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

MANITOULIN-SUDBURY COMMUNITY CARE ACCESS CENTRE

2002/2003 ANNUAL REPORT

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Charitable Registration No: 88891 1971 RR0001

YEAR IN REVIEW: REPORT OF THE BOARD CHAIR AND EXECUTIVE DIRECTOR

The fiscal year ending March 31, 2003 was the Manitoulin-Sudbury Community Care Access Centre's first full year of operation under the Community Care Access Corporations Act, 2001, the Memorandum of Understanding, new CCAC by-laws, Ministry of Health and Long-Term Care (MOHLTC) and other provincial directives, and MOHLTC reform initiatives.

The MSCCAC embraced these pivotal new organizational changes and the reality that, despite there being a continuous growing need for community-based health services, all CCACs must deliver services within existing budgets. MSCCAC's base budget had a nominal increase of $187,000, while uncontrollable operating costs increased substantially. These fixed cost increases included pay equity settlements, increases in service costs (e.g. purchase of nursing and therapy services) due to a rise in the market price as well as sizeable increases in insurance premiums and pension contributions.

The MSCCAC embarked on a plan to ensure the community and key stakeholders were well informed about the MSCCAC and its service. It was recognized that the previous year's deficit reduction strategies had left a negative public perception about the MSCCAC's availability to deliver service. The MSCCAC fully recognized that measures needed to be put in place to ensure that the limited resources would be used to achieve optimum benefit. To this end, standards in service delivery were developed and refined, provincial standardized assessment/reassessment tools were implemented, and timely, current assessment information was critically utilized. Eligibility criteria interpretation was reviewed and service response was closely monitored. As expected, by the beginning of the last fiscal quarter, service need was exceeding monthly allocations. Extensive measures were put in place to identify and prioritize to the highest need clients, to monitor service utilization, to keep current to clients' needs and to wait list clients in all areas of service as required.

The Board of Directors and staff approached the ongoing challenges in service provision with professionalism. During the first part of the fiscal year, many partnership arrangements were implemented, to the benefit of the total health care system. At the end of the fiscal year, the MSCCAC had worked within its limited resources and effectively utilized (and not overspent) its allocated financial resources. The commitment and dedication of the Board, management team and staff to implement an incredible number of changes at all levels within the organization, while maintaining a client-centered approach in providing quality service to our clients and their families, is commendable to say the least.

The MSCCAC also focused externally, and a number of activities involving partnerships and collaborative, innovative approaches in service delivery were implemented. At this time, reform was occurring across the total health care service system. This included primary care and long-term care. Impacts on any aspect of the system invariably affect CCACs.

In addition, the entire health care system was seriously impacted by the SARS emergency.

MSCCAC's Board of Directors grew in number to a total of seven very active, skilled, knowledgeable and committed members. This year, the Board engaged in strategic planning sessions which resulted in creating a firm foundation based on a new mission, revised commitments and newly-established values, as well as clearly-defined goals. These goals were expanded upon through additional agency goals which were established in a three-year business plan.

The mandate of CCACs was also revisited. Work with the Ontario Association of Community Care Access Centres involved the creation of a variety of position papers, including one specific to CCACs' basket of services.

The MSCCAC hosted a provincial Board and Executive Directors' meeting in Sudbury where collaboration, resource and facilitation occurred within our sector.

> *"The infrastructure of managers and staff continue to strive for best practices in service delivery to our clients and their families."*

This past year, the MSCCAC focused on the development of case management as a service, rather than a facilitator to receive service. A new model was created and is being refined based on ongoing monitoring and evaluation.

The majority of MSCCAC's therapy services continue to be provided by in-house therapists, while our nursing, personal support/homemaking, medical equipment and medical supplies are secured from external providers.

The infrastructure of managers and staff continue to strive for best practices in service delivery to our clients and their families. This is facilitated by a Board second to none, whose ongoing guidance, resource and support leads the work of the MSCCAC through continuous change. Ministry of Health and Long-Term Care staff, in particular Regional Director Peter Armstrong and Program Consultant John Roininen, have provided ongoing guidance and assistance.

As we continue to strive to optimize the benefits of this reform, we fully acknowledge the magnitude of the impact on our clients and their families, our Board, the staff of the MSCCAC and our key stakeholders. Your tolerance, understanding and desire to achieve best practices in community health care is a formula destined for success - thank you.

Richard Zanibbi,
Board Chair

Nancy Mongeon,
Executive Director

OUR MISSION

The Manitoulin-Sudbury Community Care Access Centre works in collaboration with others to enhance quality of life and wellness for all people in the Manitoulin and Sudbury Districts by providing access to community-based services in both official languages.

