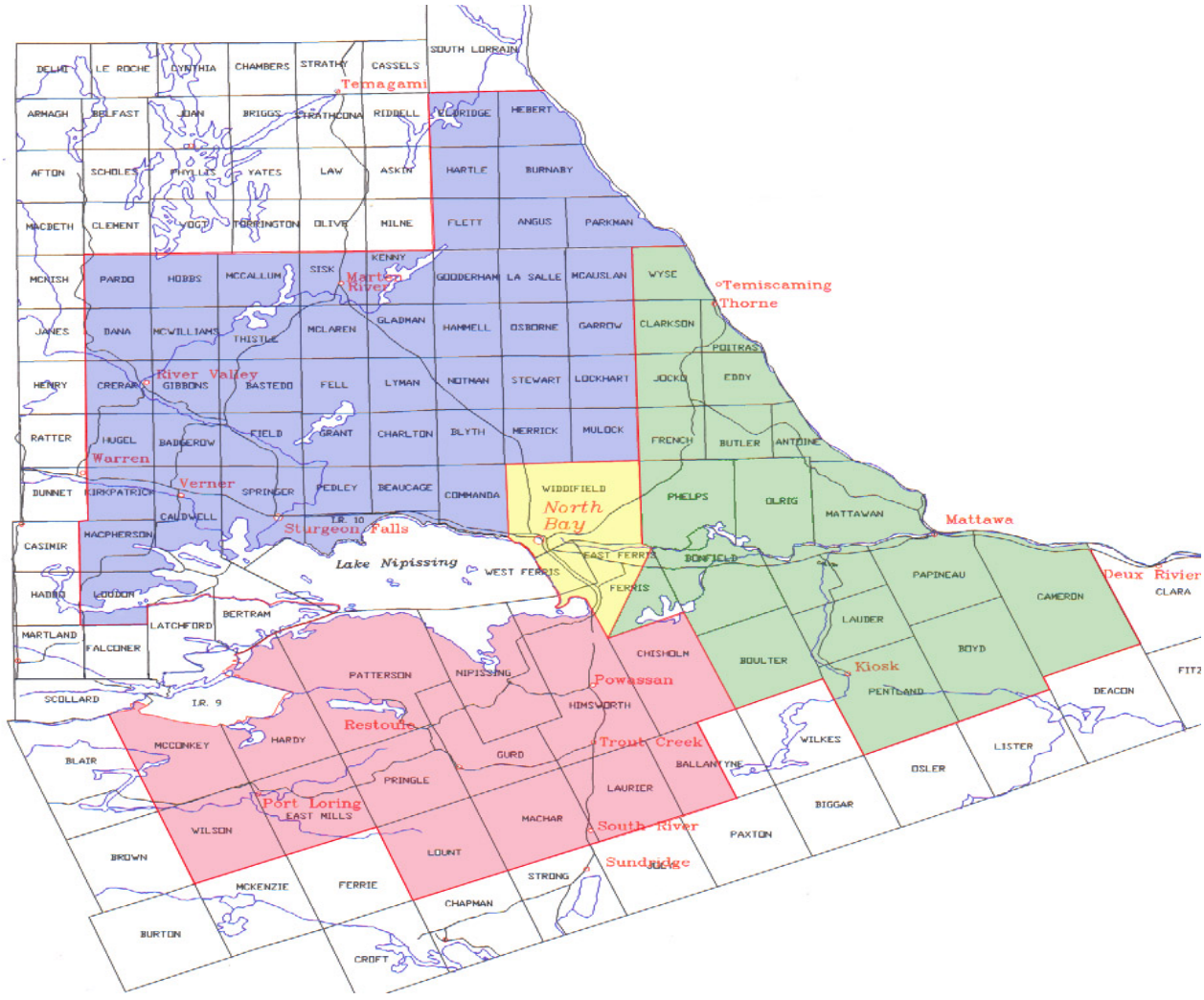
Near North Community Care Access Centre/Centre d'accès aux soins communautaires du moyen-nord 2002-2003 Annual Report to the Community

Geographic Area Serviced
Districts of Nipissing and Northern Section of Northeast Parry Sound



Our Vision:

People in our community will receive the services they require, in either French or English, to provide optimal health.

Our Mission:

1. To provide, directly or indirectly, health and related social services and supplies and equipment for the care of eligible persons within available resources.
2. To provide, directly or indirectly, goods and services to assist relatives, friends and others in the provision of care for eligible persons within available resources.
3. To manage the placement of eligible 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 cooperate with other organizations which have similar objectives.

