Community Care Access Centre

London - Middlesex

Centre d'accès aux soins communautaires

Annual Report

2003-2004

Audrey McCutcheon, Board Chair

Sandra Coleman, Executive Director

356 Oxford Street West
London, Ontario
N6H 1T3

Telephone (519) 473-2222

Document disponible en francais

Vision

Our Vision is to build a community of informed citizens connected to resources that promote personal health.

Mission Statement

The Community Care Access Centre of London and Middlesex, working in partnerships, helps people access health and support services and resources by providing:

- Programs and services information;
- Access to Long-Term Care facilities;
- Care at home and in school;
- Evaluation, education and research.

The Community Care Access Centre of London and Middlesex provides services in English and French and strives to respect the preference of clients for services in other languages.

Our Principles and Values

Person and Family-Centered Care

We believe in Individual Care Planning approaches that are person and family-centered, support individual client's right to choose and are respectful of each person's dignity, cultural diversity and aspirations.

Partnering Relationships

We believe in developing the necessary relationships within the health care and community services sectors that will support the coming together of services in a coordinated manner that will achieve the individual Care Plans for each client.

Respecting Diversity

We believe in the right of our clients and partners to be dealt with in a manner that recognizes their individuality and that is sensitive to and responds to their ethnic, spiritual, linguistic, familial, cultural preferences and needs. In keeping with the provisions of the French Language Services Act, this includes respecting the rights of our francophone community to receive services in the language of their choice.

Being a Caring Organization

We believe in creating an organization that cares for and listens to its clients, partners, staff and the community in the ongoing development and delivery of its services and the allocation of its resources.

Integrity and Commitment

We believe that our integrity is built upon our commitment to actively pursue our Vision and Mission and to practice our Principles and Values each day.

Achieving Excellence

We believe in creating an organizational culture that values its volunteers and staff; encourages innovation and creativity in all actions and relationships; and actively supports and practices life long learning as a basis for developing and promoting personal and professional excellence.

Being Accountable

We believe in being accountable for our actions and use of resources through practicing ongoing evaluation that supports continuous improvement, outcome analysis and the reporting of results.

1. Key Messages from Board Chair and Executive Director

People in our community, and people across Canada, care deeply about the future of health care. In particular, there is growing recognition that care in the community is a critical part of any sustainable health care system. The Romanow Report, for example, referred to home care as "the next essential service." Recently, George Smitherman, Minister of Health and Long-Term Care for Ontario included "creating strong community health services," as one of his top priorities.

The Community Care Access Centre of London and Middlesex (CCACLM) shares this belief in the critical importance of high quality community health care. We are proud of the CCAC's achievements in reflecting and meeting the needs of our diverse and growing community. We have created a model organization, closely linked to local hospitals, primary care physicians and other health care partners, committed to meeting the needs of both rural and urban clients. The Board and the Community Advisory Council continue to play key roles in keeping the organization in touch with local needs and connected to other parts of the health care system.

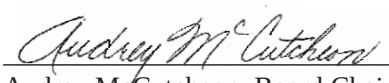
Two principles continue to drive our organization: flexible, client-driven care, and equitable and accountable distribution of services to those who need them most. In keeping with the principles of flexible client-driven care, we continue to do everything we can to adapt our services to individual needs and preferences, and to welcome clients and families as full members of the care team. As part of our ongoing training in client-driven care, we worked with members of our "flex-care teams" — groups of health professionals who provide flexible, responsive care to clients in seniors' apartment buildings and supportive housing.

Several new administrative tools supported our goal of equitable and timely distribution of services. The Resource Allocation Tool ensures that case managers have a clear picture of the service units at their disposal, ensuring that all resources are used effectively to serve clients who need them most. The CCACLM strengthened this tool by developing service delivery models in collaboration with our service providers. The models help case managers develop service plans for clients in a consistent, evidence-based manner. In keeping with our commitment to operate within our fiscal responsibilities and accountabilities we met all of our service commitments within our authorized annual budget.

Working in partnership with the Ministry of Health and Long-Term Care and CCACs across Ontario, we have embraced the opportunity to share management tools, information and ideas with our provincial colleagues, striving together for consistent, high quality care for all clients. We also implemented a province-wide management information system, new performance measures, a new Request for Proposal document, and completed training for all case managers in the RAI-HC assessment system. Our case managers worked with local hospital discharge planners to implement RAI-HC, ensuring a seamless continuum of care from hospital to community and long-term care facilities.

The CCACLM continued to be an active member of our local health care community. Thehealthline.ca, a health web portal developed in partnership with other local health care providers, attracted more than 92,000 visits, a 43% increase from the previous year. Thehealthline.ca is now home to special French language and palliative care sites, and is expanding to nearby communities.

We extend our heartfelt thanks to our dedicated volunteer board and to our compassionate and skilled staff and service providers who work in partnership with our clients.



