Near North Community Care Access Centre/Centre d'accès au soins communautaires du moyen-nord

2001-2002 Annual Report

•Board of Directors

- **Donald Mulligan,**
- **Chairman**
- **Rod Coles**
- **Kathrine Eckler**
- **Ian Kilgour***
- **Angela Knight van Schaayk**
- **Brian Lafleche**
- **David Thompson**

•Each Board Member was appointed through an Order -in-Council by the Lieutenant Governor. *Resigned Effective September 13, 2002

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Message from the Chairman and Interim Executive Director

2001/2002 proved to be a year of many transitions, opportunities and reform initiatives. The Near North Community Care Access Centre/Centre d'accès au soins communautaires du moyen-nord (NNCCAC/CASCMN) embraced these initiatives with a high degree of commitment towards truly taking steps forward.

Despite continued high demand for services, the budget was balanced within a .33% variance . Efforts were focused on prioritizing expenditures to ensure that the right clients received the right services in the most effective manner.

On December 14, 2001, the Community Care Access Corporations Act (2001) received Royal Assent. This act transformed CCACs provincially into statutory corporations and designated them as "operational service agencies" according to the Corporate Management Directives established by the Management Board Secretariat. This means that CCACs have new accountability mechanisms with the Ministry of Health and Long-Term Care (MOHLTC), and that Boards and Executive Directors are appointed by the government through Orders-in-Council. Additionally, an impressive array of CCAC Reforms were initiated, designed to promote greater accountability, efficiency, and consistency across Ontario. The overall objective of these reforms is to create a strong community health care system where people can access the right services at the right time in the right place.

Community Advisory Councils were also established under the CCAC Act (2001) to promote closer communication and integration of key partners, including CCACs, hospitals, long-term care facilities (LTCF), and community support agencies.

NNCCAC is fortunate to have Board Members and staff who are highly skilled, dedicated, and focused on improving client services. We are committed to working in concert with community partners as we strive to improve community-based health services.

Donald Mulligan
Chairman, Board of Directors

Lloy Schindeler
Interim Executive Director

Performance Targets

The five Core Objectives of CCACs are defined in the CCAC Act 2001 as follows:

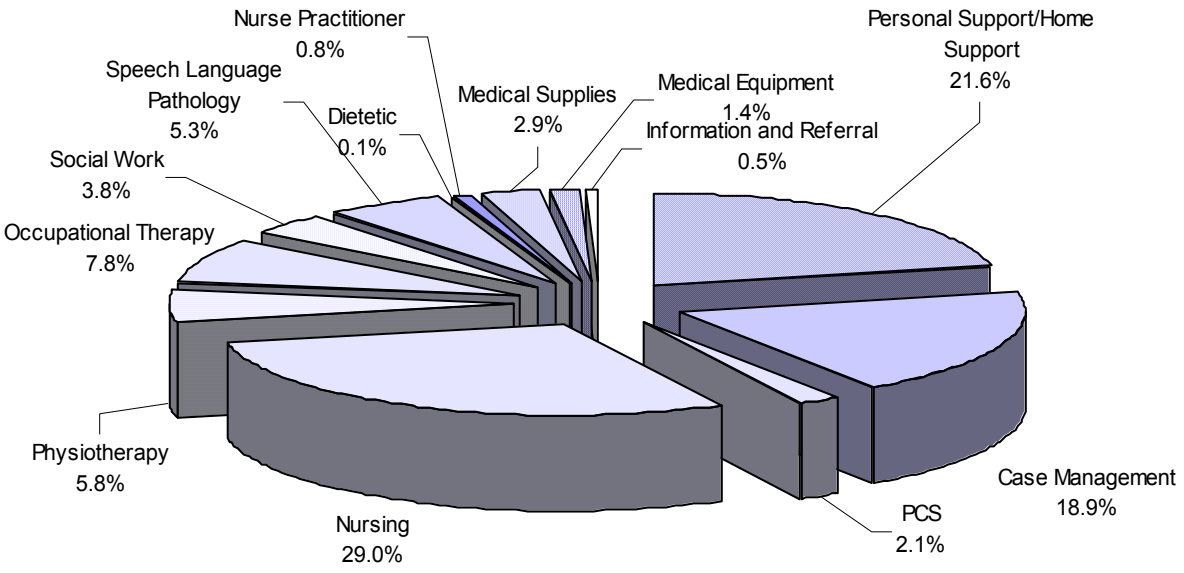
1. *To provide, directly or indirectly, health and related social services and supplies and equipment for the care of persons.*
2. *To provide, directly or indirectly, goods and services to assist relatives, friends and others in the provision of care for such persons.*
3. *To manage the placement of persons into long-term care facilities.*
4. *To provide information to the public about community-based services, long-term care facilities and related health and social services.*
5. *To co-operate with other organizations that have similar objects.*

