Community Care Access Centre
London - Middlesex
Centre d'accès aux soins communautaires

Annual Report 2004-2005

Audrey McCutcheon, Board Chair

Sandra Coleman, Executive Director

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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;
- Care at home and in school;
- Access to Long-Term Care Homes; and
- Evaluation, education and participating in 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

We Believe in…

Person and Family-Centered Care

- 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

- 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

- 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

- 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

- 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

- 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

- 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

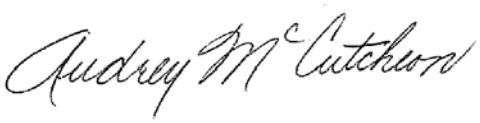
Powered by Partnership and Innovation

Innovation and partnership are the keys to sustainability of our health care system. During the past year, supported by a significant investment by the Ministry of Health and Long-Term Care, the CCAC of London and Middlesex enjoyed client and program growth, and developed a number of innovative programs in close collaboration with our health system partners. In doing so, we provided exceptional service to our existing clients, and to many new clients to enable earlier discharges to home from hospital and to prevent hospital and emergency department admissions.

Among the innovations introduced in 2004-2005: case managers assigned to hospital emergency departments to prevent unnecessary hospital admissions; an early discharge program for hip and knee replacement patients; an Advanced Home Care Team of two Nurse Practitioners to provide more complex care in the home to help patients with acute illness avoid hospitalization; enhanced case management on the medicine floors of hospitals to ensure clients needing help at home get the service they need; and a new model for end-of-life care services in our community. We also sustained and expanded previous innovations, including our Flexible Client-Driven Care Research Initiative, the Healthy Ageing Program at Cherryhill Mall, thehealthline.ca. - a web portal for access to health and related services in London and Middlesex; and our wound care initiative. We continued to participate actively on committees and projects designed to improve the quality of care throughout our community.

Each of these initiatives, and many others, were powered by the concept of partnership. We recognize the importance of working with our clients and their families, service providers, hospitals, family doctors, long-term care homes, community support service agencies, and other community partners to achieve the best possible health outcomes. This approach helps to account for our excellent client and service provider satisfaction results.

We remain committed to working with our partners to improve the quality of care for our clients, and help them live meaningful lives independently in our community. We will continue to work hard to support the government's renewal plan for a more integrated health care system by providing care at home as much as possible when appropriate to do so.



Audrey McCutcheon
Board Chair

Sandra Coleman
Executive Director

2. Order In Council (OIC) Appointments

BOARD MEMBER	APPOINTMENT TERM	
	From	To
Phyllis Cohen	February 16/02	February 15/06
Patricia Kirkby	February 16/02	February 15/06
Audrey McCutcheon, Chair	February 16/02	March 1/06
Bonnie Quesnel	February 16/02	February 15/06
Connie McDonald	February 16/02	February 15/06
Jim Nolan	February 16/02	February 15/06
Claude Lanfranconi (Assistant Board Treasurer Sept. 17/03)	January 13/05	February 12/06
Roland Kriening	January 13/05	February 12/06
Joy Warkentin	January 13/05	February 12/06
Diamond Watson	January 13/05	February 12/06
Sandra Coleman, Executive Director	December 18/02	December 17/05

3. Community Partnerships

a) Community Partnerships with Other Service Providers

The CCACLM continued to be dedicated to innovation and partnerships in 2004 – 2005. Following a 7.5% increase to our base funding in August 2004, CCACLM worked collaboratively with our hospital and service provider partners to identify and implement home care services designed to relieve pressure in the hospitals by avoiding hospital admissions, or facilitating earlier discharges home from hospital. Three phases of initiatives were implemented in September 2004, November 2004 and February 2005 as follows:

- Case managers were located in three London hospital emergency departments from 2 to 10 pm Monday to Friday beginning in September, with an increased presence in the Strathroy emergency department on weekdays. The role of emergency department case managers is to facilitate discharges into the community and to prevent unnecessary hospital admissions and future emergency department visits. In November, this case manager presence in the emergency departments was expanded to 7 days a week in the London hospitals.
- Early ortho discharge program whereby clients undergoing hip and knee joint replacement surgery are discharged home one or two days earlier, at Day 3 or 4, with nursing and therapy services provided in the home. This program enables improved access to these surgeries which will help shorten wait times. This program expanded to provide early discharge options for other orthopedic clients.
- We partnered with the Arthritis Society to provide preoperative rehabilitation therapy services in the home once a client is placed on the urgent/semi-urgent list for knee or hip replacement surgery. Clients undergoing prehabilitation are more likely to have better clinical outcomes.

