



“We want you to stay connected”.

PRINCIPLES TO GUIDE COMPLEX CARE STAFFING MODEL DEVELOPMENT

The Complex Care Task Group, established in January 2010, built on work by the Planning Advisory Group (PAG) during the Clinical Services Plan (CSP) development process. The Task Group identified the importance of qualified staff and outlined several principles to guide the development of appropriate staffing models for Complex Care. The principles included:

1. Staffing models are consistent across the region for each patient stream
2. Staffing models support goal-oriented patient care
3. Staffing models are evidence-informed
4. Health professionals have optimized scope of practice, clearly defined roles and responsibilities and promote interprofessional care
5. Staffing model is viable within current resources of complex care
6. Staffing model integrates research and education
7. Staffing model supports holistic care and builds on relationships with caregivers and community



A Newsletter about the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) Complex Care Implementation Project

Welcome to the second issue of “The Complex Care Connection”. We hope this newsletter helps you stay informed and up-to-date on this regional project. Successful implementation of this LHIN-wide project will enhance the care of medically complex patients. Beds will be available at 13 hospital sites and Community Care Access Centre Staff will expand their role in patient assessment and placement.

Complex Care Needs Competent Caregivers

One of the project’s subcommittees, the Human Resource Planning Committee, was mandated to create preferred staffing models. Using a Professional Practice framework, members gathered information and best practice evidence to guide their decisions. Current staffing models were shared and 13 hospitals in other LHINs were consulted. To help recommend the most qualified team for restorative care and end of life care, Clinical Managers and Charge Nurses met together on June 3, 2011. The staffing templates created at this session were used to help each hospital site build a staffing model right for them. Smaller groups of qualified staff worked together to recommend staffing models for the other Complex Care streams, the Medically Complex and Behavioural Health streams.

Key Representatives from Complex Care sites met to discuss staffing models.

Front row left to right:

- H. Paterson NHS,
- W. McPherson NHS, and
- S. Reidy HWMH

Back row left to right:

- L. Canadic JBMH,
- B. St. Amant Project Mgr,
- Y. Pearson BCHS,
- J. Smith WLMH,
- C. McKenna HHS,
- J. Dawson JBMH, L. Mair NGH, B. McInnes HHS,
- C. Bergeron HDS,
- J. Clarke SJHH, and
- K. Stengel, HWMH.



IMPORTANT ACRONYMS

BCHS Brant Community Health System
 CCAC Community Care Access Centres
 HDS Hotel Dieu Shaver Health & Rehab Ctr
 HWMH Haldimand War Memorial Hospital
 NGH Norfolk General Hospital
 SJHH St. Joseph’s Healthcare Hamilton

CC Complex Care
 HHS Hamilton Health Sciences
 JBMH Joseph Brant Memorial Hospital
 NHS Niagara Health System
 WLMH West Lincoln Memorial Hospital



Committee Work

Representatives from Complex Care hospital sites across the Hamilton Niagara Haldimand Brant LHIN continue to meet every two weeks to participate in project planning. Committee members continue to plan always considering the needs of the patient first.

Complex Care Implementation Steering Committee

The Steering Committee continues to oversee the work of the three subcommittees. Letters were received from each hospital's CEO formally adopting the new Complex Care definition. The committee is finalizing a site specific implementation plan.

Patient Flow Processes Subcommittee

Committee members have examined all current referral, assessment and admission practices and recommended new, common practices. Flow diagrams have been created to help front line staff follow a patient's journey.

Human Resources Planning Subcommittee

Members collected data on staffing models and best practices from other CC units in other LHINs to help guide their work.

Finance Subcommittee

Hospital CFOs completed a "new state cost impact analysis template" to help identify costs with new bed allocations.

Brant Community Health System will start to implement their changes late September. On June 16, 2011 their Project Team met to begin planning. Standing from left to right: C. Kleinsteuber, Serv Navigator Assist, B. St. Amant, Proj.Mgr, A McRobert, Program Director, Y. Pearson, CC Mgr, and Sonia Rogers, CCAC Client Services Mgr. Seated M. Jozwiak, Coord, Org Pt Flow.



Haldimand War Memorial Hospital is implementing in September too, but one week earlier.

Who is the New Patient and what goals will we help them achieve?

Sharing Important Information

Trained CCAC Case Managers will use a comprehensive, standardized assessment tool called the Resident Assessment Instrument (RAI) to assess new patients. This information will be shared with the Complex Care team prior to the patient's admission.

"Transferring Care" "Transfer of Accountability Tool"

The transfer of relevant patient information from one healthcare team to another is imperative to a patient's care.

The Patient Flow Processes Subcommittee has developed a "Transfer of Accountability Tool" (TOA) they are recommending be completed by all sending organizations just prior to a patient transfer to Complex Care.

The TOA form will provide the Complex Care teams with the most up-to-date clinical information about their new patient and the patient goals.

COMPLEX CARE BEDS 2012

By April 2012 the HNHB LHIN Will Have 628 Designated Complex Care Beds:

- | | |
|-------------------------------|----------------------------------|
| 10 Ventilator-dependent beds | 25 Dialysis beds |
| 13 Acquired Brain Injury beds | 141 Other Medically Complex beds |
| 10 Bariatric beds | 113 Behavioural Health beds |
| 95 End of Life Care beds | 221 Restorative Care beds |

Your Project Contact
Brenda St. Amant
Project Manager
Brenda.StAmant@hnhb.ccac-ont.ca
Office 905-633-3892
BlackBerry 289-208-5419