Reference: CCAC Act, 2001.

Our Values and Beliefs:

In carrying out our Mission and seeking to achieve our Vision, the following Values and Beliefs shall be respected and incorporated operationally:

Empathy
Employee empowerment
Transparency
Accountability
Professionalism
Inclusivity
Respect
Flexibility
Knowledgeable
Client-centred focus
Sensitivity
Client empowerment
Effective responsiveness
Quality
Trust
Resilience
Honesty
Open communication
Fairness
Equal access

Board of Directors:

David Youmans, Chairman

Rod Coles, Vice Chair

Angela Knight van Schaayk,, Director; Chair of the Community Advisory Council

David Thompson, Secretary

Each Board Member was appointed through an Order-in-Council by the Lieutenant-Governor

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Message from the Board Chair and Executive Director

Many exciting foundations were established in 2002-03, with the implementation of CCAC reform initiatives, and a new Board of Directors' Strategic Plan.

The Board and staff of NNCCAC embraced opportunities to enhance new business practices and focus its resources on improving services to clients. Community partnerships with agencies and committees, actively pursued the common goal of improving the quality of community health care services. NNCCAC sincerely appreciates the valuable contributions of each of its partners. The outcomes of this collaborative work are synergetic and have meaningful outcomes focused on improving the effectiveness of the community health care system.

We would like to formally acknowledge the work of the Board members, staff, volunteers, Ministry of Health and Long-Term Care (MOHLTC) representatives, and community partners. Thank you for your collaborative energies as we strive to deliver the highest quality of community health care services to Ontarians.

Dated this …… day of ……., 2003

David Youmans, Chair

Lloy Schindeler, Executive Director

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Community Initiatives:

Community Partnerships and Committees

NNCCAC has developed valuable partnerships with other providers, agencies and various ministries. These partnerships form a foundation for effective planning and solution building focused on improving services for clients. The primary objective is to build practical, functional strategies to maximize the local capacity of the health care system. Together, we strive towards meaningful outcomes that truly improve the quality of community health care services.

Close working relationships have been established with the four local hospitals, Northern Shores District Health Council, North Bay & District Health Unit, Community Support Agencies, seven local Long-Term Care Facilities, four School Boards, children's service providers, and other related ministries.

Various committees were actively pursuing common objectives throughout 2002-2003. Some of these committees include:

- Interim Strategies to Support Patients in Transition through Hospitals, Long-Term Care Facilities and Near North CCAC;
- Community Advisory Council;
- Placement Coordination Services (PCS) Advisory Council;
- Wound Management Task Force;
- Home Infusion Task Force;
- French Language Services Committee;
- Network 6 – Hospitals/CCACs Committee;
- Speech-Language Pathology Partnership;
- Nurse Practitioner Advisory Committee;
- Contracted Service Provider Agencies Committees.

Donations

NNCCAC sincerely thanks all in the community who have given support to improve community health care services.

Financial donations are managed by a Donations Committee which diligently reviews client situations where all other financial resources have been exhausted. Donations in 2002-03 assisted with purchases of wheelchairs, hospital beds, and medical equipment for clients with complex, urgent needs with limited financial resources. Donated medical equipment from clients was redirected to other clients most in need. These donations are sincerely appreciated.

Recognition of Volunteers and Students

Volunteers and students contribute valuable time and skills to NNCCAC.

Affiliation agreements are in place with many colleges and universities to support student internships. In 2002-03 students from Queen's University, McMaster University, Ottawa University and Nipissing-Parry Sound Catholic District School Board completed placements with NNCCAC.

We have found that by providing student placements for professionals such as speech-language pathologists, occupational therapists, physiotherapists, social workers, and nurses we have encouraged recruitment of these professionals to Northern Ontario.

Ministry of Health & Long-Term Care and CCAC Initiatives, Progress and Results

Common Assessment Tool

Access Centres across Ontario are implementing a Common Assessment Tool for case managers called the Minimum Data Set-Home Care or MDS-HC. The tool will be used by case managers for all clients accessing long-term care facilities, and for all adult clients using in-home services for greater than 60 days. It is anticipated that this comprehensive tool will be valuable for developing service plans and ensuring "the right clients receive the right service, in the right setting".