Revised 2003

OUR COMMITMENTS

The MSCCAC's 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.

The MSCCAC is committed to our employees, volunteers and others who work with us to fulfill our mandate.

The MSCCAC is committed to the taxpayers of Ontario and their government to maintain an organization that is fiscally responsible and accountable for the quality of its services.

The MSCCAC's final commitment is to the community and our partners in health.

Revised 2003

MANDATE OF CCACS

To provide, directly or indirectly, health and related social services and supplies and equipment for the care of persons.

To provide, directly or indirectly, goods and services to assist relatives, friends and others in the provision of care for such persons.

To manage the placement of persons into long-term care facilities.

To provide information to the public about community-based services, long-term care facilities and related health and social services.

To co-operate with other organizations that have similar objects.

Community Care Access Corporations Act, 2001

FRENCH LANGUAGE SERVICES ACT

On November 13, 2002, staff of the Ministry of Health and Long-Term Care and the Office of Francophone Affairs reviewed the MSCCAC's French Language Services compliance (designation) plan and found it to be 93% compliant with the French Language Services Act. This is considered be to a very high level of compliance. The French Language Services Office of the Ministry noted that the MSCCAC was able to maintain French Language Services through direct service provision and provider agencies, despite the changes and challenges encountered in the year prior to the review.

COMMUNITY INITIATIVES AND PARTNERSHIPS DURING THE YEAR

In preparation for its strategic planning sessions, the MSCCAC consulted with fourteen external stakeholder groups. A detailed analysis of their perceptions and needs, along with an internal assessment and review, became the basis for developing the agency's strategic issues and ultimately its strategic direction for the next three years.

A creative partnership with Espanola General Hospital in sharing a full-time Social Work position, has helped sustain a professional Social Worker to service this rural area.

Partnerships with organizations such as the Social Planning Council of Sudbury have assisted in the development of MSCCAC's information and referral database by sharing community service and resource information.

MSCCAC Board and staff have partnered with Ministry of Health and Long-Term Care staff and consultants to effectively implement changes resulting from the Ministry's reform initiatives, new provincial policies, and the implementation of the Community Care Access Corporations Act.

Dr. Pierre Bonin, MSCCAC's Medical Advisor, has been proactive in partnering and communicating with the local medical community.

The MSCACC is working with local hospitals, physicians, our nursing provider and medical supply providers to implement a cost-effective, and most importantly, client-centred Wound Management Protocol.

The MSCCAC is continuously partnering with hospitals and community service agencies for effective and timely client service which efficiently uses available resources.

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The MSCCAC has partnered with our nursing providers to meet the training needs for community nurses.

The MSCCAC has partnered with our personal support/homemaking/caregiver respite provider to facilitate and adapt to new business practices resulting from MOHLTC initiatives.

The MSCCAC continues to partner with our clients and their families to ensure quality services are provided within our fixed resources. To this end, we actively seek out information through avenues such as ongoing client satisfaction surveys, our website and our newsletters.

The MSCCAC has effectively partnered with staff of the MOHLTC, Hôpital régional de Sudbury Regional Hospital and with clients and their families during the closing of the largest transitional long-term care bed unit in the province, in a timely and minimally disruptive way.

The MSCCAC has effectively partnered with staff of the MOHTLC, the Elizabeth Centre and with clients and their families in the opening and continued servicing of a new 128-bed facility in the community of Val Caron in the City of Greater Sudbury.

The MSCCAC has partnered with Services de santé de Chapleau Health Services in providing more effective discharge planning from the hospital to the community.

The MSCCAC has entered into a pilot initiative with Sudbury Regional Palliative Care Association to provide training to volunteers who provide relief to families of palliative clients.

The MSCCAC and the Alzheimer Society are looking at ways to ensure continuity of care for clients receiving respite and personal support/homemaking services. We have also worked with the Society in the education of employees and effective utilization of resources.

The MSCCAC has partnered with the Independence Centre and Network (ICAN - formerly Participation Projects) in providing continuity of care for personal support, homemaking and respite for our mutual clients.

The MSCCAC is partnering with the Sudbury Elder Abuse Committee in the provision of education and the development of expertise in this area.

The MSCCAC has partnered with other CCACs for shared educational opportunities, resources and expertise in a variety of areas, such as records management and publicity and promotion. In this way, partner CCACs can maximize limited resources.

The MSCCAC has partnered with local hospitals to improve recruitment outcomes and effectively use limited resources to secure professional staff.

The MSCCAC has entered into a pilot project with Hôpital régional de Sudbury Regional Hospital to provide timely ambulance transportation between hospital sites and long-term care facilities.

