurricane

A violent storm of intense winds and heavy rain, potentially causing a storm surge, floods, coastal erosion or landslides.

Tornado

A vortex of a violently rotating winds, often forming a funnel-shaped cloud that is capable of damaging property and injuring people.

Thunder storm

A storm of heavy rain accompanied by thunder and lightning that can pose a threat to persons.

CIVIL

Civil Emergency

A civil emergency occurs when humans cause a disruption of services or require varying levels of support, law enforcement or attention.

Animal Danger

Animal danger is when a wild or domesticated animal poses a threat to human life or property.

Amber Alert

An Amber Alert is issued by police services when a child has been abducted and it is believed that his/her life is in grave danger.

911 Service

A 911 service alert happens when there is a disruption or outage of telecommunication services between the public and emergency responders.

Terrorist Threat

A terrorist threat is a declaration of intent by individuals or groups to commit a violent act against civilians or infrastructure.

BIOLOGICAL & CHEMICAL

Chemical

If misused or improperly released, a chemical substance could result in serious injury.

Biological

A potentially dangerous and poisonous, a biological substance is usually very unstable and can easily be transferred.

Radiological

In sufficient concentration, a radiological substance can damage the environment or human health.

Drinking Water Contamination

Contamination of drinking water is when water quality is negatively affected and a boil-water advisory may be raised, cautioning use by the public.

Explosive

Explosive material, substance or device that can produce an explosion if released suddenly.

Types of Alerts

FIRE

Wild or Forest Fire

A wild fire involves natural combustibles (including grass, brush and trees) and poses a threat to human safety.

Industrial Fire

An industrial fire is a large fire in an industrial building or complex that poses a threat to human health.

Urban Fire

An urban fire threatens multiple residential and/or commercial properties.

ENVIRONMENTAL

Air Quality

A decrease in air quality is caused by an elevated particulate count in the atmosphere that can negatively affect visibility or the health of individuals.

Falling Object

A natural, human-made material that is descending by force of gravity and can pose a threat to persons or property

Gentle Persuasive Approach in Dementia Care: Supporting Persons with Responsive Behaviours

Gentle Persuasive Approach is a 7.5-hour evidence based training program which helps care providers deliver person-centred, compassionate care to individuals with dementia. The curriculum was developed in 2004 in Hamilton by a collaboration of individuals who received a research grant from the Regional Geriatric Program; this program is now on its 3rd edition.

The material focuses on four key areas: personhood, brain and behaviour, the interpersonal environment and gentle persuasive techniques. A variety of educational tools are used, such as videos, white board animations, interactive exercises and sharing personal experiences in working with individuals with dementia.



For more information about GPA go to www.ageinc.ca.

Important teachings in this curriculum are:

- Individuals with dementia are persons first, with a unique history and a capacity for interpersonal relationships.
- All behaviour has meaning and to understand the behaviour, we must know the person behind the illness
- The onus is on caregivers to try and understand patterns and triggers and respond respectfully and confidently to the individual with dementia.
- Reframe behaviour as a response attempt to protect/ defend oneself.
- Despite our best efforts, sometimes protective behaviours occur and caregivers need to learn ways to protect themselves and the persons with dementia to reduce injury

Nine PSWs received GPA training in these sessions, bringing the total number of staff with GPA training to 102. SJHC receives funding through the PSW Collaborative to provide GPA training to PSW staff.

If staff feel they would benefit from GPA training, we encourage them to speak with their supervisor.

Like last year, we partnered with Certified GPA Coaches from St. Joseph's Healthcare Hamilton's Therapeutic Departments, to lead staff in two sessions along with Lori Lawson, Director of Community Support Service, who is a Certified Coach herself. Feedback about the session was overwhelmingly positive.

Communication for Positive Interactions

Now that we have explored some of the potential sources for workplace conflict, let's take a look at a number of communication strategies for positive workplace interactions.

Positive workplace communication goes a long way towards fomenting collaborative relationships and increasing confidence and morale. It helps establish mutually respectful relationships that improve work satisfaction and boost productivity. Some simple steps you can take to build a culture of respect and courtesy include:

Commit to Building Relationships

Each person is responsible for the success of our own communications. By committing to building strong, respectful communications with peers in the workplace you are one step closer to making it happen. Taking personal responsibility for effective communication means being open-minded and willing to change behavior and communication preferences to accommodate those around you.

