CASC/CCAC
Centre d'accès aux soins communautaires de
Manitoulin-Sudbury
Community Care Access Centre
Engagé envers des soins de santé de qualité à la maison et à l'école
Committed to quality home and school health care

MAIN OFFICE:
1760 Regent Street
Sudbury, Ontario
P3E 3Z8

BRANCH OFFICE:
140 Barber Street
Espanola, Ontario
P3E 1S4

MANITOULIN-SUDBURY COMMUNITY CARE ACCESS CENTRE

2003-04 ANNUAL REPORT

CHAIR, BOARD OF DIRECTORS:
Richard Zanibbi

EXECUTIVE DIRECTOR:
Nancy Mongeon

MESSAGE FROM THE BOARD CHAIR AND EXECUTIVE DIRECTOR

The Board of the MSCCAC has diligently led the organization through a year of continued growth and development. Throughout the majority of the year, we had seven active, dedicated members. Unfortunately, at the end of the year, three of our valued members left our Board.

The governance focus has been accountability. Many measures and tools have been established to that end. Our affiliation with our provincial association Board, through our Board member Tom Trainor, has been very helpful in this regard, as has our supportive relationship with Ministry of Health and Long-Term Care Regional Office staff John Roininen (Program Consultant), Ann Matte (Program Manager) and Peter Armstrong (Regional Director).

We are pleased to report that MSCCAC has again delivered services within budget this fiscal year.

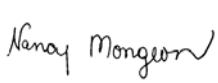
The MSCCAC's focus remains on providing services to our clients. A primary objective has been to have all services consistently available across our two districts. The provision of all therapy services has been a challenge. Despite ongoing recruitment activities, student placements and creative partnerships (such as our pediatric/school service provider assisting with the provision of adult services, and the sharing a full-time Social Worker position with Espanola General Hospital), we were not able to fully meet this objective.

With the Request for Proposals (RFP) for nursing service occurring this year, and the service provider changing, there was some temporary disruption in nursing service.

Internally, a new model for case management service was developed which has resulted in greater efficiency and outcomes. Specifically, client assessments are current and accurately guide service authorization. A centralized intake model was developed and implementation is pending. In addition, our Information and Referral service is being established and a database developed. Opinions on client satisfaction with our service are continuously sought and the information given is carefully considered. An agency-wide risk gap analysis has been done which will help guide our priorities. An employee feedback survey has been a valuable resource in helping us to be an employer of choice. Education remains a commitment of our organization, allowing staff and Board members to engage in skill and knowledge development. A total of 3,700 staff hours at a cost of $57,412 were devoted to staff development.

This past year, the MSCCAC has further developed its partnership arrangements with hospitals, physicians and others. Committee membership is active and across many sectors, and includes participation on District Health Council's committees, Hospital Network 11, Sudbury Roundtable on Health, Palliative Care, and Children's Services Coordination in Chapleau. As is clearly stated in guiding documents for health care such as the Romanow Report, home care is a vital part of the health care system. The MSCCAC, through its dedicated Board and staff, strives daily to meet the health needs of our community within limited resources.

Richard Zanibbi
Chair, Board of Directors



Nancy Mongeon
Executive Director

BOARD OF DIRECTORS

The *Community Care Access Corporations Act, 2001* enacted reform of the governance of the province's 42 Community Care Access Centres. Specifically, CCACs became statutory corporations with members of Boards of Directors and Executive Directors appointed by the Lieutenant Governor through an Order-in-Council appointment.

MSCCAC's Executive Director, Nancy Mongeon, has a three-year appointment which commenced in February 2003 and will end in February 2006.

MSCCAC's Board members during the 2003-04 fiscal year were:

Director	Position	Residence	Date of original OIC appointment	Current term of appointment to
Richard Zanibbi	Chair	Sudbury	February 2002	February 2005
Tom Trainor	Vice-Chair	Mindemoya	March 2002	March 2006
Helen Farquharson	Secretary	Sudbury	April 2002	April 2005
Mark Nyman		Chapleau	March 2002	March 2006
Darwin Brunne		Sudbury	December 2002	March 2004
Gratien Allaire		Sudbury	December 2002	March 2004
Mariette McGregor-Sutherland		Birch Island	February 2002	April 2004

The MSCCAC would like to express its appreciation for the three Directors who left the Board in 2004:

Gratien Allaire was our only francophone Board member. He established a highly representative French Language Services Advisory Committee to ensure the francophone community's needs were being met. Dr. Allaire will continue to work with this committee.

Darwin Brunne, who was a strong advocate of emphasizing wellness among the clients we serve, was instrumental in the MSCCAC exploring the development of the Home Support Exercise Program to promote health and wellness.

Mariette McGregor-Sutherland was one of three original Board members appointed after the *Community Care Access Corporations Act* was put in place. Mariette very effectively advocated for culturally-sensitive service delivery.

COMMUNITY ADVISORY COUNCIL

The goals of MSCCAC's Community Advisory Council are:

Identify barriers to smooth transfer of individuals from one part of the health and community support services system to another;

Propose solutions to address system barriers for efficient patient transfer among CCACs, hospitals, long-term care facilities and community support agencies; and,

Provide a forum for Council members to share information about the role each member organization plays in the health and community support services system to ensure that gaps or duplication does not occur for people being served by the system.

