Grey-Bruce Community Care Access Centre
Annual Report
April 1, 2002 –March 31, 2003

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VISION:

Excellence in promoting and providing access to and delivery of coordinated community health care services in the Counties of Grey and Bruce.

MISSION:

The Grey-Bruce Community Care Access Centre is a responsive, capable and caring organization committed to the delivery of the best possible integrated community health care services to our residents.

VALUES:

1. Client focus
   - We believe the work we do is in the best interest of the client and makes a difference.
   - We respect the right of individuals to be involved in making informed decisions.
   - We believe in monitoring and continuously improving the quality of the services we deliver.
   - We believe in providing services in an accessible and fair manner.
   - We believe in quality services provided in the most cost effective manner.
2. Teamwork
   - We respect the knowledge, skills and experience of others and willingly share our own.
   - We recognize and value the importance of collaboration and communication.
3. Leadership
   - We champion creative innovations that respond to changing needs within our community.
   - We believe in being pro-active, inspirational, and visionary.
   - We believe in playing a leading role in the development of an integrated, collaborative community health care delivery system.
4. Reliability
   - We believe in being dependable, trustworthy, consistent in our efforts and focused on achieving our Mission.
5. Accountability
   - We believe in honesty and integrity and being accountable to our clients, staff, the Grey-Bruce communities and the Ministry of Health.
6. Caring
   - We believe in demonstrating concern, respect and kindness towards others.
   - Our focus will be on meeting the needs of others.

STRATEGIC PRIORITIES & GOALS:

Client Services	Ensure access to and delivery of coordinated health care services of the highest quality within our financial and human resources, and mandate of the CCAC.
Leadership	Lead in the development and implementation of an integrated, collaborative health care delivery system in Grey and Bruce and at the provincial level.
Community Relations	Viewed as a capable, caring organization promoting and responding to community health care needs in partnership with other health care providers.
Human Resources	Foster a client focused, team-based environment centered upon mutual respect, support and problem-solving while encouraging individual and professional growth.
Financial Health	Seek appropriate funding and ensure responsible management of financial resources.

MESSAGE FROM THE BOARD CHAIR AND EXECUTIVE DIRECTOR:

The *Community Care Access Corporations Act, 2001* signalled the beginning of a new phase in the development of a strengthened community-based health care system with emphasis on increased accountability and consistency across Community Care Access Centres. To achieve Ontario's vision for long-term care services -- *a strong community health care system where people can access the right services at the right time in the right place* -- the Ministry of Health and Long-Term Care introduced several reform initiatives. These included the CCAC Assessment Tool Priority Project and the Management Information System (MIS).

Implementation of these provincial initiatives has had a significant impact on the work of CCAC staff over the past year. Case managers are learning a new, more detailed assessment tool and how to administer it electronically. Case management processes are changing to allow case managers to spend more time out in the community with clients assessing service needs and monitoring that changing needs are being met. Accounting processes are changing to meet the requirements of MIS, which will improve the ability to access consistent, accurate, timely, comparable data from all CCACs. To support these practice changes, Grey-Bruce CCAC reviewed and revised its model of service delivery and completed the planning for the implementation of the new design.

Grey-Bruce CCAC continues its endeavour to be responsive to the health care needs of its community. To enhance services available to the large population of seniors in the area, the CCAC continues to develop and expand the Geriatric Assessment Service; to assist in addressing the shortage of family physicians and the resulting "orphan" patients, many of whom are CCAC clients, the CCAC submitted a proposal for funding to sponsor a primary care Nurse Practitioner; to improve integration of services across the health care system, the CCAC applied for and received funding from Health Canada for a project to develop "An Integrated Multi-Sectoral Model of Rural Health Care Delivery" through the development of care pathways for specific chronic diseases.

Performance measurement has been a key focus for both Board and staff over the past year as we move forward in the development of a framework for the organization that will incorporate accountability measures at all levels. Although progress has been made, this will continue to be a priority in our operational plan for the next year.

Although Grey-Bruce CCAC ended the 2002-03 fiscal year with a small surplus as a result of lower than projected demand for service, recent data indicates that the number of individuals receiving services is again on the increase. A significant decrease in utilization occurred in July 2001 as the CCAC introduced strategies to address fiscal constraints. The average number of clients each month remained consistent from July 2001 until August 2002 but the last seven months of the fiscal year saw a steady growth.