The MSCCAC has been involved with research initiatives with many partners, including the University of Toronto and the Centre for Rural and Northern Health Research. At all levels of the organization, MSCCAC staff contribute to external committees, including committees of the Ministry of Health and Long-Term Care, the Ontario Association of Community Care Access Centres, area hospitals, community service organizations and CCAC regional committees. In addition, the MSCACC has many internal committees, including Ethics, Professional Development, Joint Health and Safety, labour/management and various teams.

RECOGNITION OF VOLUNTEERS

The MSCACC hosted a volunteer recognition event in April of 2003. We were pleased to have an opportunity to thank those who unselfishly volunteer their time and skills to the work of our organization.

Special thanks to our most dedicated volunteers, our Board Chair Richard Zanibbi and Board members Tom Trainor, Mark Nyman, Mariette McGregor-Sutherland, Helen Farquharson, Gratien Allaire and Darwin Brunne.

In addition, we recognize volunteers from our Community Advisory Council (Louis Andrighetti, Gail Bignucolo, Helen Collinson, Lois Mahon, David McNeil, Sandra Moroso and Natalie Tann) and our Ethics Committee (Réal Fillion, Rachel Haliburton and Diane Norman).

DONATION INFORMATION

The Manitoulin-Sudbury Community Care Access Centre is a registered charity and occasionally receives donations that are used to assist us in our work. In 2002/2003, a total of $1,913 was received in donations.

PERFORMANCE INFORMATION

Ministry of Health and Long-Term Care and CCAC Initiatives

New placement regulations – The MSCCAC has fully implemented the new placement regulations. The MSCCAC has also facilitated the closing of the province's largest transitional bed unit (at Hôpital régional de Sudbury Regional Hospital), the opening of a new 128-bed long-term care facility (Elizabeth Centre) and is preparing for the upcoming opening of another new 128-bed facility (St. Joseph's Villa).

Governance Reform – MSCCAC's seven Board members and its Executive Director have been appointed by Order-in-Council. The MSCCAC has signed the Memorandum of Understanding and is functioning under its provisions, along with the new by-laws and other provincial directives.

Case Management Outcome-Based Resource Allocation Method – The MSCCAC is current with the Ministry's direction specific to this initiative.

Common Assessment Tool (RAI-HC) – The MSCCAC has developed a full implementation plan which is approved and on schedule. Case Managers are being trained on the electronic version of the assessment tool. Case Managers are finding the tool beneficial, especially as it flags potential problem areas and assists with service planning.

Information and Referral – The MSCCAC is developing a rigourous training schedule for full implementation of this service.

Contract Management – MSCCAC has been an active participant in training about the new contract template.

Management Information Systems Guidelines – Chart of Accounts – The MSCCAC has met the timelines for service recipient coding into the five categories (acute, rehabilitation, long-term supportive, maintenance and end of life). The Chart of Accounts is established according to the new criteria and the budget and Business Plan were completed using the new template.

Client Service Challenges and Innovations

This year, we continued to focus on the development of case management as a service. An electronic common assessment tool for long-stay and placement clients has resulted in dramatic process change.

We continue to enhance the information and referral core function in our role as community care coordinators and have expanded the database.

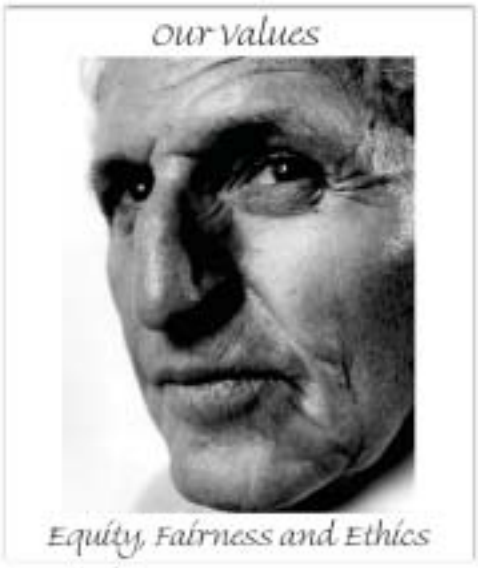
Access to speech therapy improved with the recruitment of a Speech Language Pathologist. Waiting lists for therapy services have reduced significantly while the number of referrals continues to increase.

Respite service has been developed further.

Revision of consent policies is ongoing.

Participation in Research

The Ethics Committee has expanded its scope to provide agency-wide resource and expertise to support staff and management in addressing the range of ethical issues which characterize the community workplace. A guide to ethical decision-making was implemented along with ethical principles. The MSCCAC program is linked with Laurentian University's Ethics Department for support and expertise.



Communications

Through the leadership of our Medical Advisor, Dr. Pierre Bonin, we have made progress in reaching our community physicians with a regular newsletter, information posters and meetings.

