NORTH YORK CCAC

Annual Report to the Ministry of Health and Long-Term Care

For

Fiscal Year 2003-04

NORTH YORK
COMMUNITY CARE ACCESS CENTRE
CENTRE D'ACCÈS AUX SOINS
COMMUNAUTAIRES DE NORTH YORK

Linda Stark
Acting Executive Director

Floreen Cleary
Chair, Board of Directors

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Document disponible en francais

Our Mission

The North York Community Care Access Centre (CCAC) provides fair and equitable access to high quality, cost-effective services that enhance health and independence in a community setting for the residents of North York. Services are available in both official languages.

In discharging its mission, the CCAC facilitates partnerships with health and human service agencies in the community.

Our Vision

The North York Community Care Access Centre will be a leader in community health care, recognized for providing high quality client-focused services.

Our Value Statement

In carrying out its mission, the North York Community Care Access Centre ascribes to the following values:

- A central focus on the client
- Exemplary quality in all its programs, services and activities
- Respect for cultural and ethnic diversity
- Open communication, teamwork and collaboration
- Fairness, respect and honesty
- A sensitive and caring approach in all of its interactions
- Ethical and professional behaviour
- Creativity and learning
- Accountability to its stakeholders

Year in Review

The vitality of the North York Community Care Access Centre (CCAC) became tangibly evident this year when, in the midst of crises in the health care environment, we were honoured with a three-year Accreditation Award in October from the Canadian Council of Health Services Accreditation. The award signified North York CCAC's quality excellence in all areas of the organization's functions, and we were commended in particular for our client-centred approach to service, our resilience to move forward during challenging times, and our strength in partnership initiatives.

If the North York CCAC was to choose a theme to describe fiscal year 2003-2004, it would likely be Change Management. Change came about during the year in various forms, the most challenging of which were various unforeseen crises in the community during the early part of the year. As the year progressed operational and structural changes followed that were met head on by the resilient and skilled staff.

Just as the fiscal year was beginning, so too was the outbreak of SARS in Toronto. The North York CCAC was one of the most highly impacted of all the Community Care Access Centres as our catchment area became the epicentre of the second cluster of SARS cases and the focus for government, public health, health care professionals and the general public. Even in light of this adversity, the North York CCAC still managed to attain the majority of established goals, albeit later than originally anticipated.

As Ontario struggled to cope with the numerous challenges this disease posed within the health care environment and into the population at large, the North York CCAC maintained its focus on client care, eventually emerging stronger, better able to manage future health and health care crises. As well as effectively minimizing potential community exposure and transmission, the frequent contact made with those clients potentially exposed to SARS fostered high levels of trust and confidence in the North York CCAC, with the benefit of reducing the anxiety of those affected.

The SARS outbreak also had a profound impact on placement services. From April to June, the North York CCAC, along with the other CCACs in the GTA, moved a significant number of clients from hospitals into long-term care facilities to alleviate the pressure in the hospital sector during the outbreak. The collaboration, teamwork and the willingness of the long-term sector to engage in this process allowed clients to move through the system as quickly, safely and smoothly as possible.

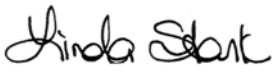
As the second wave of SARS abated, the North York CCAC found itself in the position of being able to use the experience it had gained to implement new processes and strategies for infection control (specifically in the management of febrile respiratory illnesses), business continuity during community emergency situations, and communication with service providers and other stakeholders. These processes became particularly useful in August when a blackout blanketed most of Southern Ontario for three days, leaving clients and their families in a heightened state of anxiety and uncertainty.

When the crises that defined the first half of the year were over, the North York CCAC found itself dealing with the natural evolutionary change of the CCAC environment. After more than six years of building the North York CCAC since its inception, Executive Director Mr. Stephen Handler announced his retirement, effective January 2004. We performed a thorough exploration of our options, which reconfirmed North York's mission to serve the people within our community, and a search was launched for a new Executive Director.