NNCCAC has trained 100% of the required case managers and submitted reports to the MOHLTC as per implementation schedules. Significant internal human resource and business process changes were made during 2002-03 to facilitate successful implementation of the Common Assessment Tool. Software and hardware training is ongoing and two (2) expert resource case managers are now in place with the goal of sustaining proficiency levels in case management over time.

Placement Coordination Service Changes

As of May 1, 2002, regulatory amendments were implemented to guide the processes related to placement of individuals in Long-Term Care Facilities (LTCF). All admissions to LTCFs are handled through Placement Services of CCACs.

NNCCAC has a team of case managers who have specialized in this area. The case manager interviews the individual considering placement, assesses for eligibility, develops a service plan and provides information and referral services to ensure the client's needs are being met. The case manager can make arrangements for placement within this geographic area or anywhere in Ontario.

NNCCAC has a Placement Services Advisory Committee comprised of local LTCFs and hospitals which focuses on developing solutions to ensure delivery of the highest quality of placement services.

Resource Allocation

Community Care Access Centres across Ontario are implementing a process to ensure that available resources are allocated effectively in the provision of client services. This process is known as Outcome Based Resource Allocation. This process is closely linked to other Ministry initiatives related to the implementation of a common assessment tool and to the implementation of standardized information management processes.

By the end of the fiscal year all active clients had been classified according to the 5 approved service recipient definitions (Maintenance, Rehabilitation, Long-Term Supportive Care, Acute Care Substitution and End-of-Life Care). Changes are now being implemented in the CCAC information systems which will enable Case Managers to utilize these client classifications to effectively manage available resources.

Community Advisory Council

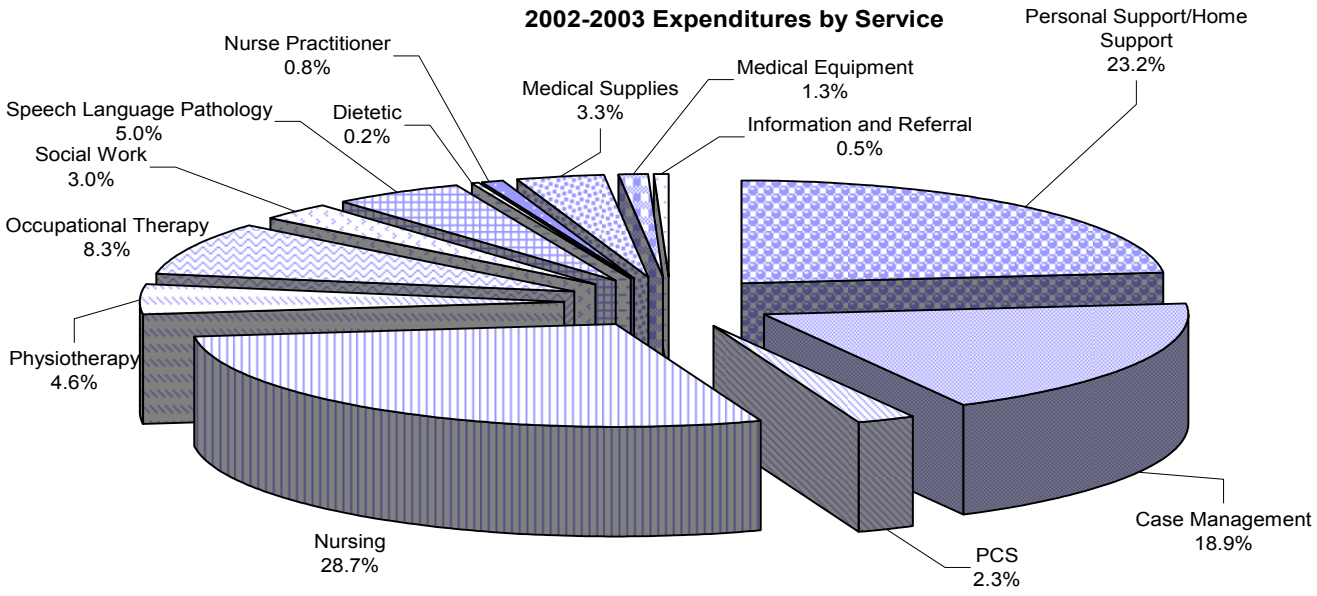
Community Advisory Councils have been established throughout the province by the MOHLTC to act in an advisory capacity to the Boards of Directors of CCACs. The Terms of Reference sets out the membership as involving two representatives from each of: local hospitals, LTCFs, CCAC and Community Support Agencies.