We have also made a concerted effort to identify and reach out to clients who may not know about CCAC services.

A standardized presentation has been redeveloped for staff and Board members to use when addressing community groups.

We are awaiting Ministry of Health and Long-Term Care guidelines for the development of an agency communication protocol.

Professional Development

The MSCCAC embraces continuous learning as a key driver in helping our staff provide the highest quality of care to our clients. To enhance the skills of our staff, the Professional Development Committee has responded to staff needs to ensure we keep pace with ever-changing learning needs. In-services included Ethics, Consent and Capacity, WHMIS, Wound Care protocol, Palliative Care and Problem-Solving. In addition to these internal workshops we support staff in attending external seminars and conferences. The MSCCAC is committed to supporting personal professional development through tuition assistance for other formal education programs. Board training sessions have also been held.

Career linkages have been established with community colleges and universities for professional student placement.

Plans are underway to develop guidelines to assist staff in screening and handling reports of any client abuse (e.g. elder abuse, child abuse, etc.).

Occupational Health and Safety

Many of the members of the Occupational Health and Safety Committee and managers have completed certification of work-place specific training. Many initiatives were accomplished this past year by the Committee.

Quality and Risk Management

An internal audit program was developed and piloted with the Therapy department. A full internal annual audit plan is being developed.

Quarterly performance monitoring reports for all contracted service providers have been issued along with corrective action plans for compliance to contract standards. Quarterly summaries of occurrence reports capture complaints, compliments and risk events. The impacts of transition to new providers have been evaluated.

Implementation of new occurrence technology is underway to consolidate and standardize agency-wide feedback and risk reporting. This database is the cornerstone to improving all services and will assist service areas to identify improvements. Training of all staff was completed to ensure optimum use of the software.

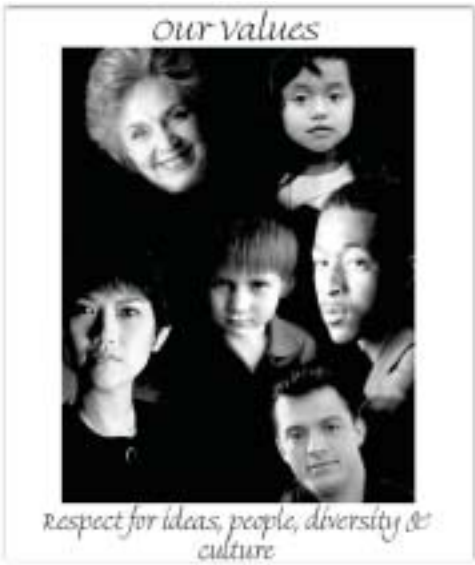
Client satisfaction surveys were conducted this year. In addition, action plans were formulated to respond to the findings of previous client and staff satisfaction surveys conducted in 2001.

A total of 42 Business Process Improvement submissions were received from staff, which highlight the integration of quality at the front-line.

As we embark on the new accountability framework, Quality and Risk Management will be further developed. Performance management will be integrated within MSCCAC's strategic and business planning activities. Linking data with performance will provide a comprehensive view of MSCCAC performance.

Accreditation

Implementation of strategies to address the findings of our first accreditation survey with the Canadian Council on Health Services Accreditation conducted in 2001 is ongoing. Preparation for our next review in 2004is underway.



Service Utilization Management

We continue to closely monitor overall service utilization and ensure our clients receive equitable access to standardized services at all levels. Homemaking service is now recognized as three distinct services - home management, personal support and respite care. Processes were established to review clients' needs.

The evidence-based wound management protocol has been initiated and the prevalence study completed. Practice guidelines for Therapies, the School Health Support Services Program and personal support/home-making/caregiver respite are being refined, while nursing guidelines are being further developed.

Information Technology

Through the advancement of technology, specifically portable laptops and cell phones, Case Managers are able to spend more time in the community conducting assessments. We have improved connectivity with our branch office and hospital sites allowing for simplified access to shared drives and folders containing policies and minutes. We have made much progress in integrating technology into the day-to- day operations, such as using fax server technology for sending information to suppliers.

The MSCCAC web site was redesigned and has helped us to connect with the public and other CCACs with timely information about services offered, employment opportunities and Requests for Proposals.

We designed and implemented staff training on the use of laptops. Ongoing computer training is offered at all levels to ensure staff are comfortable and proficient with computer software. The MSCCAC intranet is currently under development.

A comprehensive health records management system is being developed.

Coordination with Other Agencies

With the assistance of the Alzheimer Society and Sudbury Regional Palliative Care, the MSCCAC has developed an internal resource team to assist staff.

