MANITOULIN-SUDBURY COMMUNITY CARE ACCESS CENTRE

2001/2002 Annual Report

The MSCCAC: Our Mission

The Manitoulin-Sudbury Community Care Access Centre assists people in obtaining the highest possible state of physical, emotional, spiritual and social well being through the provision, coordination and monitoring of health services in their homes and schools. We provide our services to consumers, their families and caring others either directly or by contracting with other agencies, and by working with other service providers to ensure seamless access to human services in the community. We provide services in English and French, and in other languages when possible.

The Role of the MSCCAC

Community Care Access Centres in Ontario have three broad roles:

Provision of publicly-funded health services in the client's home (home care) and for special needs children in the school setting.

Determination of eligibility for these services is made through an assessment done by our Case Managers. In Manitoulin-Sudbury, these services may include:

- Case Management
- Nursing
- Occupational Therapy
- Physiotherapy
- Nutrition Counselling
- Social Work
- Speech Therapy
- Personal care / homemaking/ caregiver respite services
- Certain medical supplies
- Certain medical equipment rental
- Enrolment in the Ontario Drug Benefit Plan for certain clients
- Assistance with obtaining financial support from the Assistive Devices Program of the Ministry of Health and Long-Term Care for certain medical supplies and equipment.

Authorization of admissions to long-term care facilities and some complex continuing care (chronic care) facilities.
In Manitoulin-Sudbury, these facilities are:

- Hôpital régional de Sudbury Regional Hospital, Laurentian site (complex continuing care)
- Bignucolo Residence (Chapleau)
- Elizabeth Centre (Val Caron, Sudbury)
- Espanola Nursing Home (Espanola)
- Extendicare Falconbridge (Sudbury)
- Finlandia Hoiva Koti Nursing Home (Sudbury)
- Manitoulin Centennial Manor (Little Current)
- Manitoulin Lodge (Gore Bay)
- Pioneer Manor (Sudbury)
- Wikwemikong Nursing Home (Wikwemikong)
- York Street Extendicare (Sudbury)

Information about and referral to other community services

Geographic Area Serviced

Districts of Manitoulin and Sudbury

Highlights:

The MSCCAC: Our Commitments

Our foremost commitment is to the people of the Manitoulin and Sudbury Districts, their families and caring others who need school and home-based health services, long-term care placement coordination, information, advocacy and support.

We are committed to our employees, volunteers and others who work with us to fulfill our mandate.

We are committed to the taxpayers of Ontario and their government.

Our final commitment is to the community and our partners in health.

Report From the Chair, Richard Zanibbi

On behalf of the Board of Directors it is my pleasure to report on the activities of the Manitoulin-Sudbury Community Care Access Centre for 2001-02. It should be stated from the outset that the values and goals of our organization have remained as previously committed to and that we have diligently and thoughtfully worked toward fulfilling them.

Considerable change has occurred with regard to the operation of all Community Care Access Centres in Ontario during the past year due to the proclamation of the *Community Care Access Corporations Act, 2001* by the provincial government. As a result of this, a number of changes have taken place. Primarily CCACs are designated as Statutory Corporations, meaning that we are guided by legislation specific to us, which we previously did not enjoy. Within that legislation is a greater accountability of the Board to the Ministry of Health and Long-Term Care and conversely of the Ministry to the Board. A greater degree of uniformity in governance has been established through a common by-law for all CCACs as well as a Memorandum of Understanding between the Ministry and CCACs, setting out specific expectations of the Board.

While these changes have proven to be a challenge to the Board and to staff, and are in fact still ongoing, the delivery of services to our clients has, to the greatest extent, not been affected during the process. As a consequence of the new legislation, all Boards were terminated with the option left to previous Board members to reapply for the new Boards. For the most part throughout the province this is what occurred, and those who chose to apply were reappointed. Our Board currently consists of five members, four of whom are new. While the previous Board consisted of twelve members, it is our objective to have a Board of eight. We anticipated that new members will be appointed in the near future.

