Windsor Essex
Community Health Centre
Centre de santé communautaire
de Windsor Essex
Supporting the Vulnerable

WE CHC PARTNERSHIP ADVISORY COMMITTEE (PAC)
Workgroup – Communication/Transitioning Clients from Hospital to Community Agencies
Diabetes Wellness, 2885 Lauzon Parkway, Windsor, ON
Wednesday March 26, 2014
9:30 – 11:30 am

Also available by teleconference: 1-866-213-1666 Conference ID: 7764169
Please RSVP lthomson@wechc.org to advise whether your participation is by teleconference or in person

Chair: Hardeep Sadra, Director Chronic Disease
Recorder: Lynn Thomson, Administrative Assistant
Attendance: **16 participants + 4 via teleconference**

1. Welcome/Intro **H. Sadra**

2. What can we do to fill the gaps and support safe transition for clients?

- This meeting is in follow up from the WECHC Partnership Advisory Committee Meeting of February 19 which identified a common theme requesting better information sharing between hospitals and community partners to enable better client care.

Needs Identified:

- Information sharing for clients of community agencies, NP led clinics, attending hospital (ER & hospitalizations)

Optimal Outcome:

- Smooth transitions and un-interrupted service to clients
- Reducing ER revisits to those visits that are necessary
- Reducing readmission to hospital

3. **What Strategies are Currently in Place:**

- Quality Improvement Plans are under review with hospital and Community Agencies through Health Quality Ontario.
- **CCAC** - Clinical Connect (CSWO – Connecting South Western Ontario) work is ongoing to provide a regional electronic health record that can address some gaps identified. Potential for this to be available within the next year. The strategy is to have the ability to notify primary care provider when their client/patient attends ER, is admitted and on discharge. The intent is to provide a connection between CCAC, CHCs, FHT by providing an interface between their systems. Currently CCAC electronic record in accessible to the contracted service providers. The Care Coordinator will determine who has access to the patient record and what areas they will access.
  Question: If there is no flag for in home services, is there a way for identifying what agencies clients/patients are working with?
- **Harrow Family Health Team** – Are a pilot site for Clinical Connect / CSWO.
- **City Centre** provides clients with cards to identify their care provider to present when attending hospital.
- **Street Health** – Has met with Director of Health Records to request Street Health NPs could have access to Sole Comm workbaskets to identify what clients have attended ER, been admitted and discharged. There are some privacy issues to overcome – work in progress. They also provide cards to clients to identify their primary care provider. Requested change script in ER

Department to ask clients/patients who they get health care from rather than asking who their physician is. A Health Promoter attended morning daily staff meetings at WRH for 2 weeks to provide education to staff on what services WECHC provides.

- **Windsor Police** – Experience challenges of the population with known mental health issues who have been admitted to the Psychiatric Ward with outstanding warrants. They are aware of the admission but are not notified on discharge which potentially puts these people at risk in the community.
- **Essex NP Clinic** – Facing same barrier with not receiving information regarding patients admitted or attending ER at WRH. With Leamington Hospital they do not face same barrier. The process is works well in having timely updates of clients/patients visiting ER, being admitted and discharged.
- **Leamington District Memorial Hospital** – They have utilized LEAN processes to develop a strategy for communicating information to primary care providers. It was recognized advantages are dealing with a smaller facility and staff have served multiple roles to have an understanding of the importance of transferring information in a timely manner. Although it is a smaller facility, the process for information sharing is the key to the success.
- **Hospice** utilizes a Multiple Consent Form however are not recognized as care provider. Sadly, they experience a recent incident with a client/patient attending ER and the staff not adhering to a DNR due to lack of communication from the hospital.
- **CMHA** – are provided with details of clients presenting in ER if client identifies working with CMHA. There is a seamless discharge from Psychiatric Ward (3rd floor is by written consent, ER by verbal consent) for clients who identify they are working with CMHA. Walk In Counselling Clinic at Leamington Hospital starts April 7. Initially services will be half day/week every second week and will expand as required. Community Counselling Alliance also offer free counselling services every Friday in Leamington.
- **Issues Identified**
    - Change script when presenting at ER to "Who is your Physician or Nurse Practitioner"
    - Discharge from hospital – not receiving discharge information
    - Unable to see clients within 7 days of discharge
    - Relying on clients to self report which is not reliable, especially clients with mental health and addiction issues
    - Duplication of services
    - If ER contact PCP on presentation at hospital, admissions could sometimes be avoided
    - Eating disorder admissions don't present as an eating disorder and aren't identified
    - Hospice is identified as a community partner, not a care provider
    - Information transfer is part of accreditation

4. Next Steps

- ✓ Introduce Multiple/Global Consent Form to access information
- ✓ Have a check list for client to select community agencies they are working with to identify which service provider needs
- ✓ Determine process for follow up appointment booked with care provider on discharge
- ✓ Meet with hospital to ensure asking correct questions
- ✓ Acute clients accessing CCAC – ensure they are aware of other health care services
- ✓ Introduce a card/passport to hospitals for frequent attendees to hospital – build into hospital record to identify other community services to ensure a better flow of information
- ✓ Community Capacity Committee Meeting – WECHC attending meeting tomorrow and will bring issues forward
- ✓ CCAC – will review process with Care Coordinators and determine to ensure information is shared with community agencies / health care providers
- ✓ Request Discharge Planners at hospital to add linking with community partners topic to 'bullet rounds'
- ✓ Establish process for seamless transition from discharge to care partners
- ✓ Focus on mental health clients

- ✓ Request meeting with hospital or inclusion in one of their weekly meetings – H. Sadra to connect with Karen McCullough
- ✓ Request the Privacy Officer also attend the same weekly meeting
- ✓ Clarify process with Privacy Officer – meeting with Privacy Officers from all agencies and the hospital
- ✓ Provide some patient stories highlighting challenges and bring issues forward (i.e. Hospice recent incident)
- ✓ Agencies providing services in Leamington should meet and information share with Leamington. Hospital. Community Home Support Services would like to be included in this meeting as have clients that may not be able to access hospital services – overcome barriers.

5. Closing Remarks / Thank You **H. Sadra**

6. Adjournment **H. Sadra**

The meeting was adjourned at 10:30

7. The next WECHC PAC meeting is scheduled for Wednesday April 9, 2014 from 9:00 am – 11:00 am – Windsor Family Credit Union, Community Room located in basement, 2800 Tecumseh Road E (corner of Tecumseh & Drouillard).

Action Items:

	Action Item	**Agent**	**Due Date**
1	Set up meeting with hospital through Karen McCullough	H. Sadra	ASAP
2	Set up meeting with Leamington Hospital and community partners who provide services in Leamington	J. Ellis	ASAP

Respectfully Submitted by Lynn Thomson