Community Care Access Centre of the District of Thunder Bay

Centre d'accès aux soins communautaires du district de Thunder Bay

ANNUAL REPORT

2002

To The
Ministry of Health and Long-Term Care
Northern Region

This is a report on the Community Care Access Centre of the District of Thunder Bay
For April 1, 2001 to March 31, 2002

Our Mission:

The Community Care Access Centre of the District of Thunder Bay is committed to providing access for quality, community-based health and support resources through the coordination of:

- Timely and accurate information
- Service delivery and evaluation
- Placement in a long-term care facility

Our Vision:

"TOGETHER IN COMMUNITY CARE"

2002/2003 Board of Directors

J. Donald (Don) Murrell, Chair
Lorne Allard
Janis Beebe
R. Bradley (Brad) Coslett
Susan Dubinsky (appointed Sept 26, 2003)
Michael Power
Ken Stevens

All Board members received a one year OIC appointment February 16, 2002.

A Message from the Board Chair and Executive Director

The previous year can be described as a year of change and new beginnings for all the Community Care Access Centres in Ontario. The Community Care Access Centre of the District of Thunder Bay (CCAC) experienced significant growth in referrals and service demands in the beginning of the year. With direction from the Ministry of Health and Long-Term Care, the management, staff and service providers worked diligently to ensure the CCAC stayed within its funding allocation while continuing to serve those individuals who were most at risk and in need of services.

At the end of the fiscal year, the CCAC is pleased to report a balanced budget and presently has no waiting lists for community services. Our thanks are extended to the hard working staff; including community care coordinators, support staff, management team, service providers and especially the clients, their families and the community in general. Thank you for your patience while changes have taken place.

In an effort to enhance consistency among the Community Care Access Centres and to create a strong community health care system, the Ministry of Health and Long-Term Care introduced the *Community Care Access Corporations Act, 2001* (Bill 130). The Act received Royal Assent on December 14, 2001, and on February 16, 2002, CCACs were designated as statutory corporations under the Act. This date marked the departure of the Executive Director and the Board of Directors. Our thanks are extended to the former Board and Executive Director.

On February 16, 2002, a new board of directors was appointed by Order in Council, with Don Murrell appointed as the Chair. The Ministry of Health and Long-Term Care also appointed an interim executive director at that time. The new board is charged with the responsibility of ensuring accountability to government, improved linkages with other health care providers and efficient allocation and use of resources in three key areas: Case Management, Contract Management and Placement Coordination. The CCAC board will also establish a Community Advisory Council to promote and enhance integration between CCACs, long-term care facilities, hospitals and other community support service agencies. The new Board of Directors is excited about working with the community and leading the CCAC in its journey to a future that sees a strong, client-centred community care system.

Original signed by Don Murrell

J. Donald Murrell, Chair

Original signed by Tuija Puiras

Tuija Puiras, Executive Director (Interim)

Overview of Performance Targets

There were two key areas of interest that drove the activities of the Community Care Access Centre of the District of Thunder Bay during the past fiscal year:

- achieving a balanced budget and
- implementing the CCAC reform initiatives following the designation of the CCACs under Bill 130.

Balanced Budget

The CCAC was successful in closing the fiscal year within its allocated budget. This was accomplished by carefully reviewing the client needs and assessment tools used. A Priority Tool was developed with extensive consultation with other CCACs. All clients on programs were reassessed with the new priority tool and all new clients were prioritized upon referral. Waiting lists were established for all services, including nursing. Service levels were reduced in light housekeeping. Nursing services were reduced, putting additional pressure on the regional health care community. During the cost saving activities, frequent meetings took place with the health care partners and service providers to monitor the impact of these reductions.

The reduction in service and increased waiting time was certainly felt by the public, which was reflected by a number of complaints (44) received by the CCAC. All complaints have been resolved and no new complaints have been received since our waiting lists have been reduced. The majority of the complaints addressed the reduction of light housekeeping activities or the increased waiting time for school health therapy services. Alternatively, a client survey that was conducted in November-December 2001 indicated that individuals who received services through the CCAC were generally satisfied and felt that their needs were being met.

CCAC Reform Initiatives

The CCACs were designated under Bill 130 on February 16, 2002. A new Board of Directors was appointed by Order in Council and the Ministry of Health and Long-Term Care appointed an Interim Executive Director. The new board of seven has two former board members, the Chair and the district representative, one position is vacant and all other members are new to the board of directors.

The CCAC board members and management staff have attended a number of orientation and training sessions in Thunder Bay and Toronto in preparation for the implementation of CCAC Reform Initiatives. Public information sessions and training sessions have been provided for staff, CCAC health care partners, such as hospitals and long-term care facilities and the general public. The implementation strategies are well under way. The CCAC does not anticipate any difficulties in meeting the target dates.