Seek First to Understand

Don't jump to conclusions about the motivations of your colleagues. Take the time to fully understand the other person's point-of-view first by asking open-ended questions and listening--really listening--to the answers.

Avoid Defensiveness

It is not uncommon to react defensively when a coworker criticizes or disagrees. Monitor your reactions and avoid defensiveness. It is often helpful to ask questions before responding; seeking clarification ensure you understand the other person's point-of-view and "buys" some time while attempting to manage a response.

Welcome Diverse Viewpoints

One of the benefits of interacting with others, especially those with different opinions or backgrounds, is the ability to broaden perspectives as they begin to understand other viewpoints. Effective peer-to-peer interactions can benefit when employees are open-minded and take time to listen, consider and respond appropriately to opinions that are different from their own.

Be Honest and Direct

Relationships can be damaged when colleagues avoid direct communication. Don't talk about others "behind their backs." Make a commitment to interact directly and honestly with peers even with those interactions may be difficult and stressful.

SAVING A LIFE, ALL IN A DAY'S WORK

Anyone who has ever worked in a community setting can agree that there are numerous challenges that arise day-to-day. Two essential characteristics of home care nurses and personal support workers who work in our community is problem solving and quick thinking.

These two qualities helped Bridget Hill, one of our Registered Practical Nurses in the Visiting Nursing Program, save someone's life recently.

Bridget had gone into a patient's home to provide care. While she usually visits this patient in the morning, that day, for some reason, Bridget was visiting later in the afternoon. She was chatting with the patient and the patient's husband, who was also in the room resting on his walker, asking questions about the patient's health and answering questions as they came up. Bridget noticed the husband had suddenly gotten very quiet while she was completing her patient's care. She looked over and noticed him slumped over his walker unresponsive.

This is where Bridget's quick thinking saved a life that day.

She checked, but he had no carotid pulse, so Bridget managed to get him on the floor, started performing CPR and called 9-1-1 to have him transported to the Emergency Room. She later

found out that he had a second collapse at the hospital, but is now back home, with a pacemaker but very much alive thanks to Bridget.

And her patient is immensely grateful too. She is wheelchair bound and, had Bridget not been there to perform CPR, would have had no way of helping her husband.

Kudos Bridget for going above and beyond; you are a lifesaver!



PATIENTS FIRST DISCUSSION PAPER

On December 17, 2015, the Ministry of Health and Long-Term Care released Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario, a discussion paper that outlines significant structural changes to the health system. The discussion paper proposes transformation of the healthcare system through expansion of the role of the 14 provincial Local Health Integration Networks (LHINs) to include primary care planning and performance management; home and community care management and service delivery; and by forging formal links to municipal and regional public health units. The specific areas of change are:

1. Enhanced LHIN Accountability:

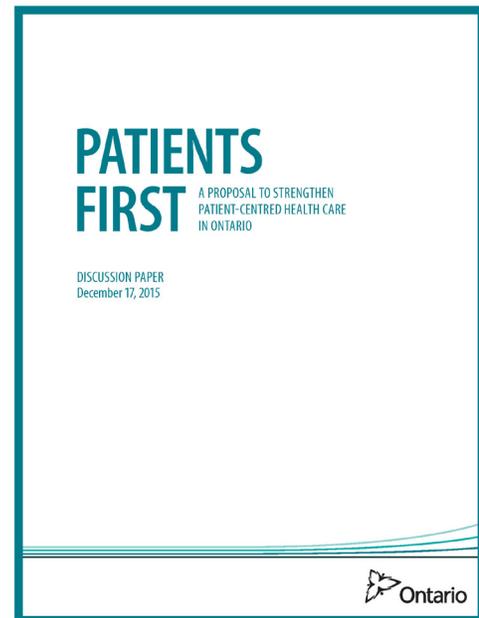
- LHIN mandates extended to make LHINs responsible for all health service planning and performance
- LHINs would identify smaller geographic regions that follow recognized care patterns; these sub-LHIN would be a focal point for local planning and service management and delivery
- LHINs and LHIN sub-regions would assess local priorities, current performance and areas for improvement to achieve integrated, comprehensive care for patients

