WINDSOR–ESSEX CCAC

Annual Report 2004/2005

Windsor/Essex Community Care Access Centre

5415 Tecumseh Road East, 2nd Floor
Windsor, ON N8T 1C5
(519) 258-8211
ccac.reception@we.ccac-ont.ca

Board Chair	Executive Director
William Yee	*Mary Wilson*

Ontario

Introduction

The Windsor/Essex Community Care Access Centre (CCAC) is pleased to provide its *Annual Report for the Fiscal Year 2004/2005* to all stakeholders and community members. The purpose of this *Annual Report* is to share the achievements we have made in meeting our goals and objectives over the past year.

Incorporated on 12 August 1996, the Windsor/Essex CCAC is a charitable, non-profit organization fully funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC). The CCAC is a Statutory Corporation under the Community Care Access Corporations Act, and serves all of the Windsor-Essex area – a total population of 374,975 (2001 census) in both official languages of Canada. We have a primary office location at 5415 Tecumseh Road East, Windsor, ON; Case Managers are also located in each of Windsor-Essex's hospitals.

The Windsor/Essex CCAC dedicates itself to supporting and enhancing the quality of life, independence, health and well-being of our clients by offering a single point of access for community services and demonstrating leadership and excellence in community care.

Mission

Seeking and embarking upon innovative partnerships in health, we provide seamless client-focused care and enhance quality of life by providing information and coordinating access to services for our communities, in both official languages of Canada within available resources.

Vision

Towards Health and Independence.

Values Statement

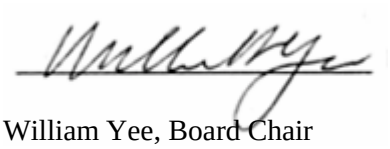
TRUST	Create an environment of trust by being understanding, open, honest, accountable and fair, and recognizing the diversity within our communities.
INTEGRITY AND RESPECT	Reflect personal and professional integrity, confidentiality, and respect in our communications internally and externally.
QUALITY	Support continuous quality improvement by evaluating our actions and those of service providers to ensure excellence.

Key Messages from the Board & Executive Director

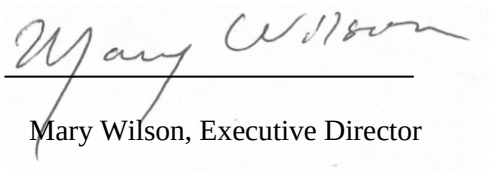
The 2004/2005 year proved to be an exciting one for the Windsor/Essex CCAC. Throughout the year, improved system navigation and access to service remained important focal points and were achieved with the support of the Ministry of Health and Long-Term Care, our community partners, our staff and our clients.

The Ontario government provided additional funding to allow more care to be delivered at home. Adding Case Managers to the Emergency Rooms in all three of our local area hospitals, creating a model for a system-wide End of Life Strategy care and developing a consistent Ambulatory Pump initiative – to name a few of this year's accomplishments – have assisted our CCAC in making great strides in system integration and quality care for our clients. The role of our Case Managers continues to expand as they assist clients to navigate through the local healthcare system, and we continue to work closely with our area hospitals and other community partners to provide a seamless transition of care from one health sector to another for our clients. The CCAC also worked with other stakeholders developing new programs, supporting one another's community care efforts and responding to community care needs across the province.

It has been a remarkable year for the CCAC. Through a number of exciting opportunities and initiatives, the staff, Service Providers, key stakeholders and the community-at-large have worked together to meet clients' needs and to have a profound influence on the Windsor-Essex community.



William Yee, Board Chair



Mary Wilson, Executive Director

Leadership Appointments

The Windsor/Essex CCAC, is an approved agency under the Long-Term Care Act, 1994, operating under the leadership and guidance of an appointed Board of Directors and Executive Director.

Originally appointed to a two-year term on 16 February 2002, our Board Chair, Mr. William Yee, was reappointed in 2004 for a one-year term until 15 February 2005. Other Board Members (who were also reappointed in 2004) include: Mr. Rassan Jafar, Ms. Patricia Pacuta, and Ms. Ruth Stark.

Ms. Mary Wilson, Executive Director for the Windsor/Essex CCAC was originally appointed to the position on February 16, 2002 and was also reappointed in 2004 with her appointment extending until 15 February 2006.