Case Management

During the 2001/2002 fiscal year, services were dramatically decreased as compared with the prior fiscal year. Two methods were used to reduce services:

1. Limit admissions
2. Reduce services for existing clients

The latter method was used primarily for homemaking clients due to the normal length-of-stay duration for this mostly frail, elderly population. Specifically light housekeeping tasks were eliminated for all clients that had family living in the community. Limited admissions became the primary method of control for all other services since clients are normally admitted to these services for a fixed duration. These limitations resulted in a dramatic decrease in the number of clients served in nursing and therapy services. A comparison of the **Number of Clients Served** for the period April 1, 2001 - March 31, 2002, compared to April 1, 2000 – March 31, 2001, follows:

Description	2001/2002	2000/2001	% Change
Case Management	8349	9712	-14%
Nursing	2663	4287	-38%
Homemaking	1872	2317	-19%
Physiotherapy	815	1311	-38%
Occupational Therapy	1717	2413	-29%
Speech Therapy	697	792	-12%
Social Work	294	405	-27%
Nutritional Counselling	99	133	-26%

Limited services and reduced admissions had a cumulative effect on eligible referrals. As confidence in the availability of CCAC services declined in the community, the number of referrals dropped sharply with a total decrease of 25 percent for the year. However, in addition to the decrease in referrals, those referrals received were more likely to be deemed ineligible for service during the 2001/2002 fiscal year than in prior years. A tightening of eligibility criteria and the expansion of ambulatory care services at acute care hospitals caused the overall reduction in admissions to the CCAC. A comparison of referrals for the period April 1, 2001 - March 31, 2002, compared to April 1, 2000 – March 31, 2001, follows:

Description	2001/2002		2000/2001		% Change	
Admitted	3821	75%	6031	89%	-2210	-37%
Not Admitted	1260	25%	764	11%	496	65%
Totals	5081		6795		-1714	-25%

An analysis of the **Units of Service** for the period April 1, 2001 - March 31, 2002, compared to April 1, 2000 – March 31, 2001, follows:

Units of Services	2001/2002	2000/2001	Change
Nursing	101951	150697	-32%
Homemaking	271975	364301	-25%
Physiotherapy	6102	10531	-42%
Occupational Therapy	6345	11204	-43%
Speech Therapy	7179	11337	-37%
Social Work*	2237	1922	16%
Nutritional Counselling	250	421	-41%

* Time per unit decreased as of September 1, 2001

The CCAC developed a priority assessment tool to ensure the right services were provided at the right time to clients most in need. The Client Priority Tool was designed to assess the impact of the problem, predicted outcome, and risk of delay.

A Professional Services Waitlist Committee was established to ensure all clients referred to the CCAC would be approved for services in a timely manner, reflecting availability of resources and client needs. With the priority assessment in place, waiting time for services ranged from no wait for high priority clients to several months for lower priority clients.

Best practices were developed for community occupational therapy, physiotherapy, speech therapy, social work and nutritional counselling. This included determining the appropriate number of visits by providers and fine tuning communication and billing practices between the CCAC and the service providers.

The School Health Support program worked with the service providers to develop guidelines for school therapy services.

The CCAC continues to work with the local hospitals on developing Clinical Pathways. This year we participated in the development of a clinical pathway for Community Acquired Pneumonia.

Information and Referral

As a part of a province wide C3 project, the CCAC of the District of Thunder Bay has implemented a common database with the 43 CCACs. In the initial phase of the project, all long-term care facilities were listed in the database, followed by retirement homes, adult day programs and service provider organization. All Ministry timelines have been met and the local database is being enhanced to include specific information of benefit to the district. The common database provides easy access to information on community health and support services in Ontario.

Placement Services

The CCAC of the District of Thunder Bay is pleased to work with a high caliber of professionals in the provision of services to the clients of the District of Thunder Bay. Communications between the CCAC and Service Providers continue to be enhanced through a collaboration of meetings and presentations. Presentations have been held with all providers to inform them of all the changes that affect client services, particularly the new Placement Regulations that took effect May 1, 2002. The manager responsible for placement services also attended a workshop in Toronto to prepare a business redesign of the placement process to reflect the regulation changes and to prepare for the implementation of a common assessment tool later this year.

As part of the long-term redevelopment initiative there are 200 new beds being built in the District of Thunder Bay. The first facility to open new beds is Roseview Manor. The CCAC has been working closely with Central Park Lodge (the operator) in preparing for the opening of Roseview Manor.

In order to enhance service delivery, a conversion of the software program took place at Placement Services in order to integrate the database of placement services with in-home services. The conversion has been successful.

Pain and Symptom Management Team

The Pain and Symptom Management Team responded to 1094 requests for palliative related issues from across the region. This translates to 7170 hours of volunteer time.