2. Primary care:

- LHINs would take on responsibility for organizing local care to ensure access to high quality, integrated care for patients in the region
- LHINs would work closely with patients and primary care leaders and providers to plan and monitor performance, and to identify ways to improve care that are tailored to the needs of each community
- LHINs and local leaders would work collaboratively to collect and report on local performance measures using data that is timely, accurate and relevant

3. Home and Community Care:

- **Direct responsibility for service management and delivery would be transferred from CCACs to the LHINs.**
- Home care coordinators would be increasingly focused on LHIN sub-regions and place in primary care settings (e.g. Family Health Teams, Community Health Centres, hospitals)
- **Most home care services would continue to be provided by current service providers.** Over time, service provider contracts would be better aligned with LHIN sub-regions



4. Population & Public Health Planning:

- Integrate population health, public health and health system planning and delivery
- Formalize linkages between LHINs and public health units
- Ministry to modernize Ontario Public Health Standards and Organizational Standards
- Expert panel to be appointed to advise on opportunities to deepen partnership between LHINs and local boards of health and to improve public health capacity and delivery.

Recognizing that, if implemented, these changes will affect the delivery of health care for all Ontarians, the Ministry has sought public input. In addition to directly engaging with stakeholders including providers, associations, patients and caregivers, the Ministry has asked the LHINs to engage health system users at the local level to collect feedback on the ideas presented and how to make LHINs and our health care system more integrated, accessible and better for patients.

SJHC Directors and Managers were encouraged to provide feedback on behalf of SJHC as part of the stakeholder consultations. Stakeholder consultations on the proposal closed on February 29.

Draft legislation implementing the changes is planned for spring 2016.

PSW REGISTRY CLOSED FEBRUARY 29

The Ministry of Health and Long-Term Care ended its funding of the Ontario PSW Registry; the final date of operation for the Registry was February 29, 2016.

The Ontario Community Supports Association, which was funded to manage the Ontario PSW Registry on behalf of the Ministry, sent notification letters advising of the closure to both employers of PSWs and directly to approximately 35,000 PSWs across the province who had voluntarily registered.

Communication about the closure also indicated that the Ministry is considering a number of options related to ensuring a safe and competent PSW workforce, but did not offer further details.



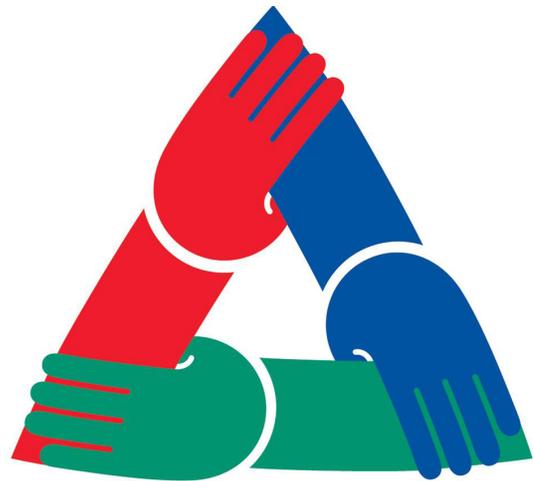
HEALTH & SAFETY WEEK

May 1-7, 2016 is North American Occupational Safety and Health Week!

North American Occupational Safety and Health Week (NAOSH) is a partnership between Canada, the United States and Mexico and symbolizes joint venture, cooperation and the commitment to the common goals shared by all occupational health and safety partners. Companies celebrate this week each year with a re-commitment to the common goals of promoting safety and health in all workplaces across all three countries.

SJHC values the health and safety of every individual. We are vitally committed to providing a safe and healthy workplace for all employees, volunteers, students, contractors, visitors, clients and members of the community in which we provide service and care.

In observance of NAOSH, look for daily communications being sent out from May 1 to May 7 with information, tips and a quiz about health & safety hazards in our workplace.



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