There is no doubt that the provision of quality health care is the greatest challenge facing our society. Maintaining a standard that is acceptable is what we strive to achieve. In order to do that we have to be sensitive to the needs of those for whom we provide service, within the bounds of practicality.

Among the changes that the new Act instituted was the requirement that all CCACs establish a Community Advisory Council. This council, which is in place, is composed of representatives from the hospitals, long-term care facilities and community support services, as well as the CCAC. The Council's objectives are to identify barriers to the smooth transfer of individuals from one part of the health and community support system to another, and to provide a forum for Council members to share information about the role each play in the system.

As a Board we are fully cognizant of the concerns and anxieties that clients and their families have regarding the services they require. It is our commitment to see that everyone who is in genuine need of those services and who qualifies for them within the eligibility criteria, does in fact receive them now and in the future.

Portraits: Candid Photography Studios.

MSCCAC's Board of Directors (2002) *: Chair, Richard Zanibbi (left), Helen Farquarson, Mark Nyman (top), Mariette McGregor-Sutherland, Tom Trainor (bottom).*

Report From Interim Executive Director, Nancy Mongeon

During the April 1, 2001 to March 31, 2002 fiscal year, the Manitoulin-Sudbury Community Care Access Centre underwent many significant changes which dramatically affected our organization's leadership and operations.

From the inception of the MSCCAC in June 1997 until two months shy of the end of the fiscal year, Bob Knight was the Chief Executive Officer. Under Mr. Knight's leadership, two organizations, Home Care and Placement Coordination Service, became one, and a new entity, the MSCCAC, was created, developed and nourished. New core roles and responsibilities were added to the mandate, one of which is information about and referral to community-based services.

MSCCAC's primary objective is to provide accessible, timely, best-practice based service to our clients, resulting in desired and best outcomes. Ongoing challenges for the MSCCAC include:

- service demand that continued to grow;
- clients with more critical and complex needs;
- the need to create practices that are highly accountable and standardized;
- recruiting and retaining adequate numbers of professional service providers throughout a remote service area of 50,000 square kilometres with a dispersed population of 215,000 individuals;
- building and maintaining effective partnerships with key agencies in the health and social service sectors, while they are undergoing major changes at the macro and micro levels themselves.

Along with these realities, another driving force came into play. Near the beginning of this fiscal period, CCACs, for the first time ever, were advised that additional resources would not be made available to them – service was to be delivered within the existing budget. This directive forced CCACs to operate within the narrowest interpretation of their mandate, to stop filling gaps within the health system and to look at ways to cap or reduce the ever-increasing service volumes. Accurate projections and benchmarking of service needs in this new and changing environment became increasingly difficult to measure. Difficulty in recruiting and retaining adequate numbers of service providers in this unstable environment also impacted on the MSCCAC's ability to provide service to all people eligible in certain parts of our geographic area.

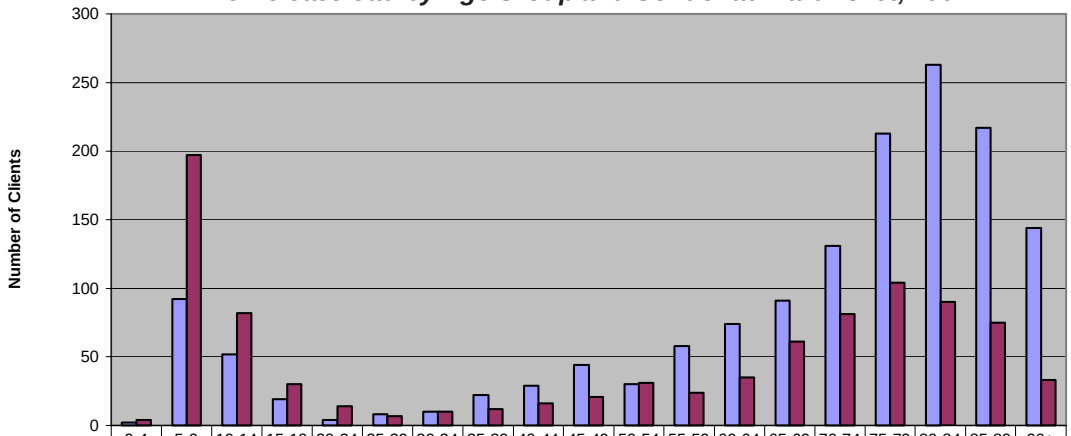
Leading through change continues to be the priority of the Board of Directors and the management team of the MSCCAC. The impact of change hits all within the system – the clients, their families, the staff, the Board, our community partners and staff of the Ministry of Health and Long-Term Care. As our Board Chair, Richard Zanibbi, stated in his report, as we move through the changes, our primary goal is to impact as minimally as possible on clients and their families. Our intent is that when we do that, it is a positive outcome, recognizing that we are bound by fiscal restraints.