Partnerships with Service Providers

- The Windsor Essex Stroke Strategy Steering Committee – to develop a system wide collaborative and seamless approach to the identification and treatment of stroke both in the acute care setting, in the community and in the transition of individuals who have experienced stroke to long term care.

- End of Life Strategy Care – as part of the Ministry of Health Transformation project, CCAC's across the province were charged with the responsibility of developing and documenting an End of Life model of care to be implemented over the next 3 years. Together with our community partners including: The Hospice of Windsor and Essex County, The Windsor Regional Cancer Centre, Palliative Pain and Symptom Management Consultant/Educator and the Local Palliative Care Committee, our model has been developed and documented with implementation well under way.

- Adult Day Programs – The Windsor/Essex CCAC continues to assess for eligibility, maintain waitlists and support each program by recommending attendance to eligible clients. Each program would like to grow in numbers. Case Managers are reminded frequently of their availability.

- Seniors Supportive Housing – a new program, sponsored by the Ontario Ministry of Health and Long-Term Care, with the Victorian Order of Nurses as the service provider, has involved the Windsor/Essex CCAC in the planning stages as a means of gathering information and support. The program will support primarily senior clients in the community whose care needs cannot be met on a visitation basis.

- Regional Clinical Pathways – this group has been in place for several years, collaborating on pathway development in the three hospitals and the CCAC. Each agency develops tools specific to their agency, and the collaboration has been one of networking and problem solving. In 2004/2005 there was a renewed commitment to collaboration in developing pathways to follow clients from hospital admission – either in- or out-patient – to the community, thus ensuring seamless care in the health system.

- Ambulatory Pump Integration – the pump initiative was implemented in all local hospitals, the community and in Long Term Care Homes. All the stakeholders had their needs met, and clients are now able to navigate the health care system without having to have their pumps changed when their healthcare location changes. This has been a quality measure as well as a fiscally responsible plan for all participants.

- Wound Care Program – The wound care program was initiated in 2004/2005 with a meeting of all stakeholders. A smaller group of expert wound care nurses and Enterostomal Therapy nurses continue to meet to develop and implement standards and protocols for clients in any setting who require and are eligible for Vacuum Assisted Wound Care therapy (VAC). Once in place, they will look at developing the same, system-wide standards and protocols for general wound care.

- Placement Process Task Force – a subcommittee of the Community Advisory Council, this group met several times to consider issues related to placement of clients from hospital to Long Term Care. By the end of the fiscal year this task force was converted to a standing committee.

Significant Committees in Community

In accordance with the CCAC's mission, we are committed to seeking and embarking upon innovative partnerships in health. Committees that the CCAC has participated in during the last year include:

- Regional Clinical Pathway Group
- Windsor/Essex Geriatric Assessment Network
- Southwest Regional Client Service Managers Group
- Southwest Regional Quality Group
- Windsor/Essex Palliative Care Committee
- End of Life Regional Network
- Provincial End of Life Advisory Committee
- Erie/St. Clair End of Life Strategy Steering Committee
- Tracheosotomy Manual Task Group
- End of Life Communication Collaboration Committee
- End of Life – Symptom Response Kit Nursing Guide Task Group
- Preschool Speech and Language Initiatives Subcommittee
- Regional Education Network (Case Management Group)
- Expert Resource Team
- OACCAC Communicators Network
- French Language Health Services Network
- Therapy Transition to School Committee
- Essex Lambton Kent Acquired Brain Injury Network
- DHC ABI Planning Group
- End of Life – Personal Support Work Care Guide Task Group
- Palliative Care Pharmacy Advisory Group
- Medication Seamless Discharge From Task Group
- Emergency Services Community Partner Group
- Regional Stroke Strategy Steering Committee
- Community Advisory Council
- Essex County Health System Coordination Group
- Pandemic Planning Group
- Land Ambulance Committee (at Hotel Dieu Grace Hospital)
- Council on Aging
- Falls Prevention
- Facilities Operator Group
- Windsor/Essex Infection Control and Prevention Committee
- Windsor Area Elder Abuse Committee
- OACCAC Provincial Finance Committee
- Regional Placement Coordination Services Committee
- Southwest Executive Directors Group
- South Essex Community Health Partnership
- Regional Cancer Planning Task Force
- Ambulatory Pump Initiative
- RFP Steering Committee
- Essex County Wound Care Initiative
- Product Review Design Workgroup

