Our Story: The Windsor-Essex Compassionate Care Community

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OUR REASON FOR BEING

TO:
- **Improve** quality of life for frail elders and supporting families
- **Rebalance** physical, mental, social and spiritual care
- **Tackle** loneliness and social isolation
- **Advance** personalized health care
- **Prevent** chronic disease and premature mortality
- **Normalize** death, dying, loss and bereavement

"Community is the crucible for most important determinants of health as well as for many of the important social relationships that make life worth living."

(Hospice Palliative Care Ontario Community Research Collaborative CoP)
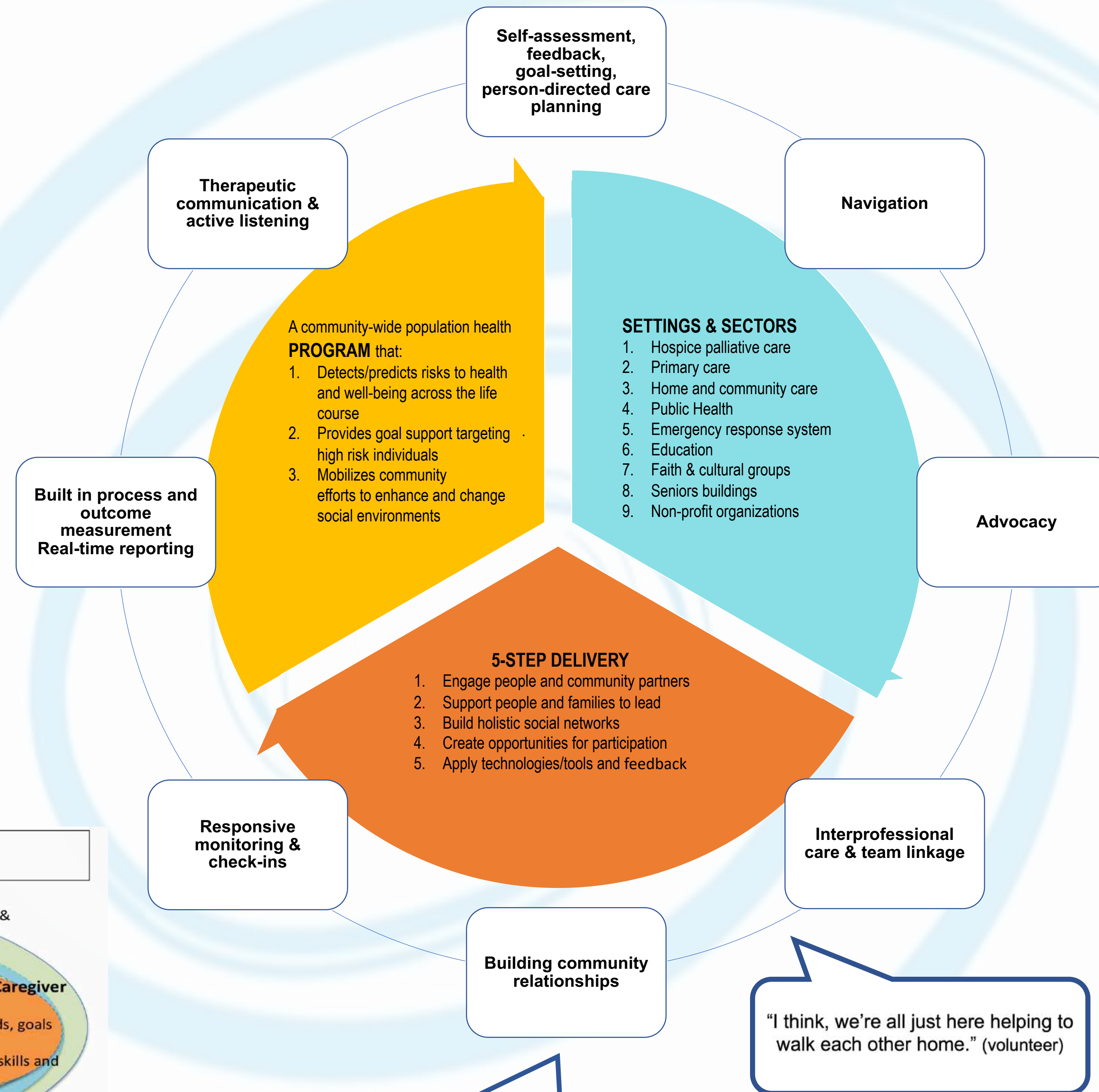
WE ARE THEORY- DRIVEN

Conceptualizing helps us to comprehend elusive phenomena, explain processes, predict outcomes, creatively think about how to develop knowledge, imagine opportunities and uncover patterns and relationships.

