HealthLink Rideau Tay

Communique

Fall 2015

Health Link ***Coordinated Care Plans (CCPs)*** are meant to promote communication and collaboration between health care providers for our most complex and vulnerable patients. Patients & providers can both benefit from enhanced care coordination and service provision. Care conferences allow us to collaborate, communicate and problem solve for our most complex patients. Collaboration with our Primary Care Providers is a critical element for Health Links.

To make appropriate referrals to the Health Link Coordinator, consider the following:

- Patients with four or more chronic/high cost conditions, including a focus on mental health and addictions, palliative patients, and the frail elderly
- Low income and the social determinants of health (housing, living alone, language, immigration etc.)

Rideau Tay Health Link Achievements

- Completed 60 Coordinated Care Plans with over 200 action plan items
- 5 Care Conferences that connected multiple providers, created solutions to problems and improved ongoing communication and understanding between health service providers
- Connections made with STOP smoking cessation program, dental program, social services, lung health, free community exercise programs and many others!
- Improved patient and provider satisfaction with the Health Link patient centred approach
- Hospice Palliative Care and Transitions Working Groups created with members from across health and social service sectors

Rideau Tay Health Link Partners Collaborate

In collaboration with the Perth and Smiths Falls District Hospital and the Community Care Access Centre, the Rideau Tay Health Link will be initiating a pilot project starting September 8th, that will assist with the early identification of potential Health Link patients as well as the ongoing assessment and evaluation of patients who are receiving Health Link services. In order to achieve this, Jennifer Spencer, a Health Link Coordinator will begin working out of the Perth & Smiths Falls District Hospital. Initially she will be located at the Smiths Falls site. She will assist with the identification of possible Health Link patients, participate in daily speed rounds on the medical surgical unit and assist with the coordination of services for patients with complex health needs.

Provider feedback about care conferences

MD: *"I found the case conference very valuable . It allowed brainstorming solutions as a group, information sharing and clarification. It absolutely was valuable hearing from the patient during the meeting. Thanks again and to the whole team for your support to this patient."*

NP: *"I found the care conference very beneficial. It was good to know who else was involved in the patient's care. It will make it easier for me moving forward if I need to contact his other providers. It was also helpful to get a good sense of his DM control and options for treatment through RVDS."*

RN: *"I found this particular care conference very effective. We have already met with client and there is noted improvement in diabetes management. The complexity of this gentleman is apparent and it was great to have he and the room full of people on his 'team' able to sit together , share, and plan. The client's presence and voice tied the entire sharing together. Thanks for the opportunity to be involved. "*

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