Grey-Bruce Community Care Access Centre
Annual Report
April 1, 2003 –March 31, 2004

Contact Information:

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KEY MESSAGES FROM THE BOARD CHAIR AND EXECUTIVE DIRECTOR

Demonstration of accountability is an expectation and requirement of the Ministry of Health & Long-Term Care, the Board and staff of the CCAC and the residents of our community. Over the past year, a key focus for Grey-Bruce CCAC has been to put in place tools which will assist us in achieving accountability and methods of measuring our performance.

The tools include the long-stay assessment tool, the *Resident Assessment Instrument-Home Care (RAI-HC),* and the Management Information System (MIS), both of which have been implemented in CCACs across the province. All assessments for long-stay clients and clients referred for placement in a long-term care facility are now being completed electronically using the new tool and the interim computer software. Case managers have made significant progress towards meeting the key performance indicators identified by the Long-Term Care Priority Project. All clients are now being designated according to the five MIS categories—acute, rehabilitation, maintenance, long-term supportive, end-of-life—and the CCAC's chart of accounts has been changed to be MIS compliant. This allows the Grey-Bruce CCAC to more accurately compare its utilization with other CCACs across the province and provides consistent data for planning locally as well as provincially.

The management team, Board members and staff representatives of the CCAC worked together to identify those key indicators that would provide a measure of our overall performance, to develop data collection methodologies and to create a comprehensive reporting format. The CCAC with external assistance has developed an Integrated Business Plan which incorporates the organization's strategic and operational planning processes. The Integrated Business Plan merges the business, operations and financial facets of the organization, sets indicators and targets and incorporates regular monitoring and reporting of performance against established targets. Many of the objectives and performance measures identified in the Integrated Business Plan have been incorporated into our 2004/05 submission of the MOHL-TC/CCAC Business Plan.

Managing within available resources presented challenges to the CCAC over the past year and strategies such as reorganization of our model of case management service delivery and admission of clients according to priority of need for service were implemented. The CCAC worked closely with our service provider agencies and local hospitals to minimize the impact on clients and providers and on the Grey Bruce health care system.

We are pleased that home care is being recognized and supported as an integral component of health care and that the role CCACs and their staff can play as systems integrators and systems navigators is being acknowledged and explored. We look forward to continuing to work with all our health care partners to ensure that the residents of Grey and Bruce counties have access to the highest quality of health care.

Gwen Morris, Board Chair

Judy Chalmers, Executive Director

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 and Guiding Principles:

Teamwork	We demonstrate *teamwork* by: being committed to the outcome, communicating in a courteous and empathetic manner, being approachable and willing to listen to what the other person is saying, supporting each other and making each person feel valued, being willing to learn from our mistakes, being clear on who does what and how it contributes to our "big picture".
Learning	We demonstrate *learning* by: taking advantage of any opportunity to learn, supporting and trying new things, being willing to stretch ourselves.
Customer Service	We demonstrate *customer service* by: creating a positive impression with each contact, placing the client at the centre of all that we do, demonstrating respect for diversity, being accessible and reliable in our interactions.
Trust	We demonstrate *trust* by: being open with information, respecting the confidentiality of others, doing what we say we will do, following through on actions.
Honesty	We demonstrate *honesty* by: having open communication at all levels, sharing thoughts and ideas, being authentic.

Key Initiatives and Achievements:

- RAI-HC long-stay assessment tool implemented; all case managers who complete long-stay assessments have been trained in use of interim automated tool.
- Request for proposal process for therapy services completed and new contract implemented August 2003. Clients transitioned to new service provider.
- Request for proposal for nursing services issued in December 2003 following new Procurement Policies & Procedures and using new request for proposal templates. Successful respondents selected.
- Developed an Integrated Business Plan which incorporates the CCAC's strategic and operational planning processes; merges the business, operations and financial facets of the CCAC; sets indicators and targets and incorporates regular monitoring and reporting of performance.
- Implemented components of the Management Information System (MIS) according to provincial project plan. MIS provides common data elements for comparisons across CCACs and within the health care system.