Ongoing planning with the automation of client referrals, service requests and treatment orders with Hôpital régional de Sudbury Regional Hospital has smoothed the transition of clients. New practice guidelines for schools were introduced to the Children's Treatment Centre.

Service coordination discussions were initiated with Northeastern Mental Health Centre.

Strategic Planning

The MSCCAC has embraced the need for effective planning in this changing environment. This includes short-term, mid-term and long range planning. To this end, a three-year strategic and business plan has been established.

MSCCAC's management team will operationalize the strategic directions established through the business planning process.

Other Performance Information

Via its strategic planning sessions, the MSCCAC revised its mission and commitment statements and established values.

The MSCCAC operated within its allocated financial resources, despite increased costs, more complex client needs and a higher demand for services.

The MSCCAC continues to implement practices that reflect its commitment to its employees. An Employee Assistance Program (EAP) is in place. Staff are recognized for tenure, professional affiliation and for making suggestions for business process improvements.

The MSCCAC has a comprehensive Human Resources plan that focuses to employee recruitment and retention, includes marketing, public awareness and training.

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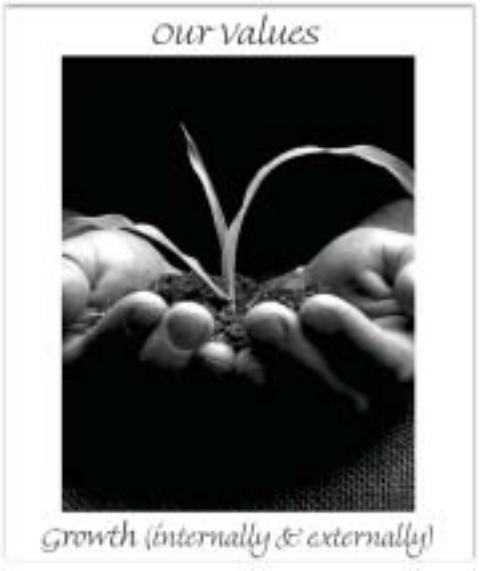


Effective transitions to a new medical equipment provider (spring 2002) and a new nursing provider (spring 2003) took place this fiscal year.

Communication strategies have been proactively established with the goal of ensuring all stakeholders have a clear understanding of the CCAC's mandated services and programs.

A system to monitor and evaluate MSCCAC's outcomes, resources and services is being established, with the goal of internal systems improvement.

A new model of case management and clerical support has been developed and implemented. This has resulted in more effective scoping of practice and measurable outcomes.

Information systems have developed greatly over this past year. All clients are now registered in one client database and reporting/monitoring requirements have significantly improved. Case Managers use laptops while assessing clients. Therapists use personal digital assistants to help with managing their service to clients. Videoconferencing is available to assist in efficiently communicating within our large geographic service area. An intranet has been established and our website is now active.

COMMUNITY ADVISORY COUNCIL

MSCCAC's Community Advisory Council is a committee of the Board of Directors. Under the leadership of the Board Chair, Richard Zanibbi, it is evolving its role. In the initial year, members were:

Hospital sector:	Louis Andrighetti (for a portion of the year) / David McNeil (for the remainder of the year), Hôpital régional de Sudbury Regional Hospital
	Gail Bignucolo, Chapleau Health Services
Long-Term Care Facility sector:	Sandra Moroso, York Street Extendicare
	Natalie Tann, Wikwemikong Nursing Home
Community sector:	Helen Collinson, VON Home Support
	Lois Mahon, Child Care Resources

Over this past year, this committee has identified interface needs and issues across the health care sector, directed some concerns to be addressed at the operational level and is in the process of prioritizing others.

MSCCAC'S BOARD OF DIRECTORS

The MSCCAC is governed by a volunteer Board of Directors who, through the Executive Director and senior management team, provides direction and guidance in the delivery of quality home care services.

Gratien Allaire
Helen Farquharson - *Secretary*
Mark Nyman
Darwin Brunne
Mariette McGregor-Sutherland
Tom Trainor - *Vice-Chair*

Richard Zanibbi - *Board Chair*: Richard was a member of MSCCAC's founding Board in 1996. He has served as Vice-Chair, and since February 2002 has been MSCCAC's Board Chair. With astute leadership, he has guided the organization through the enactment of the Community Care Access Corporations Act, numerous MOHLTC directives, strategic planning sessions and ongoing change and development.

2002-2003 SERVICE VOLUMES

Following a year of significant reductions in nursing and personal support/homemaking/ respite volumes as a result of cost containment strategies in 2001/2002, service levels were normalized in 2002/2003 as evidenced by the gradual increase in service volumes over the course of the year. Therapy volumes continued to be affected by the shortage of professional therapists.