Client Services

The core services delivered to clients include: Case Management and Placement Services, Information and Referral Services, Nursing, Personal Support/Home Support, Physiotherapy, Occupational Therapy, Speech-Language Pathology, Social Work, Dietetics, Nurse Practitioner Services, Medical Supplies, and Medical Equipment Rental. These services are delivered within a designated catchment area including parts of Nipissing and Northeast Parry Sound..

Expenditures for each of these services have been displayed in the following chart.

Figure 1. 01/02 Expenditures by Client Services



Revenue: $12,066,158 **Expenditures: $12,025,349**

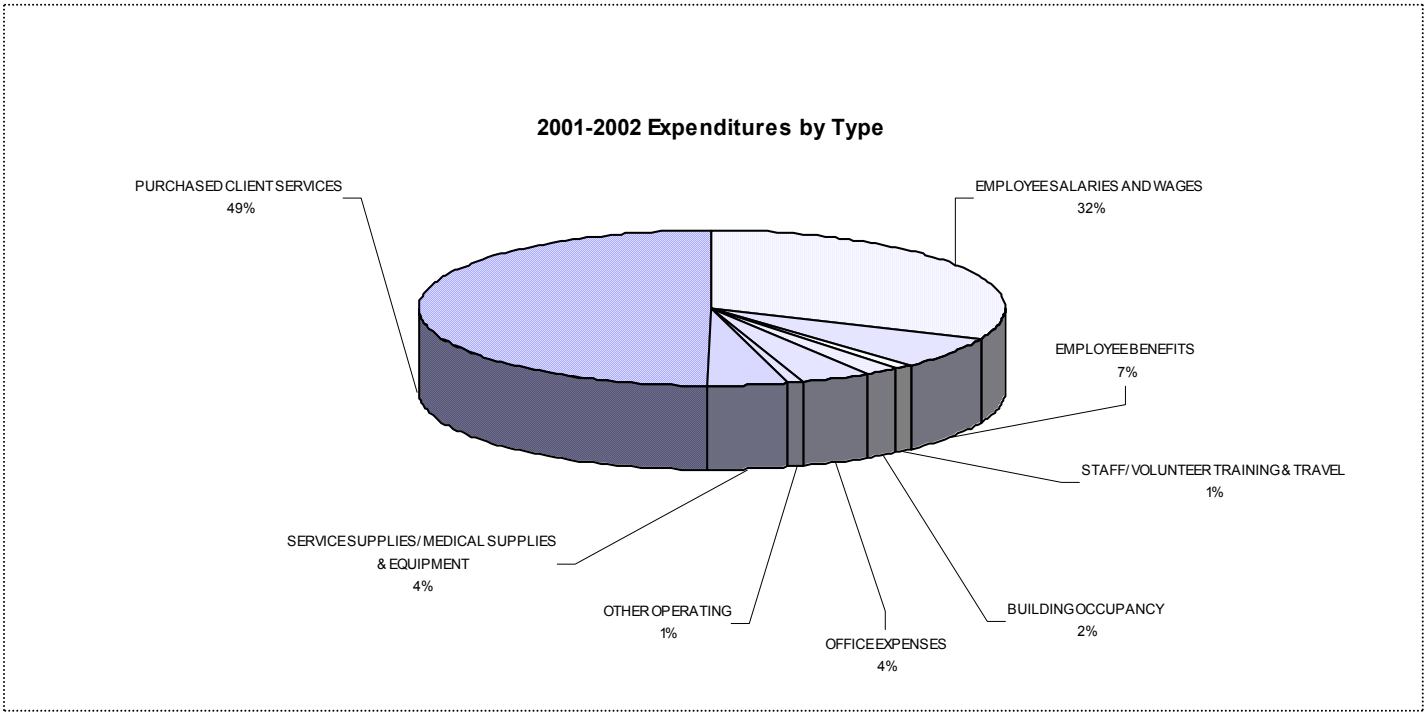
Condensed Financial Statements

Schedule of Revenue and Expenditures for the Year Ended March 31, 2002:

Revenue:	
Province of Ontario	$12,043,904
Interest & Miscellaneous	$ 22,254
Expenses:	
Salaries & Benefits	$ 4,562,731
Purchased Client Services	

The Audited Financial Statements are available upon request.

Figure 2: Expenditures by Type



Accomplishments During 2001/2002

Highlights of accomplishments during 01/02 include:

- Promotion of collaborative initiatives with local hospitals, physicians, long-term care facilities, Health Unit, District Health Council, school boards, and service provider agencies to enhance effectiveness of client services.
- Provision of client services with a .33% variance in the overall budget
- Approval by the MOHLTC of continuation of the Nursing Clinic for clients
- Implementation of a Base Technology Infrastructure to support Information & Referral Services
- Participation in various local and provincial task-forces
- Implementation of the French Language Service Plan
- Completion of the Request for Proposal for Personal Support/Home Support Services
- Launching of new initiatives and projects related to CCAC reform, including a new governance structure.

Case Management

Case Management services, as defined in the LTC Act 1994, focus on assessment of client needs, determination of eligibility, development of a service plan with the client, authorization of expenditures, service coordination and ongoing evaluation of the service plan to meet the client needs. The Case Manager provides the communication and coordination linkage between the client and a team of service providers.

C.C.A.C. reform initiatives announced in 01/02 related to Case Management include the use of a province-wide computerized assessment tool (MDS-RAI-HC) for long-stay and placement clients, as well as the use of an outcome-based resource allocation method. It is envisioned that Case Managers will be spending more time in client's homes and communities to perform assessments, and develop service plans together with the client/caregiver.

