COMMUNITY NETWORKS OF SPECIALIZED CARE

## Housekeeping Items

- PLEASE have your VC on mute for the entire presentation
- Question and answer period will be at the end of the session
- Please refrain from sharing any personal/client stories as this session is being recorded

- If you have any personal issues you would like to discuss these can be addressed with your primary care professional

Or

- If you have any client issues you would like to discuss these can be addressed with your local Health Care Facilitator

COMMUNITY NETWORKS OF SPECIALIZED CARE

# Community Networks of Specialized Care

## DIABETES: FOR HEALTHCARE WORKERS + THE MENTAL HEALTH MODULE

CENTRAL WEST REGION in partnership with the Canadian Diabetes Association thank you for participating in today's education and training opportunity

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## Presenters

Sabrina Vertolli, RN, B.Sc.N, M.A. Ed., Health Care Facilitator
Central West Network of Specialized Care

and

Lucy Florio, Public Programs and Services Coordinator
Canadian Diabetes Association

**May 14, 2013**

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## Establishment of Networks

The networks were established across the province by the Ministry of Community and Social Services (MCSS) as part of the transformation of Developmental Services.

****Context*


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Ontario
MINISTRY OF COMMUNITY AND SOCIAL SERVICES
MINISTÈRE DES SERVICES SOCIAUX ET COMMUNAUTAIRES

The province is split into 4 Community Networks of Specialized Care.

Central Ontario

Eastern Ontario

Northern

Southern Ontario

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## CENTRAL ONTARIO

Community Network of Specialized Care is made up of three Regions:

Central Ontario

Lead Agency is Central West Specialized Developmental Services


Lead Agency is Community Living Huronia

Lead Agency is Surrey Place Centre

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## Central West Network of Specialized Care Service Area:

- Is made up of **five counties** in total:

Waterloo,
Wellington,
Dufferin,
Halton and
Peel.


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## A little bit about me

- Community Living of Mississauga (frontline)

➔Nursing Degree

- Worked in various environments

➔Masters in Adult Ed

- Most recently worked in Long-Term Care as a Clinical Nurse Specialist before coming back to the Developmental Service Sector as a Health Care Facilitator

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## A little bit about the Health Care Facilitator (HCF) role

- My mandate is to ensure that adults with developmental disabilities receive access to primary & preventative care.
- How do I do this? …. It is 2 fold
  - I help people navigate across sectors (Health, Mental Health and the Developmental Service Sector) **AND**
  - A large part of my role is building capacity (by increasing skill & knowledge) in health care professionals/service providers through a variety of knowledge transfer activities such as training, education and support.
- Currently they are 9 HCF across the province of Ontario

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## Why is the CW CNSC hosting today's event?

- Increase in referrals for diabetes education in the developmental service sector d/t staff turnover, changes in care needs and changes in medication regime

**AND**

- We are currently in a transformation period - how diabetes service are being accessed is changing

**NEW:** Central Intake Programs

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## CIP Background

- A need was identified to ….

- Reorganize and centralize the referral process for accessing diabetes services and
- Common Referral Form

- Ministry of Health and Long Term Care (MOHLTC) approved separate Central Intake Program (CIP) funding for each Local Health Integration Network (LHINs)

- Each LHINs will have their own CIP

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## An overview of the issues that existed in the old referral model

- Duplication of services
- No tracking of patient flow
- Disconnect between primary care, speciality care and acute care services

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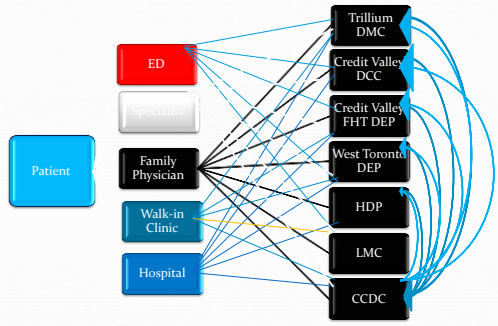
## Current Diabetes Referral System

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## Central Intake Program Objectives

- Single point of access into the diabetes system
- Coordinate referrals to diabetes services across sectors
- Promote regular communication between stakeholders & partners
- Collect data related to diabetes service utilization & patient care outcomes
- Support consistency & best practice among diabetes services
- Enable quality improvement in diabetes service delivery

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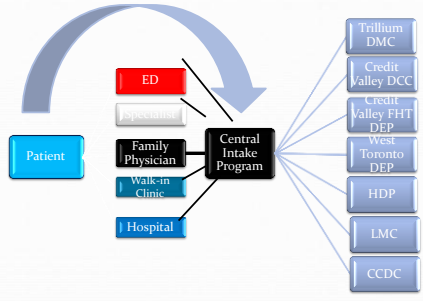
## New Central Intake Program