- The Advanced Home Care Team is a partnership between CCACLM, London Health Sciences Centre and the London Intercommunity Health Centre. Two nurse practitioners are working with CCACLM staff, hospital staff and community physicians to provide more complex acute care in the home thus preventing hospital admissions and emergency department visits. This program is based on our successful IPSITH (Integrated Physician Services in the Home) project.
- We also enhanced case management presence, case finding, screening and placement on medicine floors in the London hospitals, resulting in clients discharged home with enhanced service plans.
- We are providing short-term enhanced services in retirement homes and increased respite services in the community to support earlier discharges home from hospital and to prevent emergency department visits and hospital admissions.

Following receipt of funding to plan for End-of-Life (EOL) services in London-Middlesex, CCACLM appointed an EOL project lead manager and collaborated with stakeholders throughout the county to develop a service delivery plan for London-Middlesex. Some of the key activities to date have been:

- Consultation with more than 300 stakeholders in London-Middlesex.
- Development of the London-Middlesex EOL service delivery model which will be implemented in the fall of 2005 to provide more care to more EOL clients, enabling more clients to die at home and prevent hospital admission.
- Collaboration with Oxford and Elgin county service delivery committees through the Thames Valley EOL Network.
- Taking a lead role in the Thames Valley EOL Network by providing one of the co-chairs.
- Participating in the Provincial EOL Network through the Thames Valley EOL co-chair.
- Collaboration with Grey-Bruce and Huron-Perth EOL Network representatives to develop a LHIN 2 EOL Network.

<u>Other Innovative Practices Continue</u>

- Our Flexible Client-Driven Care Research initiative is part of a five year research project with Dr. Carol McWilliam, Faculty of Health Sciences at the University of Western Ontario, exploring the positive impact of working as a collaborative team focussed on our clients' strengths and independence. Dr. McWilliam has been leading our case managers and service provider staff in a Continuous Quality Improvement initiative related to a knowledge transfer approach to learning and quality improvement.

- CCACLM also expanded the number of flex care sites in London to include 27 new locations for a total of 39 flex care locations. In Flex Care locations, one service provider assumes responsibility for the provision of Personal Support Service in one apartment building or in a cluster of apartment buildings allowing for greater flexibility in the way that care is provided to meet the needs of individual clients and better team building.

- CCACLM's Healthy Aging Centre in Cherryhill Mall is a partnership with VON's health promotion program and the Specialized Geriatric Services Program (SJHC/Parkwood). It continues to be very active in serving the West London/Cherryhill seniors population where a large proportion of London's seniors live.

- <u>thehealthline.ca,</u> a web based portal to access health and related services in London, has expanded its reach in the London-Middlesex community with more than 220,000 visitors in 2004/05, a 140% increase over 2003/04. It is now also available in Elgin and Oxford counties. thehealthline.ca continues to house French language and Palliative Care sites as well. This initiative is a partnership with London Health Sciences Centre, St Joseph's Health Care London, and the Middlesex-London Health Unit.

- CCACLM, in conjunction with our service providers and supported by our equipment and supply providers and manufacturers, expanded on the wound care education series for all nurses and case managers in the London-Middlesex community to include sessions on therapeutic services and ostomy care. The program was developed and delivered by Enterostomal Therapists (ETs) and wound care specialists, who were either employed by or providing consultation services to our local service providers.

- New guidelines were developed for use of therapeutic surfaces, Wound V.A.C., electrical stimulation and wound care to build on our best practices in wound care. We also began a research project with Dr. Pamela Houghton, UWO, to study the effectiveness of electrical stimulation wound therapy for clients with spinal cord injuries.

Initiatives/Achievement with Community Partners

The CCACLM was a dedicated member of a number of community committees resulting in system improvements in 2004 - 2005:

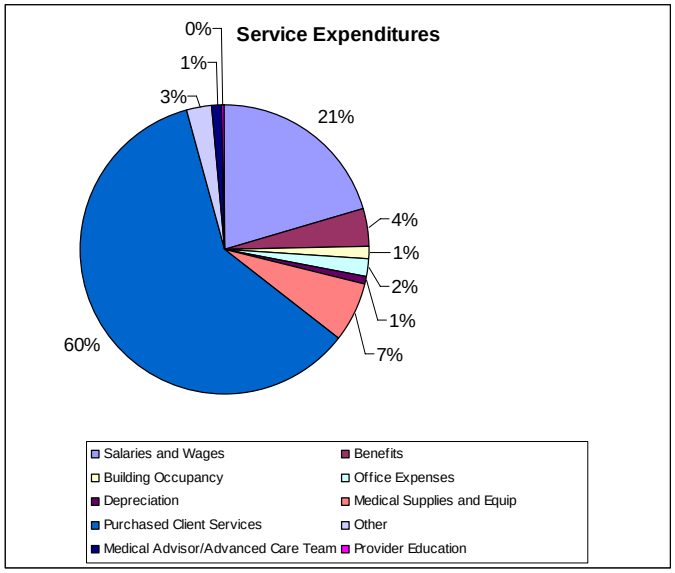
- The Paediatric Continuity of Care Committee (PCC) - (hospitals, Thames Valley Children Centre, CCAC and service providers and others) sponsored seminars for health care workers in hospital and community including a session on diversity with well-known diversity speaker Guadalupe Lara.