Throughout this year of crises and continuous change, the Board of Directors maintained its focus on strategy and the goals it established at the outset, leading the organization through one of its most challenging years. But even the Board was not immune from the effects of change. It consisted of four members throughout most of the fiscal year, but was reduced to three upon a resignation in January 2004. As well, North York CCAC has actively recruited for additional Board members, and currently, six additional candidates have been recommended for Order-In-Council appointments. During this time, the Board continued to move forward with its strategic goals, allowing participation of the nominees to add depth to the discussions and enhance the knowledge-base for the Board's decision making process. As at March 31, 2004, the Board of Directors was comprised as follows:

Position	**Incumbent**	**Tenure**
Chair (Part-Time)	Cleary, Floreen A.	02/16/2002 – 02/15/2006
Member (Part-Time)	Anderson, Margaret F.	02/16/2002 – 02/15/2005
Member (Part-Time)	Coyte, Peter C.	02/16/2002 – 02/15/2006

The challenges faced throughout this year have made the North York CCAC stronger. We have staff that is more knowledgeable and better prepared to manage a crisis; we have improved and streamlined our processes; and we have enhanced the efficiency with which we can deliver health care services into the community. Though the year was possibly the most challenging faced by the North York CCAC since its inception in 1997, the dedication displayed at all levels of the organization proved its value to the community as an integral part of the health care continuum.



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Chair, Board of Directors

COMMUNITY PARTNERSHIPS AND COLLABORATION

COMMUNITY PARTNERSHIP INITIATIVES

Home Plus Dialysis Program: Sunnybrook and Women's College Health Science Centre (S&WCHSC) successfully received a grant from the Change Foundation to pilot a program to provide full peritoneal dialysis in the home setting. The North York CCAC partnered with S&WCHSC, the Kidney Foundation, Canada Post (which is developing an electronic mail box for the client) and Fresenius (the supplier of the dialysis equipment). Kidney failure is a life-threatening condition which is treated with dialysis therapy. This program will encourage clients to have home peritoneal dialysis which is equally effective, often better tolerated and is associated with a better quality of life. The main goal of this program is to increase peritoneal dialysis in the home and reduce the reliance on hospital-based haemodialysis. The electronic mail box will create a system to network the client's hospital-based reports, to which the client will have access. The pilot began in February 2004.

In-Patient Discharge Planning: The North York CCAC and Sunnybrook and Women's College Health Science Centre engaged in a joint initiative to study the effects on in-patient discharge planning models of care. This timely project occurred in conjunction with the implementation of a client-centred standardized assessment tool for all CCAC adult long-stay clients. The pilot phase of the study was completed. The evaluation phase is anticipated to be completed in September 2004.

Mental Health Networks – North York and Scarborough Quadrant: North York CCAC has been an active participant in a project to develop a coordinated access system for community-based mental health individual support services in North York and Scarborough (known as PASS). The outcomes of the proposed model include: consistent, equitable and transparent access and decision-making processes for services for consumers; less duplication for consumers and referral sources; and, improved system planning and evaluation.

Out of the Cold Program: The North York CCAC continues to serve the homeless at two out of the cold programs. The Newtonbrook United Church site operates year long on Wednesdays and serves lunch to approximately 100 guests each week. The North York CCAC provides nursing services to an average of 12 to16 clients at this site on a weekly basis. For the past two years, the North York CCAC has been supporting a short-term program operating from the Beth Emeth Synagogue. This program runs on Monday evenings from January to March, providing dinner and a place to sleep. A nurse attends the evening hours to care for the medical needs of the guests.

TORONTO CCAC COLLABORATION AGREEMENT

In June 2003, the Executive Directors of the five Toronto CCACs engaged in a joint planning process to strengthen collaboration and consistency across the organizations' operations, both in service delivery and in their interaction with the public and health care partners. This collaboration agreement, *Working Together: A Shared Commitment to Excellence in Community Care*, marked an important milestone in the evolution of the CCACs. A number of strategies were pursued in 2003/04 to achieve the shared commitment to greater consistency including:

Communications and Publications: The Communications staff from the five CCACs in Toronto formalized their quarterly meetings, established a work plan and assigned accountabilities. Since that time, resource efficiencies and cost savings have been realized with the production of nine joint publications for use by all Toronto CCACs, and table-top display panels with panels in English, French, Chinese, Tamil and Italian for presentations and symposiums.