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## Referral Management Process:

- All Referrals for diabetes services are sent to CIP

**Modes:** paper & fax, on-line website form, by phone

- Referrals will be triaged and routed to appropriate DEP by CIP
- DEPs receives referrals from CIP and proceeds with appt setting and patient care as per organization protocol
- DEP feedback will be shared with primary care providers & CIP at appointed timeframes

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## CIP roll out plan

1. Endocrinologists [pilot]
2. Family Health Teams (FHT)
3. Primary Care & Community Sector

- They will be accepting referrals from the DS sector beginning in late summer 2013

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Canadian Diabetes Association

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# Diabetes Specific Resources

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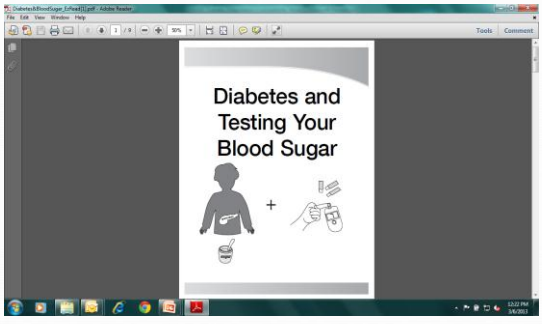


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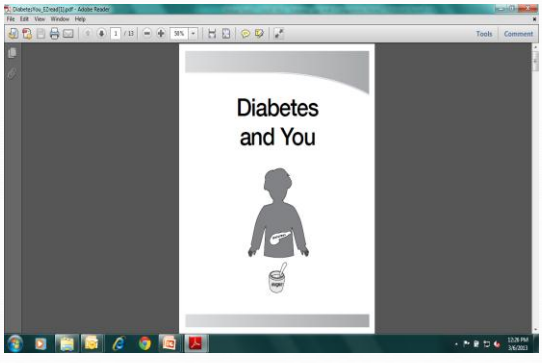

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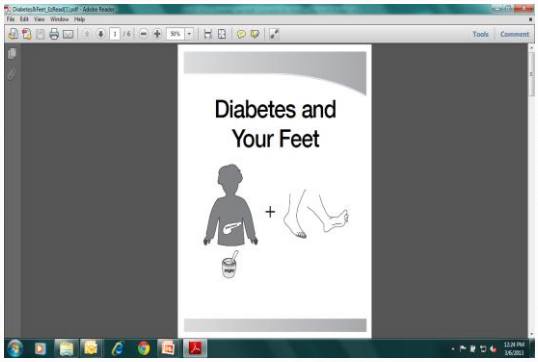


## Diabetes Easy-Read Tools


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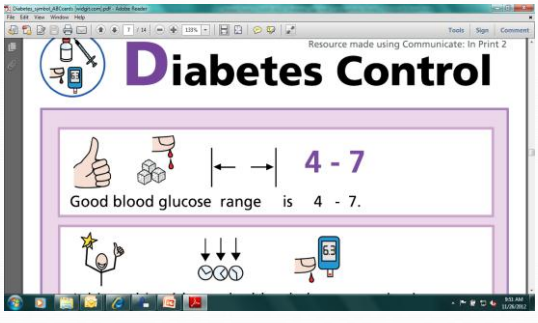
http://www.widgit.com/resources/health/diabetes/index.htm



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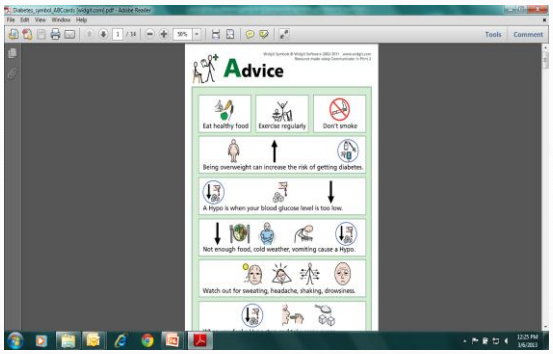


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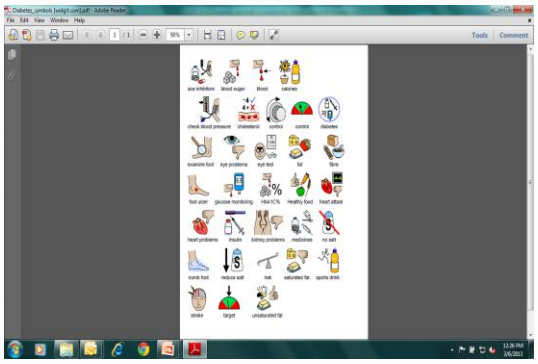

