

North Renfrew County Health Link Communiqué

Care Coordinator Update

The North Renfrew County Health Link Care Coordinators—Kathryn Mooney and Lee Chantrell—have been working diligently to reach out and serve complex patients within our Health Link. They have been developing processes and relationships as this first stage of the Health Link initiative evolves. The Care Coordinators have been working with a variety of organizations including the Regional Diabetes Program, CCAC, and individual family physicians. They are currently using Pembroke Regional Hospital data to identify possible high users of the health care system. North Renfrew County Health Link may implement a staged referral process depending on what is determined from this first method of patient identification.

We happily welcome Shawna DeJong, RN, who will be the third Health Link Care Coordinator from the Champlain Community Care Access Centre (CCAC). Shawna is quickly learning the context and purpose of Health Links.

Coordinated Care Plans

One of the goals of Health Links care coordination is to work with the patient to develop a Coordinated Care Plan (CCP). The patient is then encouraged to share the CCP with their various clinical care team. A case conference with the patient and clinical care team might also be arranged to further clarify the plan.

The Ministry of Health is piloting an electronic version of the CCP, so that this patient-guided plan can be available in actual time to any clinician. In the meantime, the Coordinated Care Plans will

be housed in CHRIS—CCAC's software—with the CCAC being the Health Information Custodian (HIC). The Care Coordinators will ensure that all members of care teams have up-to-date copies of the CCPs for their respective Health Links patients.

Patient Update

As of October 16, North Renfrew County Health Link had 14 patients enrolled. It has since been noted that Patient transportation and the lack of timely information flow are two of the most concerning barriers to coordinated patient care. Techniques of systems navigation have also included coaching patients on how to build working relationships with their family physicians to better facilitate their care.

Moving Forward

North Renfrew County Health Link is also advancing on the other items laid out in the 2015-2016 Business Plan. There are plans to launch several pilots concerning mental health screening in primary care, best practices for Chronic Heart Failure patients, and enhanced services for Chronic Obstructive Pulmonary Disease (COPD) patients in the next few months. This goes back to our determination to use Health Links as a way to enhance and connect local resources to better serve our most complex patients. We look forward to announcing these pilots as their details are confirmed.

For more information on this exciting quality improvement initiative, please contact Jennifer Kennedy, Project Manager:

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