The ability to adapt to, and in many instances to lead change, while maintaining a high quality of service to our community could not be achieved without a skilled, dedicated staff and the support of a Board committed to the Vision and Values of Grey-Bruce CCAC. To them we extend our thanks and appreciation.

Gwen Morris, Board Chair

Judy Chalmers, Executive Director

BOARD MEMBERS (April 1, 2002 to March 31, 2003):

Joyce Adams	Meaford	Karen Levenick	Kemble
Joan Albright	Desboro	Gwen Morris	Port Elgin
Cliff Bilyea	Oliphant	Patricia O'Keeffe	Owen Sound
Sue Cole	Wiarton	Mick Peters (Chair)	Blue Mountains
Catherine Brown	Owen Sound	Peter Powell	Thornbury
Glen Elliott	Sauble Beach	Lynn Silverton	Maxwell
Bob Graham	Durham	Mary Sylver	Southampton (retired July 2002)

COMMUNITY INITIATIVES:

Nurse Practitioner:

G-BCCAC in partnership with Grey Bruce Health Services, M'Wikwedong Native Cultural Resource Centre and the Family Physician Group of Owen Sound area submitted an application for funding to the Primary Care Nurse Practitioner Program in December 2002. The physician shortage has left hundreds of residents of Grey Bruce, particularly in and around the city of Owen Sound, without a family physician. Many of those are CCAC clients who must attend the hospital emergency department or the Walk-In Clinic for their medical care, which is not always the best method of receiving medical care for those with complex health problems. A primary care nurse practitioner will provide care to many of these orphan patients.

Grey Bruce Health Network:

G-BCCAC is a signatory to the Agreement that created the Grey Bruce Health Network in June 2001. The members are the three hospital corporations (Grey Bruce Health Services, Hanover & District Hospital and South Bruce Grey Health Centre) and the CCAC. The Grey Bruce Huron Perth District Health Council provides administrative support. The Network has identified seven deliverables to be achieved collaboratively by its members and has designated a CEO as the lead for each deliverable. Deliverables are:

1. A clinical service plan for the area.
2. A common process for credentialing of physicians.
3. A common recruitment and retention strategy for health care professionals.
4. A mechanism for shared or common health information systems.
5. Shared administrative and clinical support services.
6. Standardized approach to assessing the quality of services.
7. Plan to repatriate care to the area as appropriate.

Clinical Pathways:

As a member of the Network, the CCAC is working collaboratively with the three hospital corporations and community service providers on the development of regional clinical pathways that follow the patient/client throughout the hospital stay and out into the community. The pathways should let the patients/clients know what to expect during their hospital stay, assist them in moving through the system more easily, result in improved consistency in teaching and treatment between hospital and home and decrease gaps in service. The first two pathways developed, tested and implemented were community-acquired pneumonia and total hip replacement. Development of pathways for acute myocardial infarction and fractured hip is underway and should be ready for approval by the stakeholders by the fall of 2003.

Geriatric Assessment Team:

The Geriatric Assessment Team in Grey Bruce is an innovative model that includes staff of the CCAC and of Grey Bruce Health Services working under a Team Leader employed by the CCAC. The Team also includes a physician and the Alzheimer Education Coordinator who is employed by the local Alzheimer

Society. With its broad base of expertise, the Team is able to provide assessment services to individuals living in their own homes or in long term care facilities.

Supportive Care Network:
The Grey Bruce Supportive Care Network is a newly emerging, cooperative group comprised of local care providers, volunteers and consumer advocates, as well as regional Cancer Care Ontario members. The Grey Bruce CCAC has led the group's formation. Its purpose is to provide a forum for local planning, information sharing, and eventual development of a strategy to integrate services for people living with life threatening illnesses.

Members include CCAC; Canadian Cancer Society; Grey Bruce Palliative Care Cooperative, Hospice, and Pain and Symptom Management groups; the three hospital corporations; provider agencies including nursing, therapy, and homemaking; retail pharmacists; family physicians; oncology physician and staff from the local cancer treatment program; GBHP District Health Council, chaplains, Cancer Care Ontario SW; Veteran's Affairs Canada and others.

Community Ethics Network:
A core group with representatives from ParaMed, Community Health Services (Red Cross), VON, CarePartners, Pain & Symptom Management, the Alzheimer Society of Grey Bruce and the CCAC began meeting early in 2002 to discuss the interest in, and feasibility of, forming a Community Ethics Network. The purpose of the Network would be to encourage a client centred approach to ethical issues in community care.