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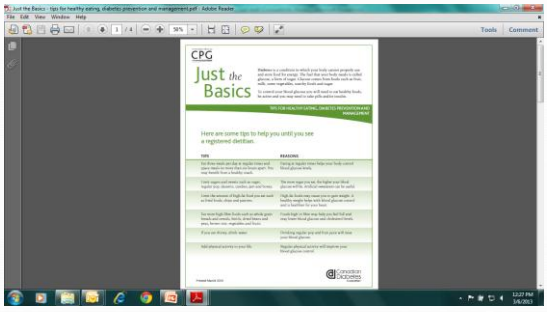
## Canadian Diabetes Association

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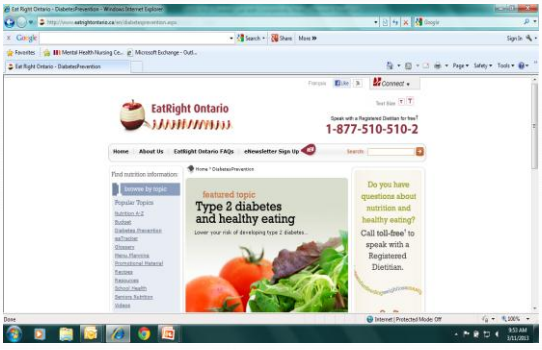


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# Additional RESOURCES for supporting clients with developmental disabilities (DD)

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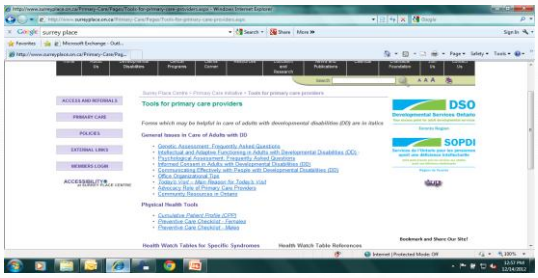
## DD Best Practice Guidelines




http://www.surreyplace.on.ca/Primary-Care/Pages/Tools-for-primary-care-providers.aspx

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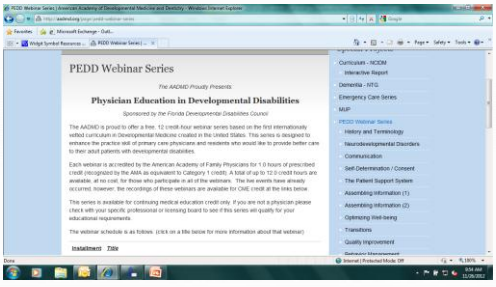
## http://aadmd.org/

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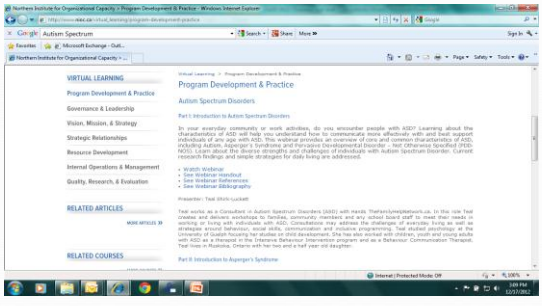
## http://www.nioc.ca/virtual_learning/program-development-practice



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## Health Booklet Series


http://www.surreyplace.on.ca/Clients-Corner/Pages/Health-Booklet-Series.aspx

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## Key Learning's

**3** Things you have learned

**2** Things that surprised you &

**1** Thing you are going to do with this information.

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## Factors that would make a client with a dual diagnosis more susceptible to diabetes are ….

- Diet (access and $)
- Inactivity or limited activity
- Medications
- Mental health diagnosis

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- Please complete the evaluation form for this education session
  - Try scanning in the QR code on the flyer with your phone to be directed straight to the survey
- We have 2 other sessions this month on a variety of diabetes topics – Please join us for all
  - For more info pls check the Network on-line education calendar (www.community-networks.ca) or speak with your VC coordinator

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## Provincial Health Care Facilitators

| Region | Name | E-mail |
|---|---|---|
| **Northern** | | |
| | Camille Bigras | cbrigras@handstfhn.ca |
| | Laura McCauley | lmccauley@handstfhn.ca |
| **Southern** | | |
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| **Eastern** | | |
| | Theresa Broda | tbroda@solution-s.ca |
| | Carole Leveille | cleveille@ongwanada.com |
| **Central** | | |
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| West | Sabrina Vertolli | svertolli@cwsds.ca |
| East | Bev Vaillancourt | bvaillancourt@clhmidland.on.ca |

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# Thank You!