Case management service volume was slightly under budget but relatively consistent with 2001/2002 activity.

Personal support/homemaking/respite service volume was consistent with the budget and with the volume in the prior year, despite continued full implementation of the Ontario government's regulation limiting homemaking services to those with personal support needs. There was a dramatic increase in requests for service in Sudbury District North.

Nursing service volume was consistent with the budget and also with the volume in the prior year, although there was a significant increase in Sudbury District North.

Therapy services volumes (Occupational Therapy, Physiotherapy, Social Work, Speech-Language Pathology, Nutrition Counselling) were dependent on staffing. Nutrition counselling and adult speech-language pathology volumes were significantly below budget due to difficulties in recruiting therapists.

Placement Coordination cases were consistent with projections which took into consideration the opening of a new 128-bed facility, the Elizabeth Centre.

Note:
The School Health Program Service Volumes are included in the Total Service Volumes.

TOTAL SERVICE VOLUMES BY GEOGRAPHIC AREA					
SERVICE	**City of Greater Sudbury**	**Manitoulin District**	**Sudbury District West**	**Sudbury District East**	**Sudbury District North**
Nursing Visits	76,572	2,629	10,544	4,190	824
Nursing Hours	18,854	846	0	156	0
Personal Support	161,373	5,098	11,850	5,659	1,799
Homemaking	57,627	2,800	3,029	2,345	428
Caregiver Respite	15,311	672	902	626	30
Physiotherapy	8,104	242	648	286	0
Occupational Therapy	6,996	485	575	310	88
Speech Therapy	7,448	0	607	194	7
Social Work	1,648	19	230	83	10
Nutrition Counselling	205	0	0	0	0
SCHOOL HEALTH SUPPORT SERVICE VOLUMES					
Nursing Visits	1,106	216	0	52	0
Nursing Hours	789	846	0	0	0
Homemaking	98	0	0	0	0
Personal Support	2	0	0	0	0
Physiotherapy	1,515	0	0	71	0
Occupational Therapy	2,942	0	0	183	0
Speech Therapy	6,673	0	607	150	0
Social Work	0	0	0	0	0

Contracted Service Providers 2002-2003

Medical Equipment
•1124980 Ontario Inc. O/A Health Care Pharmacy
•Shoppers Drug Mart Limited - Doncaster (until April 30, 2002)

Medical Supplies
•1124980 Ontario Inc. O/A Health Care Pharmacy

Nursing
•Bayshore HealthCare Ltd. (from January 6, 2003)
•Victorian Order of Nurses (to March 31, 2003)

Nutrition Counselling
•Robin Greer (from June 24, 2002)

Occupational Therapy
•Services de santé de Chapleau Health Services
•Lori Bourdeau (from April 2, 2002)
•Jessie Crockford - Occupational Therapy Services
•Ruth Young (from February 5, 2003)

Occupational Therapy *(School Health Support Services Program)*
•Hôpital régional de Sudbury Regional Hospital - Children's Treatment Centre

Personal Support/Homemaking/Caregiver Respite
•Independent Centre and Network (ICAN) (formerly Participation Projects)
•Victorian Order of Nurses

Physiotherapy
•Services de santé de Chapleau Health Services
•Espanola Physiotherapy Clinic (from May 31, 2002)

Physiotherapy *(School Health Support Services Program)*
•Hôpital régional de Sudbury Regional Hospital - Children's Treatment Centre

Social Work
•Espanola General Hospital (from October 23, 2002)
•Turning Point - a division of Services de santé de Chapleau Health Services (from August 19, 2002)

Speech Therapy (School Health Support Services Program)
•Hôpital Régional de Sudbury Regional Hospital - Children's Treatment Centre