The health care environment, specifically the community health sector, continues to be in flux and the total impact and value added from the current changes are too new to measure. A visible outcome is that old ways are reviewed; some are disbanded, others are reaffirmed, and yet others are realigned. New ways of thinking out of the box are considered. The atmosphere is not static, boredom is not a concern, and growth is occurring.

I would like to formally acknowledge the dedication and hard work of our past CEO, Bob Knight, the members of our past Board of Directors and their Chair Bob Fera (prior to the passage of the *Community Care Access Corporations Act*), our current Board members, (Chair Richard Zanibbi, Helen Farquharson, Mariette McGregor-Sutherland, Mark Nyman and Tom Trainor), our past and present managers, staff and service providers. Thank you for your best effort in these changing times. Thank you also for never failing to focus on the client and striving to ensure changing practices make client service better.

CHART 1

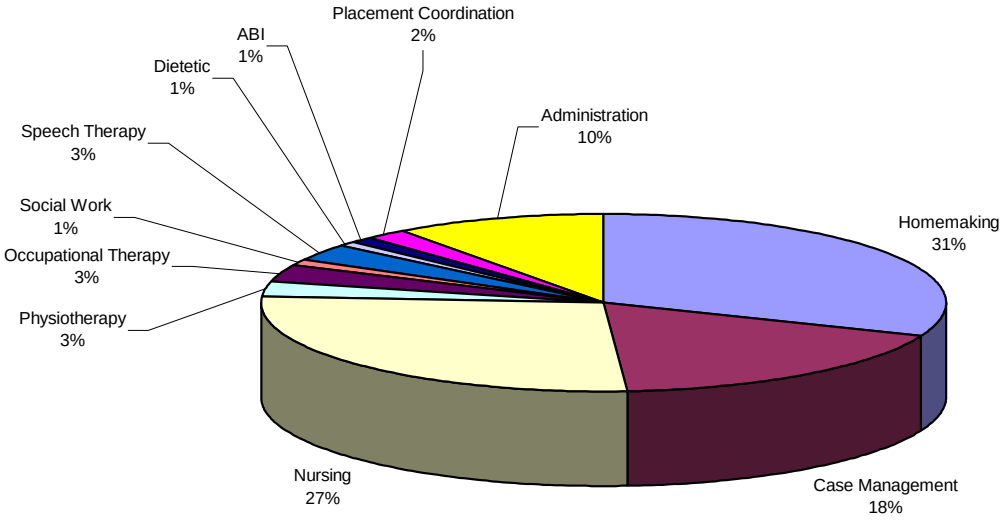
Manitoulin-Sudbury Community Care Access Centre
In-Home Caseload by Age Group and Gender at March 31st, 2002



	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
Female	2	92	52	19	4	8	10	22	29	44	30	58	74	91	131	213	263	217	144
Male	4	197	82	30	14	7	10	12	16	21	31	24	35	61	81	104	90	75	33