Regional collaboration regarding service delivery for palliative care clients involved travel to Nipigon, Geraldton, Dryden, Ignace, Kenora, Marathon, Terrace Bay and Fort Frances.

A Palliative Care Service Model was developed that will serve as a working model to develop strategic directions for Thunder Bay and northwestern Ontario.

In conjunction with Long-Term Care Facilities and hospitals in Thunder Bay and Region, protocols for facilitating client's wishes were developed. A manual called "End of Life Care" was distributed across the region.

Virtual Support System (VSS) Outreach to Informal Caregivers

In March of 2001, the Community Care Access Centre became a lead agency for a new project for caregivers sponsored by the Canadian Association for Community Care (CACC). Thunder Bay was chosen as one of three pilot sites in Ontario for this project. However, the CCAC became the lead agency for the pilot in Thunder Bay about one year after the project had started due to another organization having to withdraw. The project involves connecting home caregivers of seniors to the internet, training them in the use of email, internet searching and general computer skills and giving them access to resources and information via the World Wide Web.

Presently Thunder Bay has 15 caregivers on the project and is currently the largest group of the three pilot sites. To date we have conducted seven training sessions with the caregivers as a group as well as numerous one-on-one training visits. The response has been extremely positive. Eight of the caregivers were provided computers donated by the Regional Hospital and a local doctor. In addition Internet accounts were donated by 807 City and have been distributed to seven of the caregivers that needed them.

This project will run until the end of August 2002. The Local Advisory Committee locally as well as the LACs at other pilot sites are discussing ways that it can be continued and/or expanded at the end of the pilot phase. Due to the positive response to the project in Thunder Bay the Local Advisory Committee and the Caregivers have decided to continue the project after the end of the pilot.

C3 Project Summary

The project is building a secure private network that will use the services of Smart Systems for Health (SSH). The first phase of this network was to provide a secure link between all CCACs. In the future, it is planned that other Health Care Providers will also become part of this secure network.

The CCAC has commenced with the implementation of the Ministry of Health and Long-Term Care Priority Project including the distribution of laptop computers for CCC's to use for client visits.

Human Resource Issues

The Ontario Nurses Association (ONA) negotiations were completed and the contract was ratified on November 15, 2001.

During the cost containment strategies, three ONA members and two CAW members received lay-off notices. All but one have been rescinded. Two management contracts were not renewed when they expired on March 31, 2002.

A Labour Board complaint filed by the SEIU against the CCAC and several service providers is ongoing.

The Human Resources Information System (HRIS) was implemented. This system will provide CCAC with an integrated HR, Payroll and Benefits management system. The implementation of this project is a joint effort between the Finance, Human Resources and Information System staff. The implementation began in the spring of 2002 with the anticipation of start up of early fall 2002. This system will decrease the volume of repetitive work that occurs in processing payroll and human resources items.

Contract Management

The contracts for medical supplies and speech language pathology were extended for another year. It was felt that while the CCAC was in the middle of implementing the cost saving strategies, the environment was not conducive to attracting providers to submit RFPs. With the number of referrals decreasing, there were no anticipated cost savings in initiating new RFPs.

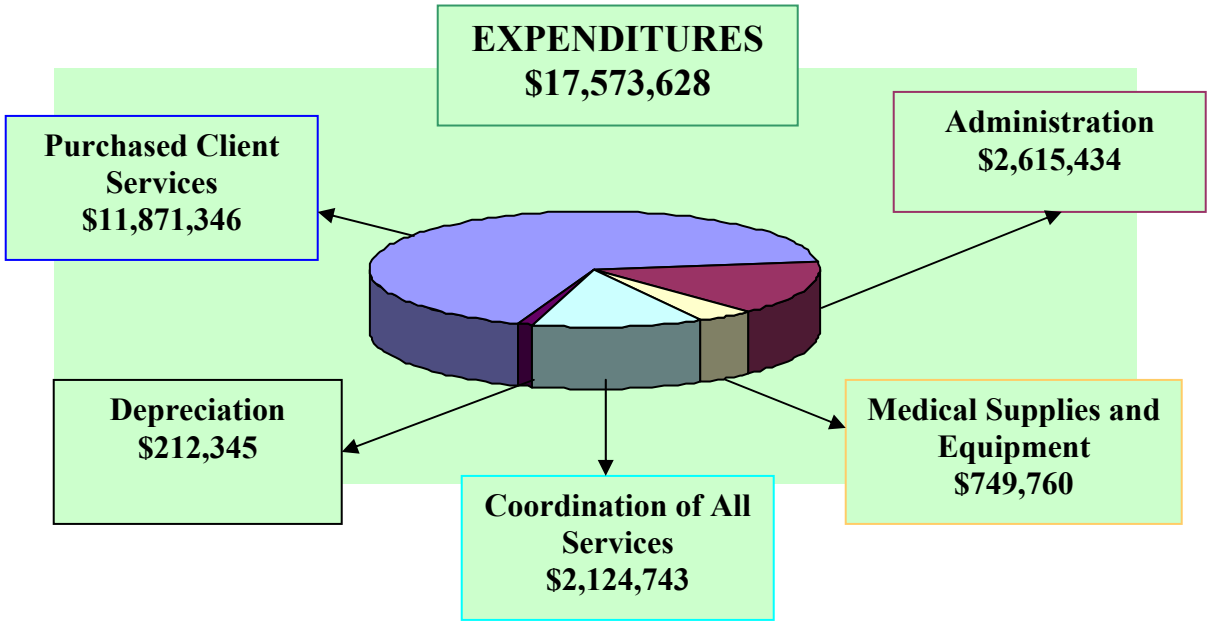
The CCAC of the District of Thunder Bay have contracts for the provision of services in the following areas:

Speech:	George Jeffrey Children's Treatment Centre Partners in Rehab St. Joseph's Care Group Shanahan Centre Superior Speech Services
Social Work:	Victorian Order of Nurses
Therapy Services:	Hands On Physiotherapy Lakehead Occupational Therapy Services Partners In Rehab Shanahan Centre Superior Therapy Services Victorian Order of Nurses
Homemaking/Personal Support:	Bayshore Health Care Comcare Health Services Victorian Order of Nurses
Nursing:	Bayshore Health Care Comcare Health Services Saint Elizabeth Health Care Victorian Order of Nurses
Nutrition:	Comcare Health Services
Medical Supplies:	Shoppers Home Health Care

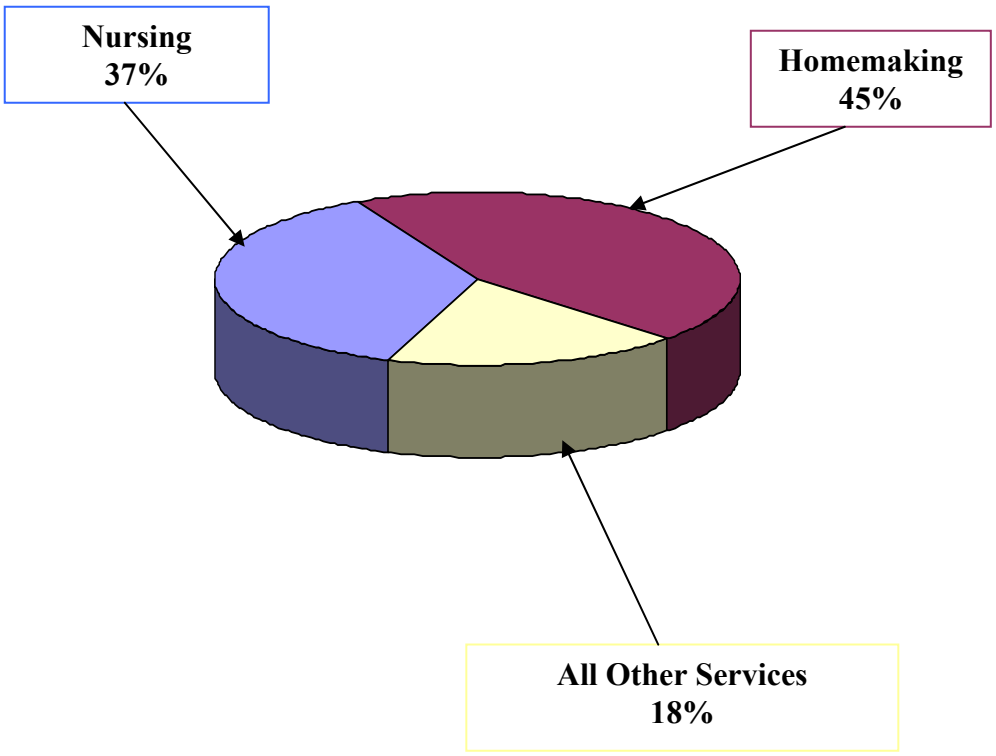
The contracts for Speech Therapy and Medical Supplies expire August 31, 2003, and the RFP process to reissue these contracts will begin this fall. The CCAC has implemented a process for the use of provider evaluations and client satisfactions surveys that will be used as part of the decision-making prior to awarding contracts. The CCAC of the District of Thunder Bay uses a prequalification process when required.

Analysis of Financial Performance

The CCAC of the District of Thunder Bay instituted significant cost-reduction strategies resulting in the organization meeting its mandate to end the year with a balanced budget. The strategies put in place continue to enable the CCAC to give priority to those individuals who present with the greatest need. The following pie chart gives a breakdown of the expenditures incurred by the CCAC during the 2001/2002 year.



TOTAL CLIENT SERVICE EXPENDITURES



ALLOCATION OF TOTAL SERVICES