Community Connections Project: This project examined outreach through "connectors" – formal and informal community leaders, business people, physicians and service providers – to people who are not represented in the mainstream. The development and knowledge-base building process of this project was managed jointly by the North York and Etobicoke/York CCACs. Phase 1 identified, educated and consulted with "connectors". Phase 2, reaching, educating and talking with potential CCAC consumers from the target communities, is underway and being further developed.

French Language Service Compliance Plan: The Toronto-area CCACs worked collaboratively in it progression towards compliance of the *French Language Services Act*, launching a common Toronto-area French services telephone line, translating key information materials into French, developing French-language presentation materials, and participating in outreach activities such as information fairs. The North York CCAC reworded its Mission statement to reflect the provision of services in both official languages.

Collaborative Recruitment Initiative: This initiative enables CCACs to more effectively compete for health care professionals by raising awareness of CCACs as a preferred employer in the industry, increasing the supply of suitably qualified health care professionals to enhance client focused services. Cost sharing and other efficiencies resulted from the standardization of recruitment advertising and processes across the participating CCACs (North York, East York, Etobicoke/York, Scarborough, Peel and Toronto). The Ministry of Health and Long-Term Care provided start-up funds.

Risk Management Project: Phase 1 of this Toronto-area CCAC collaborative initiative was completed in September 2003, with the delivery of a common Risk Assessment Framework, which identified our collective inventory of existing risk management practices, gaps in our risk strategies and education required. Five risks were highlighted as priority areas for the committee. The Risk Management Framework will be reviewed on an annual basis, with new priorities being identified. Phase 2 of the project is underway, which entails implementation of a Risk Management Strategy, including work plans, across the five CCACs, and is expected to be completed by December 2004.

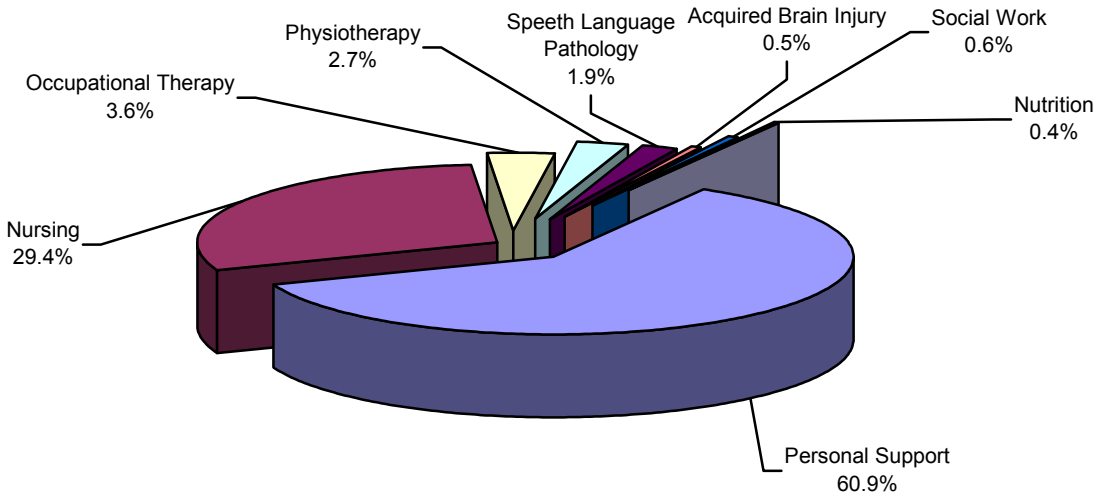
Service Pathways Evaluation: The Service Pathway Model (SPM) was developed by the Toronto CCACs to enhance service planning and delivery, facilitate case management decision-making and address service costs. It is a case management model to plan and allocate the service for clients meeting specified criteria who have common service needs, predetermined service goals and client outcomes. An evaluation of the model, led by the North York CCAC, was undertaken to determine whether the SPM is a sound way to manage care services to selected clients and identify needed improvements. Outcomes of the evaluation are pending.