Statement of Operations

FOR THE YEAR ENDED MARCH 31st, 2002



		2002 Budget	2002 Actual	2001 Actual
Expenditures				
Salaries and wages		5,047,182	4,791,822	8,697,339
Employee benefits		935,741	878,362	1,238,708
Travel and training		278,925	201,675	628,796
Building occupancy cost		261,500	256,253	260,107
Purchased client services		12,012,444	10,312,847	8,697,901
Office and other operating		504,180	486,250	556,421
Service and medical supplies		968,176	811,517	1,300,030
One-time costs		682,456	570,704	165,216
Other revenue		(10,000)	(41,553)	(56,143)
Total subsidy		20,680,604	18,267,877	21,488,375
Excess of budget over expenditures			**(2,412,727)**	

In April 2001, our agency submitted to the Ministry of Health and Long-Term Care a budget of $22,508,010, with a projected deficit of $1,827,407. Approximately $1,629,000 of the deficit was attributed solely to increases in the prices paid for nursing and homemaking services resulting from managed competitions which were concluded in 2000. The remaining $198,000 of the deficit was attributed to price increases in purchased therapy services, staff wage increases, and a small number of additional staff, primarily in direct client service categories.

Subsequent to our budget submission, the Ministry announced that CCACs would be receiving only the same base budget as the prior year and that the one-time funding received in 2000/2001 would not be forthcoming in 2001/2002. In accordance with Ministry directives, our agency prepared a revised budget with total expenses of $20,732,132 in August 2001. The budget was revised to $20,680,604 in November 2001 due to adjustments in private/home school funding. The Ministry approved the budget request of $20,680,604 in November 2001.

In keeping with the reduced budget, the MSCCAC continued with service utilization strategies that had been implemented in the prior year and embarked on an aggressive deficit control program which resulted in significantly reduced costs for purchased services in nursing and personal support/homemaking.

Ongoing implementation of the regulation wherein personal support was required as a prerequisite to home management services had a very significant impact on volumes. Similarly, implementation of wound management protocols resulted in declines in nursing volumes.

2001-2002 Service Volumes

Service volumes were dramatically impacted in this fiscal year of cost containment. Greater accountability was achieved through measures such as service utilization and higher levels of standardization in service delivery through activities such as contract monitoring and practice guidelines.

Service providers for all care needs across the Districts of Manitoulin and Sudbury were not always available. This also influenced the MSCCAC service volumes.

The monthly average caseload was 2,744 clients, a reduction of 951 clients from the previous year.

Case management service volume was under-budget due to a lower number of clients, service utilization strategies and deficit reduction strategies.

Personal support/homemaking/ respite service volume was dramatically reduced due to service utilization strategies and the full implementation of the Ontario government's regulation limiting homemaking services to those clients with a personal support need.

Nursing service (Nursing and Complex Care) volumes were below projections due to a reduction in the number of referrals, service utilization measures and the severe shortage of nurses within the Province of Ontario.

Therapy services volumes (Occupational Therapy, Physiotherapy, Social Work, Speech-Language Pathology) were below projections as a result of periodic lack of service providers, deficit reduction strategies and a more standardized approach to service provision through practice guidelines.

Placement Coordination cases were slightly over budget due to a higher than projected number of individuals requiring placement in long-term care facilities and the Complex Continuing Care Unit at the Hôpital régional de Sudbury Regional Hospital, Laurentian site. The reduction in community home-based services likely influenced this higher demand for Placement Coordination services.

Table 1: Total Service Volumes by Geographic Area

Total Service Volumes by Geographic Area					
Service	City of Greater Sudbury	Manitoulin District	Sudbury District West	Sudbury District East	Sudbury District North
Nursing Visits	74,860	2,407	8,267	3,366	180
Nursing Hours	18,156	37	127	212	-
Personal Support/ Homemaking/Caregiver Respite Services	231,476	10,967	14,840	8,397	354
Physiotherapy	6,130	13	2	67	-
Occupational Therapy	5,289	1	358	90	-
Speech Therapy	4,703	-	9	26	-
Social Work	1,444	-	23	34	4
Nutrition Counselling	198	1	6	5	-
School Health Support Services Program Service Volumes					
Nursing Visits	2187	252	-	190	-
Nursing Hours	-	645.5	-	-	-
Personal Support/ Homemaking/Caregiver Respite Services	-	-	-	-	-
Physiotherapy	1129	-	-	81	-
Occupational Therapy	2017	-	-	78	-
Speech Therapy	3899	-	480	148	-
Social Work	-	-	-	-	-
Nutrition Counselling	-	-	-	-	-
Notes:					
1. The School Health Program Service Volumes are included in the Total Service Volumes.					