The core group planned an education day for health care professionals, which was held October 30, 2002. Attendees who were interested in being involved in further planning for a Network were invited to join the group, expanding the planning group to include representatives from hospitals, long term care facilities, mental health, community support services.

MOHLTC & CCAC INITIATIVES:

Common Assessment Tool:
- Information sessions were held with CCAC staff, service providers, long-term care facilities and other stakeholders.
- By March 31, 2003, all community case managers completed training on the paper version of the RAI-HC Assessment Tool and started using the tool in the assessment of some long-stay clients.
- All but one group of case managers have completed training on the interim software for administration of the assessment tool. Case managers are practicing administration of the electronic version of the tool.
- Service delivery model has been redesigned to support the requirements of the tool. An Implementation Plan for the new design has been developed.
- Workload impact has been assessed and a Staffing Plan developed as part of the 2003-04 budget request.

Placement Coordination Service Changes:
- Changes to the Admission Policies for Long-term Care Facilities have been implemented:
  - limit to 3 the number of LTC facility wait lists on which an individual can be placed at one time;
  - "one-offer" policy for offers of admission to long-term care facilities;
  - extension of bed holding period from 3 to 5 days on admission to a LTC facility;
  - mandatory reporting of all bed vacancies to CCAC;
  - expansion of professionals permitted to complete health assessment forms to include registered nurses and nurse practitioners;

- increase notice period for planned voluntary closure of a long-term care facility from 8 to 16 weeks;
- new priorization criteria for admission to long-term care facilities;
- provision of information to long-term care facility applicants about retirement homes and other alternatives.

Resource Allocation:

- By March 31, 2003, all clients receiving service had been assigned to a Service Recipient Category (SRC). Ongoing, all new clients are assigned to an SRC on admission.
- Planning underway to monitor service utilization by SRC for each case manager.

Community Advisory Council (CAC):

The CAC met 3 times during the 2002-03 fiscal year. Key initiatives of the Council were:

- To clarify the Council Terms of Reference.
- To familiarize the Council with existing organizations in Grey Bruce that receive Ministry funding and their mandates.
- To identify gaps in service and opportunities for service development. Issues that affect all sectors were determined to be Day Programs/Day Hospitals, transportation, supportive housing and services for children.
- Council has written letters supporting the retention of Day Hospital programs and supporting the recommendations presented in the Position Paper on Transportation Models for Rural Transportation In Grey and Bruce Counties, which was prepared by the Grey-Bruce Transportation Working Group.
- Council members gave input to the SWOT analysis for the 2003-04 CCAC Business Plan.

Council members are:

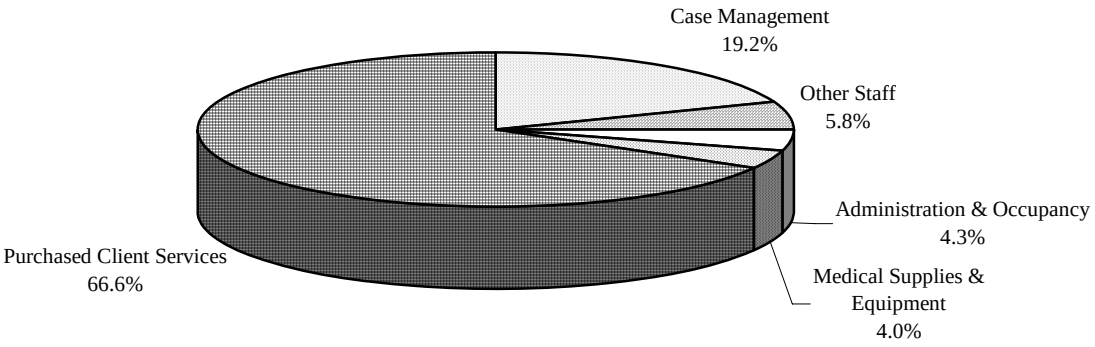
Doris Bilitz	Meaford Long Term Care Centre	Andy Underwood	Home & Community Support Services of Grey Bruce
Teresa Driver	Pinecrest Manor Nursing Home	Carolyn Zacharuk	Grey Bruce Health Services - Southampton
Elaine Kerr	Participation Lodge	Judy Chalmers	CCAC Executive Director
Allan Penfold	Hanover & District Hospital	Lynn Silverton	CCAC Board Member