Shared Information Technology: The CCAC shared IT services were consolidated to provide services and support more efficiently on a regional basis.

FINANCIAL INFORMATION & SERVICE DATA SUMMARY FOR 2003-04

Purchased Services $46,278,799

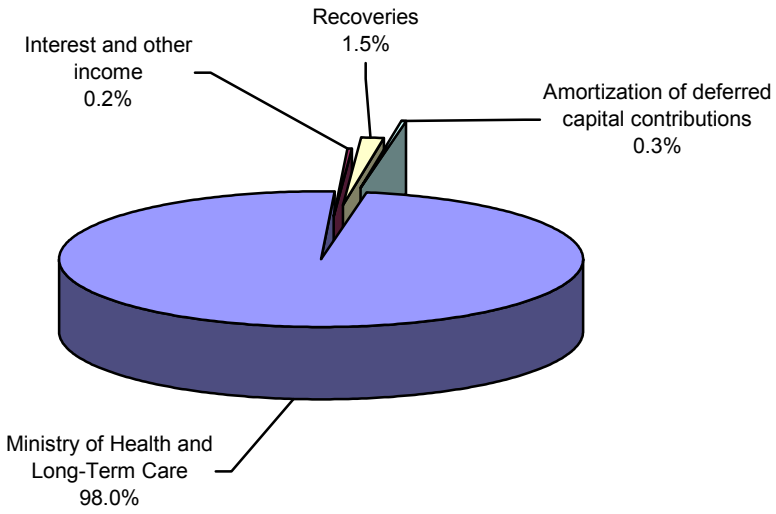
The North York CCAC purchases services for clients from contracted service provider organizations. The following chart illustrates by percentage the amount of services purchased to satisfy client needs throughout fiscal 2003-2004.



Note: Speech language pathology includes translation services.