- Developed and implemented a Risk Management Framework to assist the CCAC in better assessment and management of risk.
- Moved CCAC's policies & procedures on-line making them more readily accessible to staff.

Executive Director and Board of Directors – April 1, 2003 to March 31, 2004:

NAME	TITLE	DATE APPOINTED	EXPIRY DATE
Judy Chalmers	Executive Director	February 16, 2004	February 15, 2006
Joyce Adams	Board Member	February 16, 2004	February 15, 2005
Joan Albright *	Board Member	March 6, 2003	March 5, 2005
Cliff Bilyea *	Board Member	February 16, 2003	February 15, 2005
Sue Cole	Board Member	September 18, 2003	September 17, 2006
Glen Elliott	Board Member	February 16, 2004	February 15, 2005
Robert Graham	Board Member	September 18, 2003	September 17, 2006
David Hicks **	Board Member	April 2, 2003	April 1, 2004
Karen Levenick **	Board Member	February 16, 2003	February 15, 2004
Gwen Morris	Board Member - Chair	February 16, 2004	February 15, 2005
Pat O'Keeffe	Board Member	February 16, 2003	February 15, 2005
Mick Peters	Board Member	February 16, 2003	February 15, 2006
Peter Powell *	Board Member	February 16, 2003	February 15, 2005
Lynn Silverton	Board Member	February 16, 2003	February 15, 2006

* Resigned during fiscal year before OIC expired.
** Retired upon expiry of OIC.

COMMUNITY PARNERSHIPS

- Grey-Bruce CCAC is a participant in the Regional Education Network for the South West. Several CCACs in the South West Region have jointly hired a half-time Educator to fulfill the educational needs of case managers related to the RAI-HC Assessment Tool and to promote the development of materials for best practices and consistency in the use of the RAI-HC instrument.

- Grey-Bruce CCAC as a partner with the Grey Bruce hospital corporations in the Grey Bruce Health Network participates in several collaborative initiatives such as:
  - development of regional clinical pathways
  - development of a common recruitment and retention strategy for health care professionals
  - development of a Rural Health Framework for the Network.
- Grey-Bruce CCAC in partnership with Grey Bruce Health Services, M'Wikwedong Native Cultural Centre and a family physician practice was successful in having its application to the Primary Care Nurse Practitioner Program approved and funded. Unfortunately, we have not been successful to date in recruiting a Nurse Practitioner; however, recruitment efforts are continuing.
- Grey-Bruce CCAC sponsors the Geriatric Assessment Team in Grey Bruce. The team is a collaborative model which includes a Psychogeriatric Resource Consultant who is the Team Leader, a physician, Geriatric Assessors who are employed by the CCAC and Grey Bruce Health Services and the Education Coordinator from the Alzheimer Society of Grey Bruce. The Team provides education and consultation to clients, family caregivers, and staff of long-term care facilities and community agencies.
- Grey-Bruce CCAC is one of the founding members of the Seniors' Advocacy and Awareness Network (SAAN), a group that was formed to promote better identification of abuse situations and a more coordinated response. Other members include: Owen Sound Police Service, Central Park Lodges, Grey Bruce Health Unit, and Veterans' Affairs Canada. An application for Trillium funding to hire a Seniors' Advocacy and Abuse Coordinator to coordinate the current and proposed education and case management initiatives has been developed and submitted on behalf of the SAAN.
- The Home Support Exercise Program (HSEP) developed by the Centre for Activity and Aging, Faculty of Health Sciences, University of Western Ontario to reach frail community seniors through home support workers was implemented in Grey Bruce. The project is a partnership initiative of Grey Bruce Health Unit, ParaMed, Community Health Services (Red Cross), Georgian College, the Centre for Activity and Aging, and the CCAC. Personal support workers have been trained and are encouraging appropriate clients in basic mobilization during their regular visits.
- The CCAC, the three Grey Bruce hospital corporations, physicians, and community service providers have collaborated on the development of a funding proposal for submission to the MOHL-TC and other potential funders for the purchase of a "pool" of pumps required for vacuum assisted closure (VAC) therapy for wound management. VAC therapy is an effective but costly treatment for wound management that is most appropriately carried out in the community although it is often initiated in hospital either while individual is an in-hospital patient or in day surgery. Hospital staff, CCAC case managers, community nursing providers and physicians are developing common policies and protocols for provision of wound VAC therapy.
- The CCAC is taking a leadership role in the development of a Supportive Care Network for Grey Bruce residents diagnosed with cancer and their families. The Network includes Canadian Cancer Society, Grey Bruce Palliative Care Cooperative, Hospice and Pain & Symptom Management groups, the three hospital corporations, contracted provider agencies, family physicians, oncology physician and staff from the local cancer treatment program, District Health Council, Cancer Care Ontario, Veterans' Affairs Canada, and the CCAC. The Network will provide a forum for local planning, information sharing and development of a strategy to integrate services for people living with life threatening illnesses.
- The team leader of the Geriatric Assessment Team and the Executive Director of the Alzheimer Society of Grey Bruce are co-chairing the development of a Dementia Network for Grey Bruce. Also involved are representatives from long-term care facilities, hospital educators, Participation Lodge, Day Away Programs, Community Living and family caregivers. The Network will advise on best practice care, develop educational materials about dementia and remove barriers to accessing information and services for individuals with dementia.