Breakdown of Service Expenditures

Administration & Support Services	$2,873,759
Case Management & Placement Services	$7,463,717
Medical Supplies & Equipment Rentals	$2,704,570
Referred Out – Nursing	$14,901,367
– Personal Support	$10,632,609
– Physiotherapy	$1,779,031
– Occupational Therapy	$1,092,850
– Social Work	$125,700
– Speech Language Pathology	$967,348
– Dietetic	$179,428
	$42,720,379

Total Number of Individuals Served

Windsor/Essex CCAC clients may benefit from a variety of services; clients may receive community care, community care in addition to placement services, or may require placement services only. In 2004/2005, the total number of discrete individuals served totaled 14,490.

Clients Served by Discipline & Services

CCAC clients may receive services in a variety of disciplines. In addition to district case management, the Windsor/Essex CCAC has an Oncology program dedicated to assisting palliative and oncology clients, a Facilities Placement Department, which assists with placement into long-term care homes and manage wait lists for all community facilities, as well as a School Health Support Services program dedicated to working with our paediatric clients and their families. Below, a breakdown of categories outlines the number of individuals served in the past year and the types of services they received.

	Number of Units	**Individuals Served**
Nursing	306,383	7,895
Personal Support	472,492	4,779
Physiotherapy	24,398	3,417
Occupational Therapy	13,610	3,422
Social Work	1,276	336
Speech Language Pathology	11,352	955
Dietetic	1,751	520
Placement Services		2,071

Audited Financial Statements

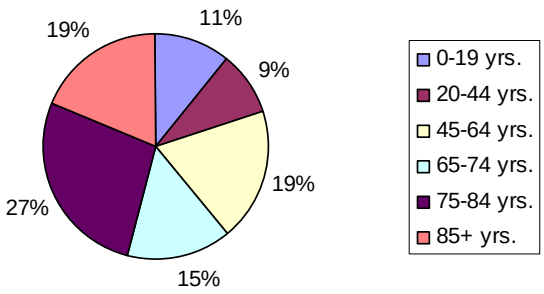
Please see attached documents.

Service Highlights

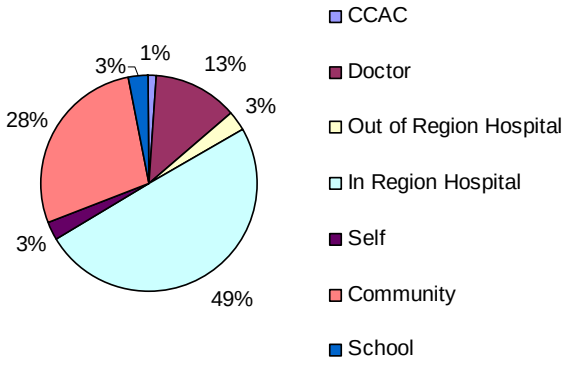
In mid-October, 2004, the Windsor/Essex CCAC began a new initiative with local hospitals in which Case Managers were placed in the Emergency Rooms at each of the local area hospitals. The objective for this initiative was to reduce return visits and unnecessary admissions into the hospitals. From the middle of October to 31 March 2005, 521 clients were admitted to CCAC services directly from local emergency rooms.

Other service highlights include:

Admissions by Age Group



Referral Sources



Client Satisfaction Survey Results

The Windsor/Essex CCAC worked with NRC+Picker Group in January, 2005 to administer wave 2 of a Client Satisfaction Survey. 877 clients responded to the survey, and 95.9% rated their CCAC services as "excellent" or "good." Ratings from this year's survey (compared to last year's) improved on most of the questions, including those noted as needing improvement. Once again, areas of strength and areas for improvement were duly noted, and the CCAC remains committed to improving areas needing enhancement.