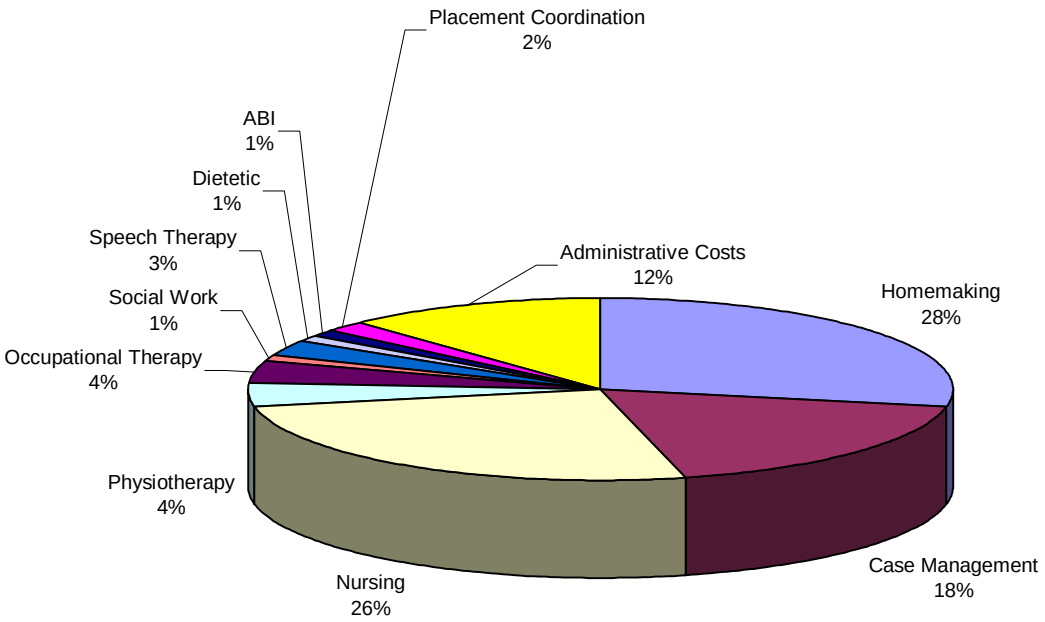
Speech Therapy
J. Stark Speech Pathology Services (orthophoniste) (from July 26, 2002)

STATEMENT OF OPERATIONS
For the Year Ended March 31, 2003

Implementation of service rationalization strategies resulted in a balanced budget for the Manitoulin-Sudbury Community Care Access Centre in 2002/2003. New initiatives undertaken during the year included funding for volunteer hospice visiting, ambulance transportation and provision of equipment to clients with specialized needs. Pay equity obligations were also determined and settled during the year.

A copy of the Auditors' Report and Financial Statements for 2002-03 is available upon request.

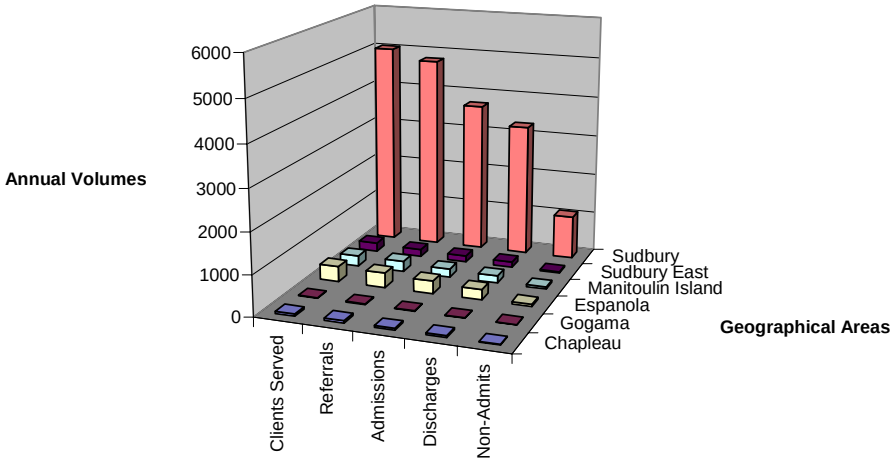
	2003 Budget	2003 Actual	2002 Actual
Expenditures			
Salaries and wages	5,638,477	5,500,430	4,791,822
Employee benefits	1,143,213	1,129,779	878,362
Travel and Training	263,687	277,828	201,675
Building occupancy cost	278,600	271,158	256,253
Purchased client services	11,154,883	10,975,540	10,312,847
Office and other operating	657,180	672,155	486,250
Service and medical supplies	1,068,176	1,409,843	811,517
One-time costs	829,007	918,721	570,704
Other revenue	-62,500	-185,278	-41,553
Total subsidy	20,970,723	20,970,176	18,267,877
Excess of budget over expenditures	0	547	0