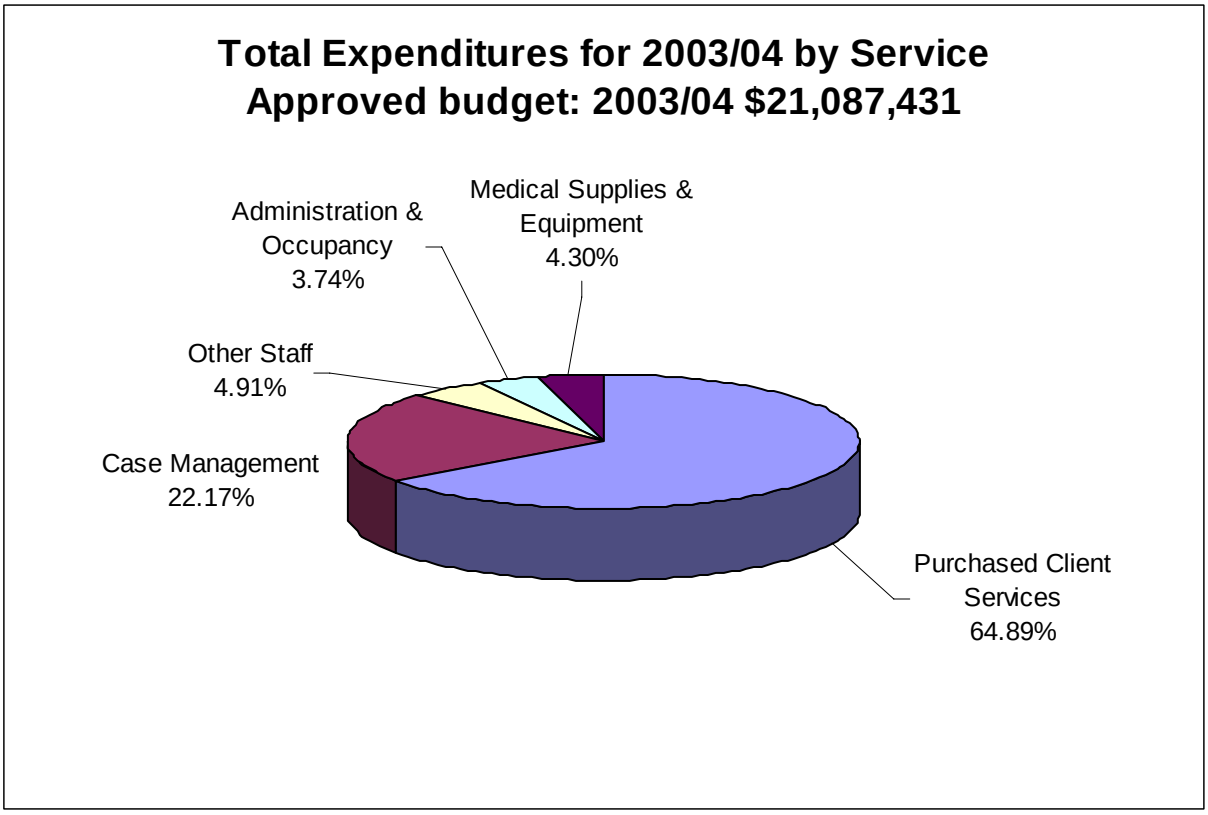
FINANCIAL/STATISTICAL INFORMATION

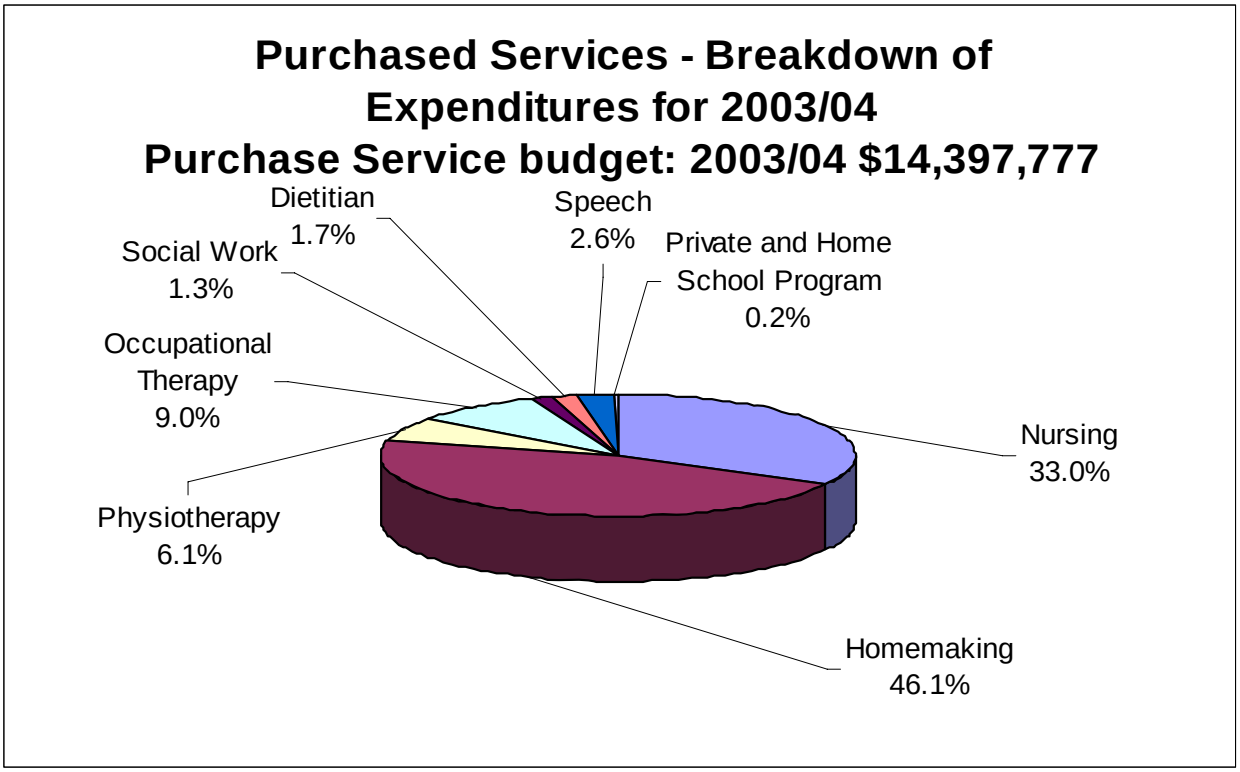
Financial Information & Service Data Summary:

Service provided to 7,412 Grey Bruce residents in 2003/04 (7,564 in 2002/03).