Continuous Quality Improvement Plan

Last year, the CCAC was quite active in its efforts towards continuous quality improvement. Our efforts throughout 2004/2005 included:

1) Implementing the Home Support Exercise Program – to help clients learn about fall prevention and to promote safety in the home setting
2) Adding Case Management services in the Emergency Rooms at all three local hospitals – to help reduce return visits and other unnecessary hospital admissions
3) Implementing the Ambulatory Pump Initiative – a joint effort among hospitals, the CCAC, and the long-term care sector that allows clients the benefit of receiving consistent service no matter where they migrate within the local healthcare system
4) Introducing an Oncology Resource Case Manager to the CCAC Oncology Team– a way to increase client access to CCAC services and resources in a timely and dependable fashion
5) Developing a Hip and Knee Therapy program – to improve the care of acute care clients in our community
6) Initiating an Acquired Brain Injury Program – to better meet the needs of this specific client base and to increase the skill-set of our Case Managers
7) Designating an Education Leader for Case Managers – to facilitate the learning and education of Case Managers so that they are better equipped to meet guidelines set out by the Ministry of Health and Long-Term Care.
8) Creating a standalone Information and Referral Team – to better respond to community information inquiries, to ensure timely and accurate referrals are made to community resources and to more precisely track information and referral services.
9) Acquiring Acute Hospital Replacement Clients – to improve system integration with local hospitals and to provide community members with the best services in the most appropriate care settings.

In addition, our internal Expert Resource Team (ERT) – made up of CCAC Case Managers, designed to provide peer-to-peer guidance and education – remains committed to sustaining the technological gains the CCAC staff have made in terms of new software and resources. Further education happens regularly as part of our quality initiatives through weekly staff in-services designed to keep our staff up-to-date with local community resources, services and initiatives.

Also in response to continuous quality improvement, the CCAC conducted an organizational risk assessment including a privacy impact assessment and implemented a Privacy Plan in accordance with the Personal Health Information Protection Act.

Balanced Scorecard Quality Dimensions

CLIENT SERVICES	CLIENT SATISFACTION
◆ Continuity of Care ◆ Accessibility ◆ Responsiveness ◆ Risk Management ◆ Policies & Procedures ◆ Contract Management	◆ Overall Satisfaction ◆ Information and Referral Satisfaction ◆ Satisfaction Per Service ◆ Occurrence Reporting ◆ Appeals ◆ Satisfaction with Placement Coordination Services ◆ Satisfaction with Respite Services
INTERNAL BUSINESS PERSPECTIVE	**INNOVATION AND LEARNING**
◆ Human Resources ◆ Productivity (Key Performance Indicators) ◆ Ability to Meet Financial Targets ◆ Risk Management ◆ Health and Safety ◆ Business Process ◆ Policy and Procedures	◆ Education and Training ◆ Community Partnership ◆ Research ◆ Use of Technology ◆ New Programs/Services

Contracted Service Providers

Nursing

- Bayshore Home Health
- Comcare Health Services
- Paramed Home Health Care
- St. Elizabeth Health Care
- Victorian Order of Nurses

Personal Support:

- Bayshore Home Health
- Community Health Services – Canadian Red Cross
- Comcare Health Services
- Paramed Home Health
- St. Elizabeth Health Care

Adult Therapies:

- Community Care Therapy

Paediatric Therapies:

- Children's Rehabilitation Centre

Social Work:

- Catholic Family Services
- The Hospice of Windsor & Essex County Inc.

Nutritional Counselling:

- Nutritional Management Services

Medical Supplies and Equipment:

- At Home Oxygen & Medical Supplies
- Amcor (Amherstburg Pharma Plus and Coram Healthcare Ltd.)
- Ingram's/Therapy Medical Supplies
- Shoppers Home Health Care

Staff Development/Achievement

The Case Management function at the Windsor/Essex CCAC continues to grow, and all staff continue to improve their knowledge base by participating in a variety of educational opportunities. Staff benefit from attending regular, weekly in-services that increase their awareness of services available in the community and allow them to continue providing accurate information and referral services to community members. The CCAC also promotes active career development education for staff at all levels through a number of educational institutions, programs and workshops.

Furthermore, CCAC staff have demonstrated extreme excellence in their commitment to provide continuous quality care for all clients by actively participating in the development of a number of initiatives including: Emergency Room Case Management, an Elder Abuse Manual, Acute Care Hospital Replacement Strategies, an Acquired Brain Injury Program, and a variety of system-wide care guides to name just a few of our recent achievements.

2004/2005 was a remarkably successful year for the Windsor/Essex CCAC and its staff. It is, without a doubt, the dedication, skill and resilience of our staff that allows us to provide quality community care to more than 6,000 clients each day.