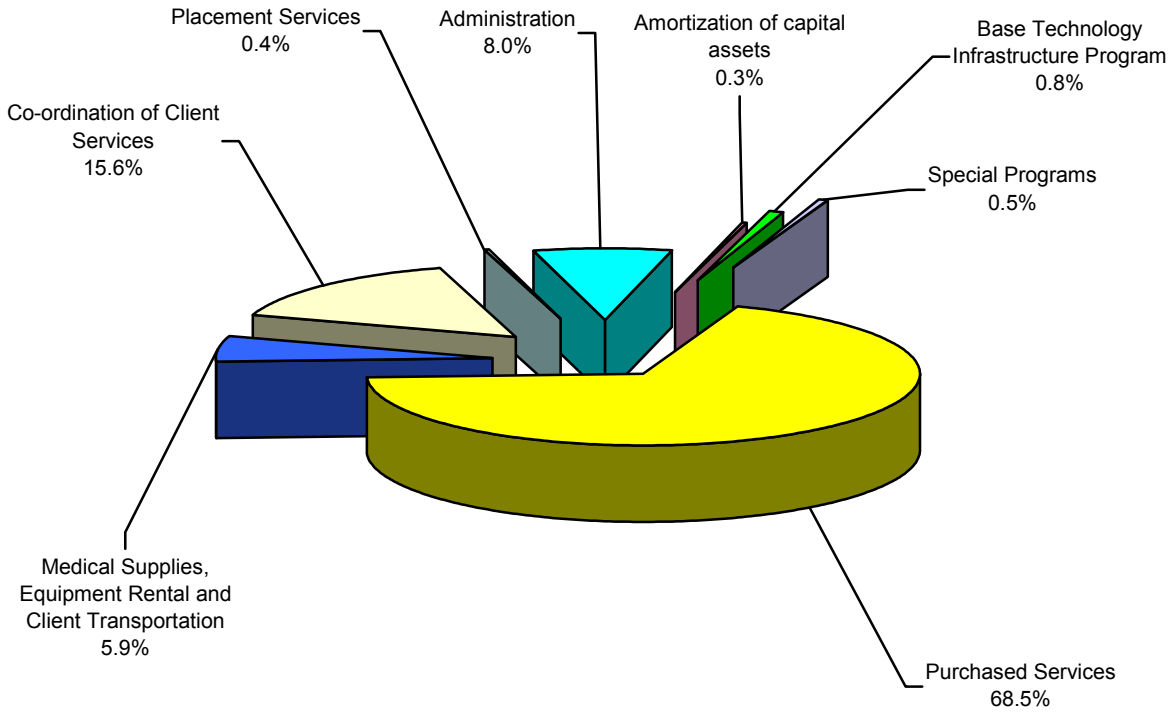
Revenues $67,526,239

The North York CCAC is fully funded by the Ministry of Health and Long-Term Care; however, revenue may be generated by other means, as illustrated below as percentage of total funding.



Expenditures $67,526,239

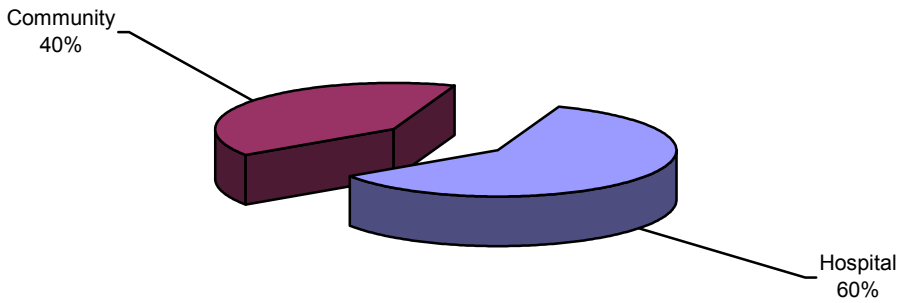
The following chart illustrates by percentage the expense allocation for the 2003-2004 fiscal year. (Note that Purchased Services, Medical Supplies etc., Co-ordination of Client Services and Placement Services are all direct services to clients, comprising 90.4% of all expenditures.)



Audited Financial Statements
(See attachment.)

Intake by Referral Source 2002-03

In the 2003-2004 fiscal year, 60 per cent of all client referrals to the North York CCAC originated from hospitals; 40 per cent from the community (including family, caregivers, other referral agencies, etc.



Services Delivered 2003-04

	Units of Service	Number of Clients Served
Regular Nursing (visits)	238,076	7,260
Complex Care Nursing (visits)	54,832	
Personal Support – including Cluster Care (hours)	1,213,611	8,898
Physiotherapy (visits)	13,646	2,787
Occupational Therapy (visits)	20,541	3,466
Social Work (visits)	2,178	405
Speech Therapy (visits)	8,208	1,082
Nutrition -Dietetic Services (visits)	2,640	581
Placement in long-term care and chronic care facilities		1,257
Placement for short term in long-term care and chronic care facilities		82

PERFORMANCE INFORMATION HIGHLIGHTING KEY SUCCESSES (KEY CHALLENGES AND ACCOMPLISHMENTS)

***Accreditation Award**:* The North York CCAC was honoured in October 2003 by the Canadian Council of Health Services Association (CCHSA) with a three-year Accreditation Award, signifying its quality excellence in all areas of the organization's functions. Preparing for accreditation involved a significant time and work commitment from staff at all levels of the organization, and although the process was delayed due to priorities involving the management of SARS, the accreditation survey was successful due to the organization's commitment to continuous quality improvement. The North York CCAC achieved good average ratings for each of the four quality dimensions measured (Responsiveness, which received the highest rating; System Competency; Client/Community Focus; Work Life).