Information & Referral

A provincial wide database of health and related social services is being developed to provide a valuable information tool for clients. NNCCAC will be the "custodian" of approximately 650 records of local health and social service information. This means that we will be responsible for ensuring accurate and current data. Each CCAC will be able to share this information electronically between CCACs.

Placement Coordination Services

Placement Coordination Services (PCS) assists people in making the transition from home to a long-term care facility (LTCF). During 01/02 there was a significant increase in the number of individuals placed in the five LTCFs within NNCCAC's placement catchment area.

In the spring, the MOHLTC introduced a series of new regulations to guide the placement process. These new regulations are designed to improve efficiency and effectiveness in the placement process.

Contract Management

Purchased client services such as Nursing and Personal Support/Home Support are provided to clients through purchase of service contracts.

NNCCAC awarded Personal Support/Home Support contracts to ParaMed Home Health Care and the Canadian Red Cross Society effective April 1, 2002.

A Request for Proposal for Nursing Services will lead to new contracts awarded in December 2002, to prepare for a new contract term on April 1, 2003.

Community Advisory Council

Community Advisory Councils have been established across the province under the CCAC Act, 2001. The primary objective of these councils is to improve the delivery and coordination of services to people requiring care as they move from one part of the health and community support services system to another. The Council will identify barriers to the smooth transfer of individuals within the system, propose solutions, and share information to promote inter-agency coordination. The Community Advisory Council is accountable to the NNCCAC Board of Directors.

Appeal Process

NNCCAC respects the rights of individuals to appeal decisions that affect them. An appeal process is available to hear and resolve disputes upon a client's or advocate's request. Any client or advocate can appeal. A Case Manager, or the Director of Client Services, can be reached for further information.

Thank you!

We would like to express our sincere appreciation to the many individuals who have worked in collaboration with the NNCCAC. Our collective efforts will build a stronger community health care system.