Audrey McCutcheon, Board Chair

Sandra Coleman, Executive Director

2. Order in Council (OIC) Appointments

Board Member	Appointment Term	Retiring Date
Phyllis Cohen	Feb 16/02 to Feb 15/05	
Patricia Kirkby	Feb 16/02 to Feb 15/06	
Audrey McCutcheon, Chair	Feb 16/02 to Feb 15/04 Feb 16/04 to Feb 15/05	
Bonnie Quesnel	Feb 16/02 to Feb 15/05	
Alma Robb	Feb 16/02 to Feb 15/04	Feb 15/04
Connie McDonald	Feb 16/02 to Feb 15/06	
Jim Nolan	Feb 16/02 to Feb 15/06	
Adrian Serban	Feb 16/02 to Feb 15/05	June 9/03
Maxine Silverstein	Feb 16/02 to Feb 15/05	May 21/03
Sandra Coleman, Executive Director	Dec 18/02 to Dec 17/05	
Claude Lanfranconi (Appointed by Board as Assistant Treasurer)	OIC pending (Sep 17/03)	

3. Community Partnerships

(a) Community Partnerships with Other Service Providers

The CCACLM continued to be dedicated to innovation and partnerships in 2003 - 2004:

- Our Flexible Client-Driven Care Research is a collaborative initiative with Dr. Carol McWilliam from the University of Western Ontario and our service providers. It continues to guide our CCAC in delivering the best possible community care in London-Middlesex. One hundred and forty-four (144) service provider staff working in 12 flex-care buildings were trained in flexible client-driven care, bringing the total number of staff trained to almost 400.
- CCACLM collaborated with our service providers to develop Service Delivery Models for Nursing and for Therapies. The service delivery models provide best practice guidelines for care to ensure responsible, efficient and effective delivery of care in the community.
- CCACLM collaborated with our service providers to deliver two wound care best practices education series for provider nurses, case managers, and staff from hospitals and long-term care facilities. In addition, a wound care framework developed with other CCACs and service providers, will result in quicker healing, improved pain management and increased client and caregiver involvement in wound management coupled with improved allocation of nursing and supplies resources.

(b) Initiatives/Achievement with Community Partners

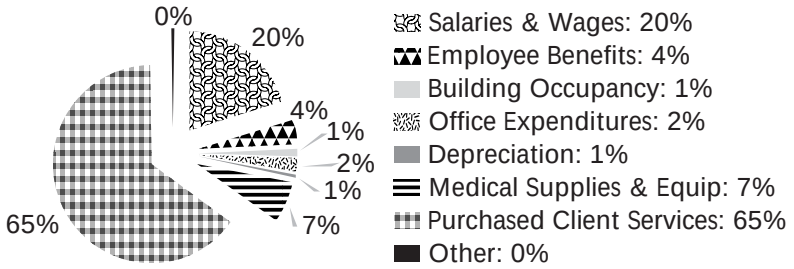
A number of community committees implemented system improvements in 2003 - 2004:

- The Community Advisory Council and the Adult Continuity of Care Committee (ACC) - (hospitals, CCAC and service providers, Long-Term Care Facilities and others) analyzed hospital alternate level of care bed days (ALCs), and is working to develop system wide care pathways to improve seamless care.
- The Paediatric Continuity of Care Committee (PCC) - (hospitals, Thames Valley Children's Centre, CCACLM and service providers and others) developed a 'parent to parent' information booklet for new parents of technology dependent children, sponsored several seminars for nurses on medical/legal/ethical issues, and participated in sessions to map out pediatric services in the community.
- thehealthline.ca is a web based portal to access health and related services in London, accessed by more than 95,000 people in 2003/04. It is expanding to include French language and Palliative Care sites, and will be expanding to Oxford, Elgin and Huron-Perth counties in the near future. This initiative is a partnership with London Health Sciences Centre, St Joseph's Health Care, the Middlesex London Health Unit and the Thames Valley District Health Council.
- CCACLM's Healthy Ageing Centre in Cherryhill Mall is a partnership with a VON health promotion program and the Specialized Geriatric Services Program (St. Joseph's Health Care, London/Parkwood). It has been very active in serving the West London seniors population. A large proportion of London's seniors live close to Cherryhill Mall.
- The Palliative Care System Implementation Partnership (PCSIP) - (hospitals and community palliative care services) sponsored Interdisciplinary Grand Rounds for health care providers in the London-Middlesex and surrounding communities which were broadcast through Video Care to 54 sites across Southwestern Ontario, launched a palliative care resource database, and is developing an advanced self-directed professional learning program for family physicians in London-Middlesex and a single point of access for End of Life care.

4. Financial and Statistical Information

The three graphs below provide a table of 2003-2004 service expenditures, the number of clients served by discipline and referral sources.