Balanced Scorecard: The Balanced Scorecard model of strategy implementation and measurement fulfills the organization's requirements for accountability, including organizational planning, and improving the tracking and monitoring of outcomes and performance. In mid-2003, a workgroup consisting of representatives from each key area of the organization was struck to clarify the annual organizational objectives by producing draft strategy maps. Management was educated about its use and then finalized the Organizational Balanced Scorecard, including associated projects and indicators that would be used to monitor progress. Phase 2, Implementation, is expected to be completed by November 2004, with each area of the organization developing its own scorecard based on the organizational goal of continuously improving the quality of client experience.

Board of Directors Expansion: Early in the year, the North York CCAC's Board sought to enhance its level of expertise and launched a recruitment campaign that culminated in the selection of six members from the community that were recommended for OIC appointments. Utilizing the skills of the nominees, the Board established committees to provide oversight and guidance in areas of quality, risk, finance, community relations, governance and policy.

Client Information Packages: Introduced in April 2003 to facilitate a clear understanding of the role of the North York CCAC in the provision of care and initiate a trusting relationship with their Case Manager, the client information kit is provided to new clients when they begin receiving services. It contains information about how to access our services, the services available, the rights and responsibilities of clients and their families, how to proceed with a concern or complaint, and their personal care plan developed with their Case Manager.

Community Advisory Council (CAC): The CAC, established to promote communication and integration and improve the delivery of care across the health care continuum, remained a part of the North York CCAC's consciousness throughout the year. While the committee's progress was interrupted due to SARS, collaborative efforts and effective communication continued among the participating organizations, ensuring effective solutions to challenges arising during the hiatus.

Contracts: In January 2004, the North York CCAC initiated prequalification processes for agencies that were interested in providing Adult Nursing Services and/or Adult Personal Support Services. The Request for Qualification (RFQ) was followed by a Request for Proposal (RFP) in March. The Adult Personal Support RFP is being achieved jointly with the East York Access

Centre. It is the first time that the new Ministry of Health RFQ and RFP templates have been used for a procurement process in Toronto.

Employee Needs Analysis: The North York CCAC performed a needs analysis to determine future requirements necessary to improve the delivery of client services. A new Educator has been hired as well as a full-time Communications Advisor to ensure that staff are getting the information they require to ensure optimal client care. An education plan geared towards the effective training of new staff and continuing education of existing staff has since been implemented. Its focus is on the value of the individual as an integral part of benefiting clients to achieve the organizations mission.

Information Technology Improvements: Mobile technology, such as laptop computers, unique software and cell phones, was made available to Client Services staff to support the implementation of the RAI-HC Assessment Tool. This allows for fast, efficient assessments performed in the clients' homes, improving the ability for timely and appropriate service.

A Toronto Region Client Database was developed to allow staff to coordinate services provided to clients more efficiently. It also gives staff the ability to gain offline access to client information in a more timely manner.

Long-Term Care: The number of new beds in the sector increased as more long-term care facilities were opened in the GTA. This has had a major impact on reducing the number of clients waiting for long-term care placement. The North York CCAC opened its first long-term care facility, Norfinch Leisureworld, in December 2003. This 160 bed facility provides special care services for different health care populations. Some long-term care facilities are experiencing reduced or no waiting lists and many now have empty beds that cannot be filled. There continues to be a need for specialty beds and the mismatch between available beds and clients needs remains. Quarterly meetings with the LTC facilities in North York continue, providing a forum for the facilities and the CCAC to discuss trends and work collaboratively to manage issues related to the sector.

Operational Efficiencies: In order to optimize efficiency across departmental boundaries, the internal functions of Quality, Risk and Contract Management were consolidated to form a single department.

Following an assessment of the working environment, several improvements were made for staff, including new ergonomic workstations that reduce the risk of injury and absenteeism. As well, the floor space was realigned, which allowed for more efficient use of the existing space and reducing the need for expansion. This included the installation of a 10-station computer training centre for staff that is also used by other CCACs.

The annual turnover rate for the fiscal year was the lowest in the North York CCAC's history. As well, there was a significant improvement in our ability to fill vacancies over the same period.