Reaching Goals in 2001/2002

MSCCAC Makes Significant Progress in Reaching Corporate Goals

Above all, our clients and their families, our community partners, our Board and our staff have gained an understanding of the need for change and accept that community health care is not only a service, but a business that must be accountable and efficient in its utilization.

The past Board of the MSCCAC established formal corporate goals. Significant progress in the achievement of these goals was made during 2001-02.

Goal #1: To achieve designation under the French Language Services Act

· Under the leadership of Richard Joly, Manager, Client Services and the work of the French Language Service Committee comprised of members of our former Board and staff, designation under the *French Language Services Act* was granted.

Goal #2: To establish a quality management program for MSCCAC

MSCCAC's quality management program is firmly established, under the leadership of Karen Longlade, Manager, Quality Improvement and Risk Management.

A Satisfaction Survey of approximately 250 clients was conducted in November of 2001. Significant results from this survey include:

- 81% reported that we responded to their concerns and complaints
- 86% rate the overall quality of services they received as good or excellent
- 82% reported that our services allowed them to remain independent
- 78% of caregivers reported they received good or excellent support

Goal #3: To achieve the highest possible award for accreditation from the Canadian Council of Health Services Accreditation.

· Under the leadership of Karen Longlade, Manager, Quality Improvement and Risk Management, and the work of committees made up of Board members, managers, staff, external providers, clients and their families, the highest possible award for accreditation from the Canadian Council on Health Services Accreditation (CCHSA) was secured.

Goal #4: To develop, with the participation of staff, a comprehensive plan for the professional training and development of staff.

· Professional development and training of staff at all levels within the MSCCAC remained a priority within our organization. Agency-wide activities this year included sessions on Consent, Building Service Excellence, Practical Problem Solving – The Team Approach, Office of Public Guardian and Trustee, as well as updates on services offered by the Department of Veterans' Affairs, Participation Projects Self-Directed Attendant Care and Mental Health.

Goal #5: To develop a comprehensive plan for Board development…

- Board development will be undertaken with our new Board of Directors in the upcoming year.

Goal #6: To develop and implement strategies reflecting our commitment to staff as expressed in "Our Commitment" statement.

Our ongoing commitment to staff is reflected in:

- an annual staff recognition event held each year;
- continually striving to achieve Business Process Improvement practices, and, as such, soliciting for and responding to staff suggestions, under the leadership of Karen Longlade, Manager, Quality Improvement and Risk Management;
- seeking employees' assistance in the development and redevelopment of policies and procedures, and implementation of new initiatives;
- soliciting suggestions from unions when the need for workforce reductions was announced in January 2002;
- the Board approving a voluntary exit program to mitigate the impact of workforce reductions.

Goal #7: To facilitate processes for the development of a more coordinated approach to the delivery of the full range of health and social services.

- Managers and the Executive Director were active in a variety of committees and working groups to enact the vision of a seamless health care system.

- A more integrated inter-agency approach in service delivery remained a dominant theme at all levels within the MSCCAC. Hospital Intake Case Managers work diligently to transition clients to and from hospitals smoothly. Community Case Managers, including those in our Branch office, Placement Staff, Therapists, Clerical support staff and our contracted providers continuously strive for an effective multidisciplinary coordinated approach in service delivery. At the Board level, the Community Advisory Council will assist in identifying and addressing inter-agency concerns.