(a) Service Expenditures



Approximately 71.2% of total expenditures were spent directly on client services and medical supplies and equipment. Our administrative percentage was very low at 6.1% of total expenditures.

Service Expenditures 2003 - 2004

Service	Expenditure
Salaries and Wages	$8,583,971
Employee Benefits	1,710,432
Building Occupancy	558,734
Office Expenditures	850,099
Depreciation	323,618
Medical Supplies & Equip	2,836,952
Purchased Client Services	27,292,600
Other	148,214
TOTAL	**$42,304,620**

(b) Numbers of Clients Served

Clients Served by Discipline - 2003/04

Service	# of Clients	Service	# of Clients
Nursing	28,331	Dietetic	647
Physiotherapy	6,134	Personal Support/ Homemaking	31,575
Occupational Therapy	7,764	Placement	2,197
Social Work	740	**TOTAL**	**79,498**
Speech Therapy	2,110		

Discrete Clients Served by Discipline - 2003/04

Service	# of Clients	Service	# of Clients
Nursing	8,493	Dietetic	363
Physiotherapy	2,128	Personal Support/ Homemaking	4,362
Occupational Therapy	2,806	Placement	3,071
Social Work	241	**TOTAL**	**21,947**
Speech Therapy	483		

(c) Referral Sources

In 2003-2004, the CCACLM had 8,924 referrals, of which 6,122 (69%) were received from hospitals.

5. Performance Information Highlighting Key Successes

(a) Service Highlights

- CCACLM serves 3.8% of London-Middlesex population, based on 2001 population statistics.
- CCACLM serves 9.64% of the North-West London population, where a large proportion of London's seniors are located around the Cherryhill Healthy Ageing Centre.

(b) Client Satisfaction Results

The CCACLM conducted client satisfaction surveys in 2003 which indicated that:

- 93% of our clients achieved goals on discharge;
- 93% of our clients gave a good/excellent rating for overall quality of care and services;
- 95% of our clients gave a good/excellent rating for recommending CCAC services; and
- 86% of clients rated CCACLM as good or excellent following placement in a long-term care facility.

(c) Continuous Quality Improvement Plan and Achievements

The CCACLM remained dedicated to quality improvement in 2003 - 2004:

- Best Practice groups for both Hospital and Community Case Managers have continued to work towards effective, efficient Client-Driven Care and towards greater consistency of practice. The Community group has developed or revised all practice guidelines during the past year, which staff is able to access via our internal Intranet site.
- CCACLM surveyed our service provider, hospital and long-term care facility partners to determine level of satisfaction with our partnership efforts in June 2003. Ninety-one percent (91%) of our partners rated overall satisfaction with CCACLM as good or excellent.
- The CCACLM continues to refine our usage of RL Solutions, an automated system for incident reporting and client satisfaction, and is collecting data as a basis for continuous improvement initiatives.
- CCACLM formed an interagency Continuous Quality Improvement Partnership, facilitated by Dr. Carol McWilliam, to further our commitment to flexible client-driven care as a part of everyday practice.
- The Southwest Quality Group was formed, with representatives from all Southwestern Ontario CCACs to develop consistent quality measures and key performance indicators across the Southwest CCACs.

(d) Balanced Scorecard Quality Dimensions

In February 2003, CCACLM implemented the Performance Measurement Framework as our balanced scorecard strategic planning tool. The Performance Measurement Framework is the cornerstone of the CCACLM's accountability structure and enables us to collect, analyze and report on key performance indicators to Management, the Board of Directors and the Ministry of Health and Long-Term Care. **Three key Board goals were set**: • Client-Driven Care • Supports and Resources • High Functioning Alliances
Each goal has a set of sub-goals and indicators, including client, network and employee satisfaction surveys, service provider site visit scores, service penetration ratios, Board effectiveness evaluations, financial results, staff turnover and absenteeism, and service acceptance rates. We finished the 2003/04 year with a balanced budget and all goals were met.

6. Information on Service Providers

Nursing and Personal Support/Homemaking:• Comcare (Canada) Limited • Extendicare (Canada) Inc. • Saint Elizabeth Health Care in Ontario • Victorian Order of Nurses Middlesex-Elgin Branch • Physical Relief

Therapies: • Comcare (Canada) Limited — PT, OT, and Nutrition • Extendicare (Canada) Inc. operating as ParaMed Home Health Care — PT, OT, and SW • Saint Elizabeth Health Care in Ontario — PT, OT, and Speech • Victorian Order of Nurses Middlesex-Elgin Branch — PT, OT, and Speech • Thames Valley Children's Centre — PT, OT, Speech, and SW • Therapy Plus — PT and OT to March 2003 • COTA Comprehensive Rehabilitative and Mental Health Services — Adult PT and Adult OT from March 2003