CASELOAD VOLUME

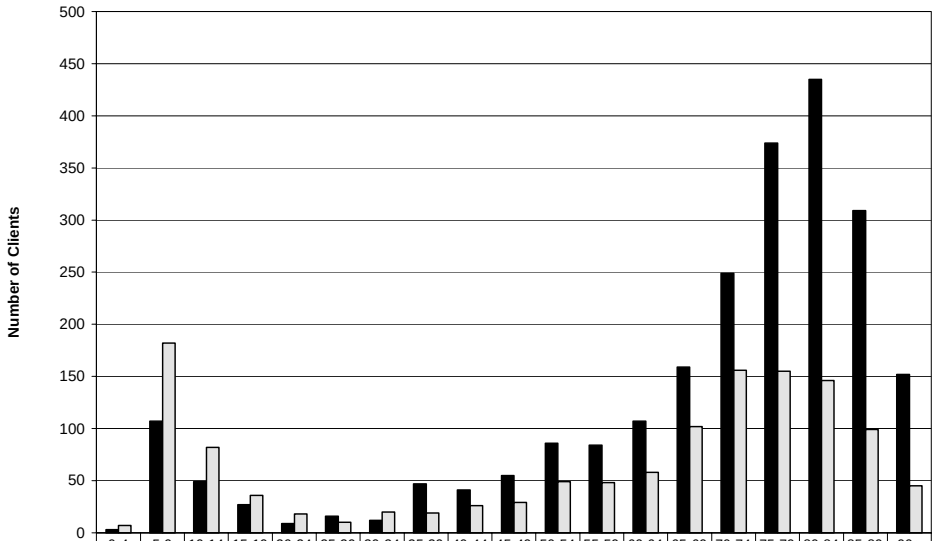
Following a year of cost containment which resulted in significant caseload reductions in 2001-02, 2002-03 service rationalization strategies resulted in a controlled increase in caseload of 22% over the course of the year. Improved service availability in outlying areas also contributed to the agency's ability to provide care to those in need. Most referrals come to the agency from hospitals (47%) while a further 42% come from the community and 11% from other sources such as other CCACs, the Northeastern Ontario Regional Cancer Centre and long-term care facilities. Due to its higher aging population, the City of Greater Sudbury and surrounding area continues to have the highest service needs as shown in Chart 2.

Geographic distribution of In-home Clients Served, Referrals, Admissions, Discharges and Non-Admits



	Clients Served	Referrals	Admissions	Discharges	Non-Admits
Chapleau	53	60	45	45	14
Gogama	14	21	12	6	9
Espanola	379	363	311	256	53
Manitoulin Island	262	256	207	182	51
Sudbury East	217	180	153	138	25
Sudbury	5035	4791	3717	3279	1071

Chart 1 -- Manitoulin-Sudbury Community Care Access Centre
Home Care Caseload by Age Group and Gender at March 31, 2000



	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	3	107	49	27	9	16	12	47	41	55	86	84	107	159	249	374	435	309	152
Male	7	182	82	36	18	10	20	19	26	29	49	48	58	102	156	155	146	99	45

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.

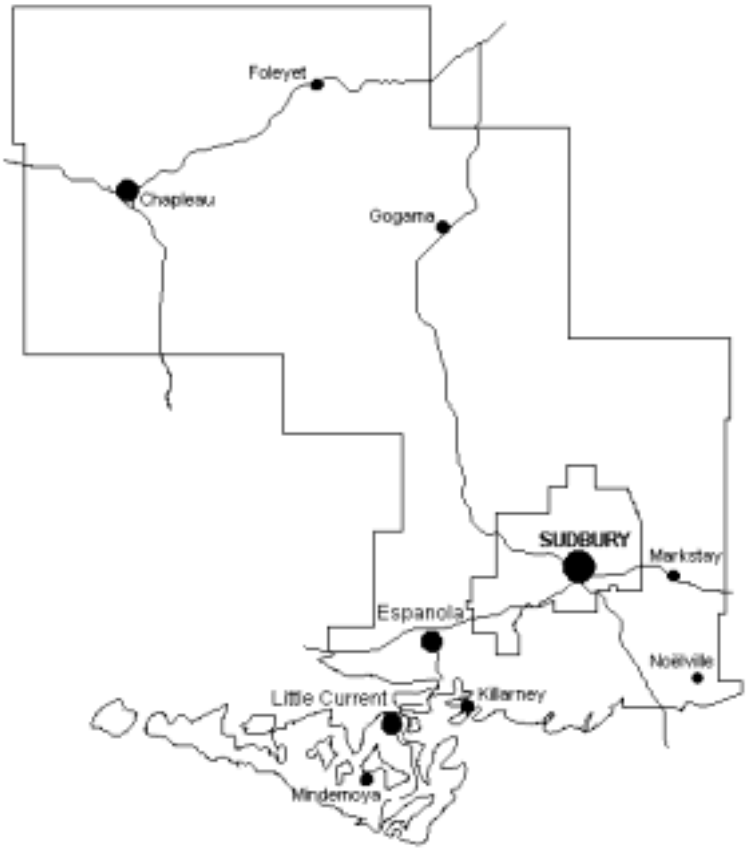
In Manitoulin-Sudbury, these facilities are:

•Hopital 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)
•St. Joseph's Villa (Sudbury)
•Wikwemikong Nursing Home (Wikwemikong)
•York Street Extendicare (Sudbury)

Information about and referral to other community services

Manitoulin-Sudbury Community Care Access Centre

GEOGRAPHIC SERVICE AREA



Ontario

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