Utilization of Client Services:

	2002-2003		2003-2004	
	Individuals	**Units of Service**	**Individuals**	**Units of Service**
Nursing visits	3,973	108,367	3,929	114,924
Homemaking Hours	3,080	324,465	2,927	317,689
Case Management cases	7,565	8,040	7,412	8,078
Long-Term Care Facility placements		1,025		937
Physiotherapy visits	1,887	8,980	1,859	7,525
Occupational Therapy visits	2,169	9,014	2,191	8,914
Social Work visits	358	1,604	316	1,267
Speech Language Pathology visits	707	2,994	679	2,799
Dietetic visits	496	2,310	465	1,776





Audited Financial Statements

A copy of the audited Financial Statements for the year ended March 31, 2004 is attached.

PERFORMANCE INFORMATION HIGHLIGHTING KEY SUCCESSES

Service Highlights: Fewer individuals received service from Grey-Bruce CCAC in 2003/04 compared to the previous fiscal year. To meet the expectation of balancing client needs with resources available, clients were priorized based on the urgency of their need for care and were admitted for service according to this priority.

The Request for Proposal process for a therapy provider resulted in a change in service provider for Grey-Bruce CCAC. Although the new provider began recruiting staff prior to the initiation of their contract, staffing shortages – particularly in physiotherapy- continued for approximately three months into the contract. This resulted in some clients waiting longer than usual for therapy services.

Client Satisfaction: Grey-Bruce CCAC does not have a comprehensive Client Satisfaction Survey at this time; however, satisfaction with specific functions or processes of the CCAC has been measured over the past year:

- 98% of clients responding are satisfied with the process for admission to long-term care facilities
- 84% of clients responding were satisfied with their experience in the transition from the previous to the current therapy service provider
- 97% of clients surveyed are satisfied with the new provincial assessment tool and with the case manager's use of the laptop.

Continuous Quality Improvement Plan: Grey-Bruce CCAC has developed a Corporate Indicator Chart which will report the results of measurement of the organization's performance in each of four quadrants -- Our Customers, Our Systems, Our Community Partnerships and Our People. Key indicators have been identified and data collection methodologies are being put in place where they did not already exist. The first report to the Board and staff using the Corporate Indicator Chart format is planned for September 2004, reporting on the first quarter of the fiscal year.

Quality improvement initiatives will be developed to address those areas in which the results of the measures vary significantly from the target.

INFORMATION ON SERVICE PROVIDERS AND STAFF

Contracted Service Providers:

Homemaking/Personal Support:
Community Health Services (Canadian Red Cross Society) – Owen Sound/Grey Bruce
Para-Med Health Services

Nursing:
Victorian Order of Nurses - Grey-Bruce Branch
CarePartners

Therapy:
Therapy Plus (contract expired August 2003)
Rehab Express Inc. (contract commenced August 2003)

Medical Supplies:
Grey-Bruce Health Services, Owen Sound Site

Staff Development/Achievement Summary:

- OACCAC 2003 Conference - Staff presented two papers: "Beyond Integration: Building a Geriatric Outreach Service Through Free Form Thinking", and "An Interface between CCAC Case Managers and the Geriatric Outreach Service".
- RNAO Fellowship – a case manager successfully completed the Advanced Clinical/Practice Fellowship.
- 2003 Addison Bursary – a team clerk was the recipient of this Award for further education at the local community college.
- Two secondments to the provincial Community Care Connects (C3) Project were extended.
- CCAC staff spent personal and work time attending a variety of professional development and training sessions in 2003/04, for example:
    - First Aid and CPR Instruction
    - Information Technology
    - Teaching and Training Adults
    - RNAO Quality Assurance
    - Elder Abuse
    - Palliative and End of Life Care