Goal #8: To increase awareness of the role and functions of the MSCCAC among the public and professionals…

- Board members and staff, guided by the work of the Publicity and Promotion Committee, assisted in keeping the public and professionals informed about our services and our changes in service delivery, through personal contacts, written information, presentations, signage, our website, etc.

Goal #9: To participate with the government and other CCACs across Ontario in the development of policies, practices and other initiatives that will enhance the quality of care for Manitoulin-Sudbury clients.

- MSCCAC's Board, Executive Director, management and staff partnered with the Ministry of Health and Long-Term Care in the development and implementation of practices, policies and new initiatives. An example of this partnership is the work of our Placement Service preparing for the closing of transitional long-term care bed and expanded services of a new long-term care facility. Our Placement lead, Nicole Jansen, and her team worked closely with MOHLTC Program Consultants John Roininen

Continued on page 7

Reaching Goals

Continued from page 6

and Jacques Lagrove, and long-term care facility staff.

• The Board and the Executive Director have worked closely with Peter Armstrong, Regional Director with the Ministry and Long-Term Care and his staff, to implement the changes brought about by the *Community Care Corporations Act.*

Other achievements during the past year include:

•Under the joint leadership of Frankie Fenerty and Richard Joly, Managers of Client Services, and with valued input from a Case Management workgroup, a new model for Case Management service delivery was developed.

• The support system within all organizations is critical in ensuring best outcomes. Betty Lance, Office Manager, and her staff of clerical personnel worked diligently to adapt to business practices that were continually changing in order to ensure negative impacts on service delivery were minimized.

• Joel Ranger, Manager, Information Systems, and his team facilitated greater efficiency and accountability through further development and refinement of client data and reporting.

• In-house therapy service was expanded to include a Speech Language Pathology Department. This was supported by Ruth Young, Manager, Therapy Services.

• The MSCCAC, through the project leadership of Jennie Critchley-Pineo and the resource of Betty Lance and her clerical staff and the support of Richard Joly, made great strides in creating an Information and Referral database.

• The resource and support to management staff by their Executive Assistants and the MSCCAC Corporate Services team ensured greater productivity and accountability.

• Under the leadership of Shelley Moreau, Director, Corporate Services, and Karen Longlade, Manager, Quality Improvement and Risk Management, and the work of the Joint Occupational Health and Safety Committee along with other internal committees, policies and procedures have been implemented to decrease risk and increase safety to clients and staff.

• Under the leadership of Frankie Fenerty, Manager, Client Services and the work of her committee comprised of Case Managers, full implementation of the first regulation of the *Long-Term Care Act*, was completed. (Regulation 386/99 made the need for personal support mandatory for CCACs to authorize homemaking services, for example house cleaning.) This encompassed the creation of revised eligibility criteria, practice guidelines and time for task documents.

• Under the leadership of Richard Joly, Manager, Client Services, and the work of the School Health Support Services Case Managers and the Children's Treatment Centre, our provider for School Health Support Services, practice guidelines were developed to ensure more consistency and accountability in service delivery.

• The MSCCAC participated in a research project called *The Home as a Site for Long-Term Care: Hitting Home, Phase 2"*. This was a partnership with the Faculty of Nursing at the University of Toronto and other CCACs, with the goal of improving the delivery of home care services to clients.

External Service Providers

Community Care Access Centres are not expected to provide direct client services (except for case management) or employ direct service staff. CCACs are expected to purchase services for clients through a managed competition process (e.g. Requests for Proposals or tendering). The MSCCAC continues to employ therapists due to the lack of external therapy providers in our area.

The Victorian Order of Nurses is our primary service provider for the MSCCAC. They provide our Nursing services, as well as our Personal Support/Homemaking/Respite services. Our decrease in service this past year has presented many challenges to them in service provision, not the least of which is recruitment and retention of employees. Their valued leadership approach has been one of partnering with us to ensure that the best solutions are reached for our mutual clients; thanks to Joanna Horne, Executive Director of the Sudbury Branch, her management team and VON's Board of Directors. VON's caring employees have maintained pride in servicing our clients and are understanding of the times. Thank you.