FINANCIAL/STATISTICAL INFORMATION:

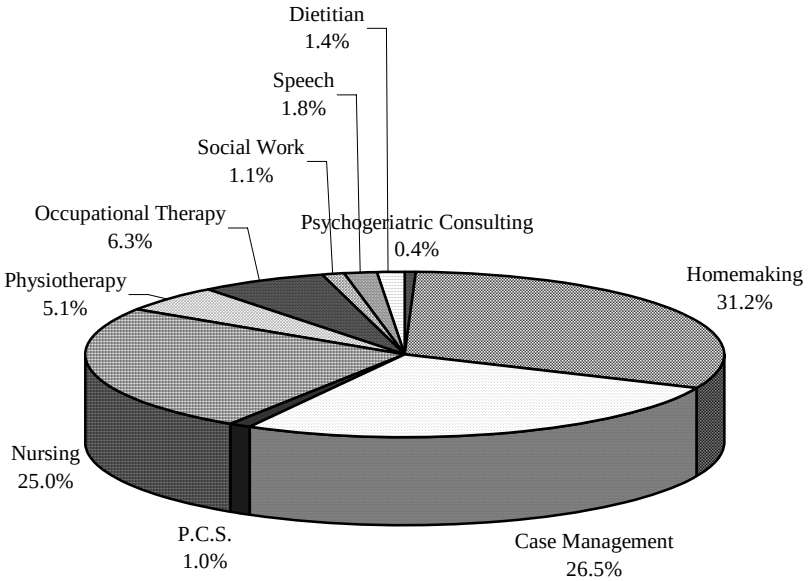
Service provided to 7,564 Grey Bruce residents in 2002/2003 (7,562 in 2001/02).

Utilization of Client Services:	**2001/02**	**2002/03**
Nursing visits	106,573	108,367
Homemaking hours	359,135	324,465
Case Management cases	8,786	8,040
Placement Coordination placements	1,076	1,025
Physiotherapy visits	8,655	8,980
Occupational Therapy visits	8,278	9,014
Social Work visits	1,591	1,604
Speech Language Pathology visits	1,653	2,994
Dietetic visits	2,289	2,310

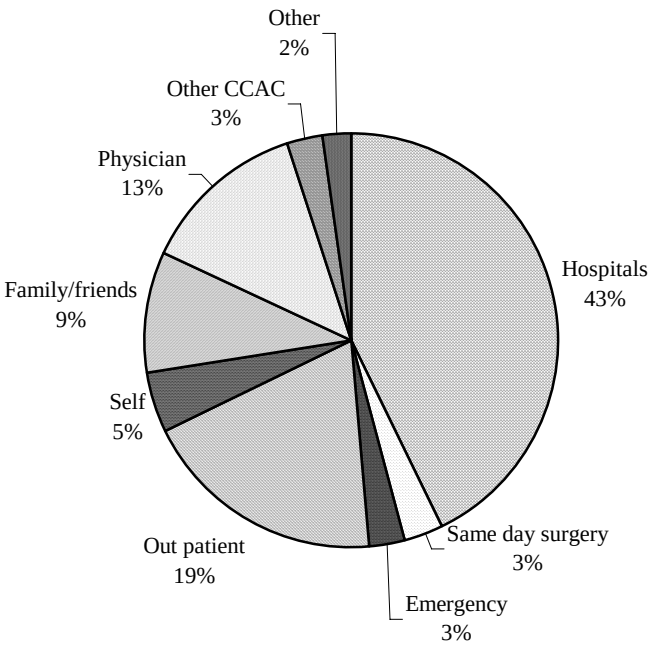
Total Expenditures for 2002/2003 by Service
(overhead is allocated proportionately to each service)



Total Expenditures for 2002/2003 by Type
(overhead is extracted from services)



Source of Referrals 2002-2003
(Total Referrals – 5,816)



INFORMATION ON SERVICES PROVISION:

Service Providers:

- Nursing – Victorian Order of Nurses, Grey-Bruce Branch; CarePartners
- Personal support/Homemaking – Community Health Services (Red Cross); ParaMed Health Services
- Therapies – Therapy Plus
- Medical Supplies – Grey Bruce Health Services
- Medical Equipment – MEDICHAIR MED-E-OX