Frequently asked questions:

1. How long does the program last?
The ICCP program lasts up to 16 weeks. The length of time in the program depends on your individual care needs.

2. What happens if care is needed longer?
Your care team will stay connected throughout the 16-week program to review how things are going. The care team will discuss your progress and your ongoing plan. If you require care after 16 weeks, the team will support your transition to homecare services provided by the Home and Community Care Support Services Central East.

3. I have an application to long-term care started, am I still eligible for the program?
Management of your long-term care application will remain with the Home and Community Care Support Services Central East.

4. Do I have to have an application to long-term care to be eligible for the program?
No, you do not need to have an application to long-term care to be eligible for the program. If you or your caregivers wish to apply for long-term care while in the program, you will be supported and counseled on healthcare planning and connected with the Home and Community Care Support Services Central East.

5. What happens if I need to be admitted to hospital?
If your medical condition changes and you need hospital care, Peterborough ICCP team will continue to support you when you return home. The Peterborough ICCP team will be kept informed and plan for your return home.

Contact Information:

If you have any questions about your services, you will have access to dedicated CBI Home Health staff 24 hours per day, seven (7) days per week at:

705-742-7751

PETERBOROUGH
Ontario Health Team

Integrated Comprehensive Care Program

TRANSITIONAL HOME CARE

Peterborough FAMILY HEALTH TEAM

PRHC Peterborough Regional Health Centre

PETERBOROUGH PARAMEDICS

CBI HEALTH GROUP

What is Peterborough OHT, ICCP?

Peterborough Ontario Health Team (OHT) Integrated Comprehensive Care Program (ICCP) is a care delivery program sponsored by the Peterborough Ontario Health Team.

Patients will be provided care in their homes for a period of 16 weeks through the collaboration of:

- Peterborough Regional Health Centre (PRHC)
- Peterborough City and County Paramedics
- Primary Care
- CBI Home Health
- Kawartha Therapy Services, Inc.
- Peterborough Family Health Team

The ICCP is made up of an interprofessional team of care providers who are committed to providing expert, high-quality patient care. Your care team could include:

- Personal Support Worker (PSW)
- Nurse
- Occupational Therapist
- Physiotherapist
- Social Worker
- Speech Language Pathologists (SLP)
- Dietician
- Community Paramedics
- Access to medical equipment and supplies

How does Peterborough ICCP work?

The PRHC Transition Navigator will work with you, your caregivers, the hospital, primary care and the CBI Home Health Transitional Lead to identify your care needs and goals. An individualized care plan will be created to support you in your home. Your first home visit will be scheduled within 24 hours of returning home. You will know the name of the person coming to your home.

What happens when you are home?

You will:

- Receive a home visit within 24 hours from a registered healthcare professional.
- Receive daily visits or phone calls from a member/or members of your care team for the first seven (7) days to ensure you are managing well and your care needs are being addressed.
- Receive all necessary medical equipment and supplies to support your care plan.
- Know your care plan schedule – who is visiting, when they are visiting and what the purpose of the visit will be.
- Be the decision-maker in the development of your care plan, ensuring your care goals are central to all discussions; working collaboratively with the team to make changes to the plan as needed.
- Have one number to call for all questions, concerns and issues. This number will be available to you 24 hours a day, seven (7) days a week.
- Have access to remote patient monitoring if you or the team determine it is required.

Your care team will:

- Participate in daily communication to review the plan and ensure that your care needs are being addressed.
- Connect you with appropriate community resources to provide all required aspects of care and support.
- Work with your primary care provider to set up an appointment within seven (7) days of you starting with the program and keep them up to date on your progress.
- Establish your visit schedule based on what you need. As your needs change, so will your healthcare plan.
- Organize weekly huddles (meetings) with your entire care team, and schedule care conferences at regular intervals during your 16 weeks to ensure transitions points are supported.