Our suppliers for medical equipment and medical supplies over the past year have been Guardian Health Care Pharmacy and Shoppers Home Health Care. These organizations have also been impacted by a reduction in utilization. Our sincere thanks for their very good service in providing medical equipment and supplies to our clients in challenging times.

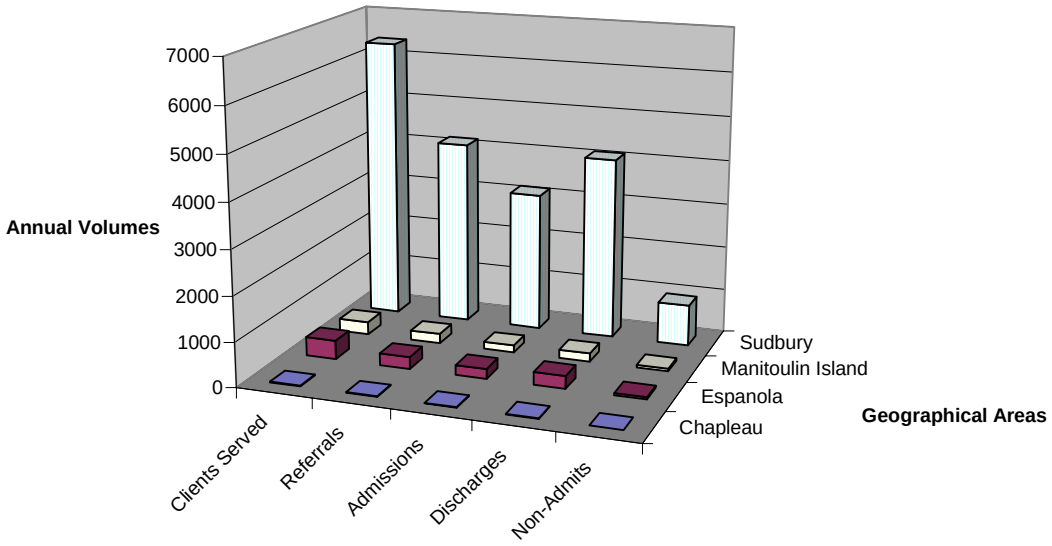
A special thank you to the Children's Treatment Centre and their employees for their compassionate delivery of service to the children in our School Health Support Services Program.

In addition, we wish to recognize and thank individuals who have provided service to clients in specific geographic areas. Jessie Crockford has provided therapy services to our clients in the Espanola and Manitoulin Island areas since the inception of the MSCCAC. Thanks Jessie, for your effective and efficient partnership with us to meet our clients' occupational therapy needs in these more rural areas, and for your excellent service delivery.

Caseload Volume

In this year of cost containment, strict interpretation of our mandate was adhered to. This, combined with the lack of providers being consistently available in all service areas, as well as the perception of service unavailability, resulted in a significant caseload reduction. The monthly average caseload was 2,744 clients, which was a reduction of 951 clients from the previous year's average. Due to its higher population, the City of Greater Sudbury and surrounding area had the greatest service needs, as shown in Chart 2.

Chart 2: Geographic distribution of In-home Cients Served, Referrals, Admissions, Discharges and Non-Admits.



	Clients Served	Referrals	Admissions	Discharges	Non-Admits
Chapleau	17	11	7	11	4
Espanola	424	269	218	287	49
Manitoulin Island	292	218	158	191	60
Sudbury	6372	4159	3134	4099	930

Sudbury:
1760 Regent Street
Sudbury, Ontario
P3E 3Z8

Tel: 705-522-3461
1-800-461-2919
Fax: 705-522-3855

Espanola:
140 Barber Street
Espanola, Ontario
P5E 1S4

Tel: 705-869-3790
1-800-370-0952
Fax: 705-869-3793

Web: www.ms.ccac-ont.ca

CASC/CCAC
Centre d'accès aux soins communautaires de
Manitoulin-Sudbury
Community Care Access Centre