Since June 2003, the Community Advisory Council of NNCCAC has been actively pursuing the primary objectives set out in its Terms of Reference. System-wide barriers to the smooth transfer of individuals from one part of the health system to another have been identified, analyzed and prioritized. Following this step, the

Community Advisory Council received Board approval to focus its energies on developing a proposal which would support the expansion of supportive living options for individuals with special needs. This region has challenges related to placing individuals "in the right place at the right time" and therefore the focus will be to enhance local capacity to meet clients needs. A critical path has been approved by the Community Advisory Council to guide this process. Local hospitals, LTCFs, District Health Council and Community Support Agencies have made valuable contributions to this process.

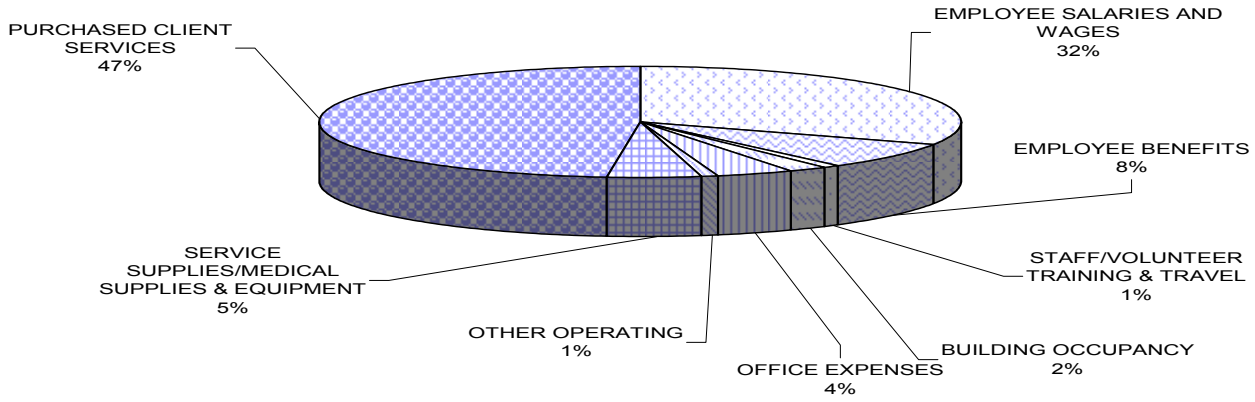
2002-2003 Membership:
Vala Belter, Director of Nursing, Algonquin Nursing Home
Sandra Bolton, Executive Director, Alzheimer Society of North Bay & District
Nancy Jacko, Vice President-Medicine Care, North Bay General Hospital
Angela Knight van Schaayk, **New Chair** effective February 16, 2003. Angela is a Director on the NNCCAC Board
Sheryl Norrie, Director of Standards & Development, Cassellholme Home for the Aged
Alice Radley, Director, Physically Handicapped Adults Rehabilitation Association
Cynthia Désormiers, Assistant Executive Director, Patient Care Services, West Nipissing General Hospital
Lloy Schindeler, Executive Director, Near North CCAC

Financial/Statistical Information



Revenue: $12,347,820 **Expenditures: $12,139,474**

2002-2003 Expenditures by Type



Financial Statistics 2002-2003

2002-2003 Expenditures by Service	
Personal Support/Home Support	2,821,059
Case Management	2,289,733
PCS	280,540
Nursing	3,481,688
Physiotherapy	559,099
Occupational Therapy	1,007,892
Social Work	361,375
Speech Language Pathology	606,511
Dietetic	18,954
Nurse Practitioner	99,152
Medical Supplies	399,126
Medical Equipment	155,557
Information and Referral	58,789
Total	12,139,475

2002-2003 Expenditures by Type	
Employee Salaries & Wages	3,856,342
Employee Benefits	924,712
Staff/Volunteer Training & Travel	106,986
Building Occupancy	241,490
Office Expenses	476,812
Other Operating	81,433
Service Supplies/Medical Supplies& Equipment	578,063
Purchased Client Services	5,873,637
Total	12,139,475

Schedule of Revenue and Expenditures for the Year Ended March 31, 2003

Revenue		
Province of Ontario	$12,322,438	
Interest & Miscellaneous	$25,382	
		$12,347,820
Expenditures		
Salaries & Benefits	$4,781,056	
Purchased Client Services, Supplies & Equipment	$6,451,700	
Operating	$906,718	
		$12,139,474
Excess of Revenue over Expenditures		**$208,346**

