THE LINK

HealthLink
North York Central
Let's make healthy change happen

Health Links is an integrated approach to care that brings the patient together with their care team to provide coordinated, efficient and effective care for patients with complex needs

UPDATES

WHAT'S NEW

North York Central Health Link (NYCHL) has developed our **operational plan** for 2018-2019. Some of our priorities include:

- Support the roll- out of the roll out of the Coordinated Care Solution
- Focus efforts on progressing through maturity model
- Enhance community rounds to provide real-time case resolution for complex patients

Health Quality Ontario is leading the **development of new indicators** to enhance our ability to track the impact of Health Links. We will be working on enabling reporting for these indicators in the coming months.

PATIENT STORY

Lucy* has Alzheimer's. She is non-verbal, needing total care and is bed/wheel-chair bound. She is supported by her spouse and 4 children, and a daily private caregiver. The caregiver assists with daily living activities and homemaking services. Lucy receives personal support and physiotherapy services from Central LHIN. The physiotherapist develops a home exercise program and provides training to the spouse, personal support workers and private caregiver to help maintain Lucy's muscle strength and range of motion.

What was working for Lucy:

- Supportive family
- Appropriate support services in place to aid Lucy's care
- Patient had set goals

Challenges in Lucy's Care:

- Communicating goals to carers
- Scheduling personal support worker regular
- Various service disruptions

Improvements in her Care as a result of Health LInks

- CCP allowed spouse to clearly communicate Lucy's goal and monitor progression
- Service disruption were minimized through appropriate documentation and communication of Lucy's schedule in the CPP

Through continued collaborative care Lucy is able to work towards her goals effectively and is on the wait-list for Lucy long term care. Husband is now a great advocate for vulnerable seniors and caregivers.

* Patient name has been changed for confidentiality

QUARTERLY SPOTLIGHT

Centre for Complex Diabetes Care (CCDC)

The interdisciplinary team of the CCDC provides individualized education, support and counselling to adults living with diabetes that is compounded by complex psychosocial and health needs. Clients are supported through case management over 3-12 months, closely followed and referred to community services to compliment care. To refer to CCDC you can click **HERE** or contact us directly.

Contact us at:
Tel: 416-635-2575
Fax: 416-635-2601

EVENTS

NYCHL Community Rounds

NYCHL Community Rounds Team. Representatives pictured left from NYGH, Complex Care Diabetes Clinic, Reena, Developmental Services Ontario, LOFT, NY Seniors Centre, Alzheimer's Society, in addition to Central LHIN Home and Community Care, Toronto North Support Services, Cota, Circle of Care, Better Living, Lumacare and others.

Community Rounds takes place the first Thursday of every month.If you would like to join our rounds feel free to reach out to our team at healthlinks@nygh.on.ca

Our next community rounds will be : **August 7th, 2018**

GET IN TOUCH WITH US

healthlinks@nygh.on.ca

www.nygh.on.ca/healthlinks

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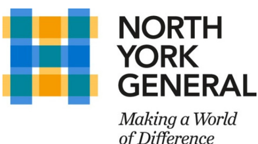
NYCHL is enabled by many providers as well as the following founding partners:



North York Family Health Team