Core competencies were established for all staff, which allows the North York CCAC to move towards a competency-driven appraisal tool for all position. Core competencies encompass the behaviours, attitudes, characteristics and abilities that are critical in any role to provide high quality, client-focused services, and are definable, observable and measurable.

RAI-HC: The RAI-HC (Resident Assessment Instrument-Home Care) is a common assessment tool that is being used across the CCACs in Ontario to assess the in-home service needs of all long-stay clients. Use of the RAI-HC provides standardization in the assessment and long-term placement processes and provides Case Managers with valuable information for service planning as gaps are clearly identified.

The North York CCAC completed implementation of this tool for all in-home assessments and has successfully launched the RAI-HC assessment in our hospitals. The transition has been efficient and successful. The hospital sector feedback has been overwhelmingly positive.

Resource Allocation: North York CCAC completed the development and implementation of its Resource Allocation Program. This includes the categorization of all current clients according to the five new MIS service recipient categories; a process for categorizing new clients; establishment of monthly case manager budget reports; and education sessions for all case managers. Case Managers are expected to meet with their supervisor upon receipt of the monthly reports to review the information. Phase 2 will see the provision of detailed information to Case Managers about how their teams are doing compared to the budget, allowing them to modify orders so that budgets are met without dramatically affecting the clients.

TEAMS Model Implementation Planning: The North York CCAC developed a strategy to increase home visits by Case Managers to ensure effective and optimal attention to the various needs of the clients. In effect, Float Case Managers and Team Assistants were identified as the constants that remained in the office managing the urgent calls and day to day activities for Case Managers who were out in the field. This allows Case Managers to do more home visits and still have their caseload managed while away from the office. TEAMS was identified as an effective operational model that outlines the way in which all teams in the Client Services Department will function to provide seamless service to clients while supporting the new Ministry of Health and Long-Term Care requirements for RAI-HC. TEAMS stands for Team work, Effective Communication, Accessibility, Managed Caseloads, and Standardization.

Wellness Program: A need for continued wellness initiatives was identified during the Accreditation process. In January 2004, the Wellness Committee conducted a second staff survey, the results of which were used to create a wellness plan to provide programs and education sessions that increase awareness, provide information, and motivate and empower employees.

INFORMATION ON SERVICE PROVISION

The North York CCAC purchases services for clients from contracted service provider organizations. To ensure the purchase of fiscally sound high-quality care, the Ministry of Health and Long-Term Care requires that all CCACs use a standardized process and criteria to determine, on a regular basis, contract awards. The following is a list of 2003-2004 service providers and the service(s) for which they are contracted to provide.

Names of Service Providers by Service

Adult Personal Support	Canadian Red Cross Society Can Care Health Services Circle of Care ParaMed Home Healthcare Preferred Health Care St. Elizabeth Health Care Spectrum Health Care S.R.T. Med-Staff International We Care Home Health Services VHA Home Healthcare
Child & Family Personal Support	VHA Home Healthcare Comcare Health Services
Adult Nursing	Comcare Health Services ParaMed Home Healthcare St. Elizabeth Health Care Victorian Order of Nurses
Child & Family Nursing	Comcare Health Services St. Elizabeth Health Care VHA Home Healthcare
Adult Occupation Therapy	Comprehensive Rehabilitation & Mental Health Services (COTA) Comcare Health Services
Child & Family Occupation Therapy	Comprehensive Rehabilitation & Mental Health Services (COTA)
Adult Physiotherapy/Speech Language Pathology/Social Work	Rehab Express Inc.
Child & Family Physiotherapy/Speech Language Pathology/Social Work	Rehab Express Inc.
Medical Equipment	Medigas Praxair Therapy Supplies and Rental Co. Ltd
Medical Supplies	Calea Ltd. & Calea Pharmacy Services Therapy Supplies and Rental Co. Ltd
Home Infusion	Calea Ltd. & Calea Pharmacy Services
Laboratory and Diagnostic Services	MDS Laboratories
Therapeutic Surfaces	KCI Medical
Nutrition	Victorian Order of Nurses