Service Information:

Service	Units Provided	Individuals Served
Personal Support/Home Support	110,606	1,240
Case Management	6,422	5,663
Placement Services	685	353
Nursing...	65,266	2,455
Physiotherapy	4,765	983
Occupational Therapy	8,534	1,474
Social Work	1,888	309
Speech Language Therapy	4,664	846
Dietetic..	255	96
Nurse Practitioner	249	711

Client Information – Referral Source:

Referral Source	Individuals
Institution	29%
Same Day Surgery	1%
Emergency	7%
Out Patients	2%
Community	43%
In Home Program	1%
Self	4%
Family & Friends	2%
Placement Services	0%
Physician	9%
Other CCAC	2%

Audited Financial Statements – available upon request

Explanation of Variances

Salaries, wages and benefits related to direct rehabilitation staff were under budget due to inability to hire.

Staff training, board expenses, building occupancy, office expenditures and other operating expenses were under budget due to expenditure control, and efforts to direct fiscal resources to client services.

Performance Information

2002-03 Service Plan Objectives

A detailed review of the 2002-03 Service Plan objectives revealed that 91% of the original objectives were achieved. Additionally, new objectives were set forth by the new Board of Director's Strategic Plan (June 2002) and the CCAC Reform Initiatives introduced by the MOHLTC throughout 2002-03.

The Board objectives and CCAC Reform objectives took priority over a few of the original objectives outlined in the 2002-03 Service Plan. The main variances are areas for further development and include:

1. enhancing the use of information systems to make the best use of existing data; and
2. continued development of Continuous Quality Improvement (CQI) initiatives.

Client Satisfaction

Client satisfaction surveys were re-established in January 2003 for the adult program, School Health Support Services Assessment Clinics, service provider agencies, LTCFs, hospitals, Placement Services and Nurse Practitioner Services. The results of client satisfaction surveys are being analyzed to measure satisfaction levels. Based on the input from clients, action plans are being designed to support the highest possible quality of care.

Continuous Quality Improvement (CQI)

The primary objective of the CQI plan is to ensure that the **highest quality of services are provided to our clients.**

Our clients are broadly defined as including:
- patients and their caregivers;
- our staff;
- our contracted service providers;
- our community partners (hospitals, LTCFs, Northern Shores District Health Council, and physicians, etc.);
- MOHLTC representatives and other ministries/agencies; and
- The public.

We are striving to ensure that our collective efforts are focused on achieving our Mission, Vision and Ends & Means policies in a manner that honours our values and beliefs. Improvements are developed by taking the input and data collected from our clients and designing improved processes, policies, procedures and programs to better meet and exceed client needs.

Information on Service Provision & Staff

Names of Service Providers by Service:

SERVICE	COMPANY
Nursing	Para-Med Home Health Care-North Bay Branch
	Victorian Order of Nurses-North Bay Branch
	Paracare Wholistic Health Services
	Caring Together Home Health
Personal Support/Home Support	Para-Med Home Health Care
	Community Health Services (Red Cross)
Occupational Therapy	Nipissing O.T. Associates (L. Patterson)
	Nipissing O.T. Associates (S. Tempio)
	Occupational Therapy Services d'Ergothérapie
Speech-Language Pathology	Reconnect
Dietetics	Calhoun Dietetic Services
	West Nipissing General Hospital
Medical & Incontinence Supplies	Shoppers Home Health
	Smith & Nephew
Medical Equipment Rental	Shoppers Home Health
	Home Medical Supplies/ Pharmalee
	Medigas

Review of Human Resource Plan 2002-03

The primary outcomes of objectives in the Human Resources Plan during 2002-03 were as follows:
1. Completion of a Human Resource Policy & Procedure Framework to guide operations in Human Resources.
2. Revision of orientation and performance appraisal systems for staff.
3. Completion of the French Language Services Compliance Plan.
4. Education, training and use of Clinical Resource Groups to enhance skills of staff.

Internal human resource restructuring was also completed to accommodate various change processes related to implementation of the MDS-RAI-HC.

Staff Development/Achievement Summary

Staff development is facilitated through a wide variety of techniques including peer mentoring, clinical resource groups, inservices, cross-training and formal workshops / courses. Education for 2002-03 focused on RAI-HC software training, information technology training, and various clinical and management courses.

Organizational Structure for 2002/03