(Pfaff et al., 2019)

Strengthen Community Action, Create Supportive Environments, Develop Personal Skills, Reorient Health Services, Build Healthy Public Policy

Determinants of Health
Income & social status, social support networks, social environment, personal health practices & coping skills, education, health services, culture

Population
Risk prediction
Use of population level data
Scale up and spread

Communities
Leadership
Coalitions and partnerships
Social responsibility
Navigation

Health System
Care organization
Delivery design & decision support
Health Information Sharing System

Patient, Family, Caregiver
Act on preferences, needs, goals
Self-management skills and support

Volunteerism | Interprofessional collaboration | Technology | Social networks | Policy and engagement

Audit & Feedback

Outcomes

WE ARE A CATALYST FOR POPULATION HEALTH

Care Across The Life Years SYSTem

Self-assessment, feedback, goal-setting, person-directed care planning

Therapeutic communication & active listening

Navigation

A community-wide population health
PROGRAM that:
1. Detects/predicts risks to health and well-being across the life course
2. Provides goal support targeting high risk individuals
3. Mobilizes community efforts to enhance and change social environments

SETTINGS & SECTORS
1. Hospice palliative care
2. Primary care
3. Home and community care
4. Public Health
5. Emergency response system
6. Education
7. Faith & cultural groups
8. Seniors buildings
9. Non-profit organizations

Built in process and outcome measurement Real-time reporting

Advocacy

5-STEP DELIVERY
1. Engage people and community partners
2. Support people and families to lead
3. Build holistic social networks
4. Create opportunities for participation
5. Apply technologies/tools and feedback

Responsive monitoring & check-ins

Interprofessional care & team linkage

Building community relationships

"I think, we're all just here helping to walk each other home." (volunteer)

"I'm actually for the first time in five years looking forward to the beginning of the month when I will have a routine of going Tuesdays and Thursdays [to yoga] and then plus I have the compassion people that come to my house [for friendly visits]."

(Shawn, client)

RESEARCH & INNOVATION GOALS

To test a theory that emphasizes the ecological and interactive relationship between health and the social and economic environment of communities.

To analyze embedded program data for public value and population-level impact.

To lead innovative information communication technology solutions for comparable community learning that can be adapted for any community in any jurisdiction.

WE ARE A LEARNING HEALTH SYSTEM

Science, [theory] informatics, incentives, and best practices are seamlessly aligned in program delivery.
New knowledge is simultaneously generated, evaluated, and fed back into the system to promote change and scale.

(Institute of Medicine, 2007)

IMPACTS & OUTCOMES

Engagement:
- 1000+ participants
- 300 volunteers
- 85+ stakeholder organizations
- Nursing, pharmacy, social work, medicine

"The program helped me with seeing a doctor, getting prescriptions…and appointments with healthcare at the mental health unit. I didn't have a family doctor…It is a miracle..."

(Elmer, client)

Pilot findings:
- ↑ social connectedness
- ↑ access to primary and social care
- ↓ unnecessary EMS and ED use
- Improved pain & symptom management, environmental safety

LESSONS LEARNED

There is "no best way of delivering…the emphasis on discovery as we develop policy and practice…don't be afraid to add and change tools as you go…keep a focus on equity at the forefront…focus on capacity building, not doing."

WE ARE SCALING UP

We are partnering with other communities (Toronto, Compassionate Markham) and stakeholders (OHRI, Health Commons Solutions Lab) to test, integrate, and evaluate the same surveillance and outcome tracking tools.

We are working with McMaster and the Red Cross to expand primary care engagement.

In partnership with

WECCC

McMaster University | the hospice | University of Windsor | UNIVERSITY OF TORONTO | Western | The Ottawa Hospital / L'Hôpital d'Ottawa | HPCO Hospice Palliative Care Ontario | HEALTH COMMONS SOLUTIONS