- The Adult Continuity of Care Committee (ACC) - (hospitals, CCAC and service providers, LTC homes and others) Convalescent and Transitional Care subcommittee continues to analyze hospital ALCs (alternate level of care bed days), and is working to develop systems solutions for health care from hospital to home. The committee has worked to improve the rate of discharge from Alternate Level of Care (ALC) beds to Long-Term Care Homes and Retirement Homes by offering enhanced discharge service plans. The committee also continues to explore alternatives to hospital stays for convalescent care.

4. Financial and Statistical Information

The graphs and charts below provide a table of 2004-2005 expenditures and the number of clients served by discipline.

a) Service Expenditures



Service Expenditures 2004-2005	
Service/Percentage of Budget	**Expenditure**
Salaries and Wages (21%)	$ 8,890,985.00
Benefits (4%).....	1,847,503.00
Building Occupancy (1%).....	584,573.00
Office Expenses (2%).....	853,439.00
Depreciation (1%).....	384,275.00
Medical Supplies/Equipment (7%) ...	2,826,587.00
Purchased Client Services (60%)	26,125,124.00
Other (3%).....	1,193,733.00
Medical Advisor/ Advanced Care Team (1%).....	468,782.00
Provider Education (0%)	124,060.00
TOTAL	**$43,299,061.00**

(b) Numbers of Clients Served by Discipline

Discrete Clients Served by Discipline – 2004/05			
Service		**# of Clients**	**# Visits/ Hours**
Nursing – Visiting		8,105	171,560
Nursing – Shift		147	117,845
Physiotherapy		2,398	13,804
Occupational Therapy		3,501	13,525
Social Work		207	760
Speech Therapy		521	5,582
Dietetic		343	927
Personal Support		4,235	352,469
Homemaking		1,421	40,855
Placement		3,078	
Respite		672	44,458
Acquired Brain Injury		2	7,704
TOTAL	**NUMBER OF CLIENTS SERVED BY DISCIPLINE**	**24,630**	**769,489**
	NUMBER OF UNIQUE INDIVIDUALS*	**18,363**	

(*Unique individuals may be receiving service from one or more disciplines.)

5. Performance Information Highlighting Key Successes

a) Service Highlights

- CCACLM served 18,363 unique individuals with 769,489 visits/hours of service, with an increase over 2003/04 in our monthly caseload from approximately 6,000 to 7,000 clients.
- CCACLM provided service to 2,051 new acute care clients compared to our Ministry target of 927 new acute clients.
- CCACLM's early discharge program for clients undergoing hip and knee replacement surgery provided service to an additional 101 clients, well above the Ministry's target of 60 additional clients.

b) Client Satisfaction Results

The CCAC conducted a client satisfaction survey in June 2004 which indicated that:

- 94% of our clients achieved goals on discharge;
- 93% of our clients gave a good/excellent rating for overall quality of care and services;
- 93% of our clients gave a good/excellent rating for recommending CCAC services; and
- 95% of clients were satisfied with the CCACLM placement process.

- We also conduct a survey each year with our health system partners to evaluate their satisfaction with CCACLM services and as a partner. The Healthcare Network survey was conducted in June 2004 and indicated that:
  - 100% of our Service Providers rated their overall satisfaction with CCACLM as excellent or good; and
  - 88% of service provider, hospital and Long-Term Care Home partners rated their overall satisfaction with CCACLM as excellent or good.

- We conduct periodic client satisfaction surveys to evaluate the effectiveness of our information and referral services. In 2004/05, 95% of clients surveyed said they would call CCACLM again for Information and Referral help.

c) Continuous Quality Improvement Plan and Achievements

The CCACLM remained dedicated to quality improvement in 2004 - 2005:

- The Performance Measurement Framework (our Balanced Scorecard) continues to be the cornerstone of our accountability framework and key quality measures include client/caregiver satisfaction, interagency partner satisfaction, awareness of CCAC and case management, Board information and education for decision-making, appropriate efficient and effective interagency service delivery, collaboration with partners to develop system solutions, staff satisfaction, provision of optimum care, and adoption of research based efficiencies and innovations that move us towards best practice. We met all of our goals in our nine leading indicators in 2004/05.

- CCACLM contracted with Brock University to administer an employee opinion survey. Results have been analyzed and three key areas were identified for improvement: workload, communication and involvement in decision-making. Action plans are in process.

- Best Practice groups for both Hospital and Community Case Managers have continued to work towards greater consistency of practice and have developed or revised all practice guidelines during the past year.

- 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.

6. Information on Service Provision and Staff

Names of Service Providers by Service

Nursing and Personal Support/Homemaking:

Comcare (Canada) Limited
Extendicare (Canada) Inc. operating as ParaMed Home Health Care
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
COTA Health – Adult PT and Adult OT
Physical Relief – PT and OT