Members of MSCCAC's Community Advisory Council in 2003-04:

Member	Organization	Sector
Gail Bignucolo	Chapleau Health Services	Hospital
Shirley Childs	Victorian Order of Nurses, Adult Day Centre	Community Support Services (since October 2003)
Helen Collinson	Victorian Order of Nurses, Home Support Program	Community Support Services (until September 2003)
Lois Mahon	Child Care Resources	Community Support Services (until August 2003)
David McNeil	Sudbury Regional Hospital	Hospital
Sandra Moroso	York Street Extendicare	Long-term care
Sally Spence	Children's Treatment Centre	Community Support Services (since October 2003)
Natalie Tann	Wikwemikong Nursing Home	Long-term care
John Roininen (ex-officio)	Ministry of Health and Long-Term Care	
Richard Zanibbi (Chair)	MSCCAC	CCAC
Nancy Mongeon	MSCCAC	CCAC

Accomplishments of MSCCAC's Community Advisory Council:

- Establishment of a Strategic Planning Subcommittee consisting of hospital, long-term care facility, District Health Council and CCAC representatives
- Regular sharing of long-term care placement statistics and service needs
- Facilitation of long-term care facilities developing expertise in IV therapy
- Identification of the impact on long-term care facility placement as a result of the implementation of the City of Greater Sudbury's no smoking by-law
- Strengthening of cross-sector partnerships based on increased information sharing, and cross-sectoral planning

MSCCAC'S KEY INITIATIVE ACHIEVEMENTS

In 2003-04, the MSCCAC has engaged in several key initiatives through our Strategic Plan, Financial and Business Plan and Ministry of Health and Long-Term Care initiatives.

RAI-HC – Across Ontario, the MOHLTC introduced a standardized, automated assessment for placement and long-stay clients. The tool utilized is the "Residential Assessment Instrument for Home Care" (RAI-HC). Our staff have fully supported this initiative and as such have been a leader in the province in education, automation, business changes and implementation. We are now at the stage of measuring and evaluating its use and outcomes and look forward to using other RAI-HC components and the permanent software solution for long-stay and placement clients.

New Long-Term Care Beds – This year, the MSCCAC's Placement Coordination Service has facilitated the occupancy of a new 128-bed facility, St. Joseph's Villa. In the past two years, our area has had an increase of 256 new beds in the City of Greater Sudbury. This increase has helped meet the needs of our community. Although there are still waiting lists, they are significantly shorter.

Re-engineering the case management model – MSCCAC's new case management model has resulted in greater efficiencies and improved service to clients.

Changes to home management service provision – Changes implemented this fiscal year ensured that resources were directed to clients with the highest level of need.

CLIENT SATISFACTION

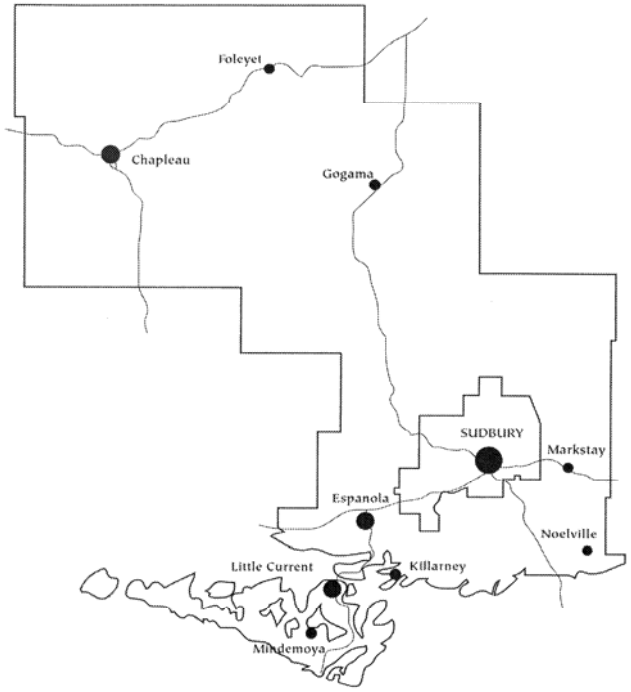
Obtaining direct feedback from clients on the quality of services is a critical component of MSCCAC's monitoring activities, and is conducted on an ongoing basis. A standardized survey was mailed to 2,029 discharged in-home and school clients to determine their satisfaction with our services. In addition, 717 surveys were mailed to clients who were placed into their preferred long-term care facility. This year's survey found a high (89%) level of client satisfaction with MSCCAC and its contracted services.

ACCREDITATION

We believe the accreditation process allows the MSCCAC to benchmark our level of service competence against national home care standards. The MSCCAC was successfully accredited by the Canadian Council of Health Services Accreditation program in 2001 without recommendations. Our compliance will be reassessed in November 2004.

SERVICE AREA

The Manitoulin-Sudbury Community Care Access Centre (MSCCAC) provides services in an area that is just under 50,000 square miles and has a combined population of approximately 191,000 (Statistics Canada, 2001 Census). Within the Districts of Sudbury and Manitoulin are five distinct planning and service delivery areas:



- *The City of Greater Sudbury*, an urban area with one acute care hospital on three sites, one psychiatric hospital and six long-term care facilities.
- *Sudbury District North*, a vast rural area, with a small remote urban centre (Township of Chapleau) that has a small hospital and a long-term care facility.
- *Sudbury District West*, a small urban area (Town of Espanola) with a small hospital and a long-term care facility, surrounded by a rural area.
- *Sudbury East*, a number of small urban areas located across a large rural area with no hospital or long-term care facilities.
- *Manitoulin Island*, a number of small urban areas in a large rural area with two small hospitals and three long-term care facilities.

Service is offered to the following First Nations communities: Whitefish Lake, Brunswick House, Mattagami, Sagamok, Chapleau Cree, Cockburn Island, Sheguiandah, Sheshegwaning, Sucker Creek, West Bay and Whitefish River (Birch Island). The MSCCAC also provides placement services to Wikwemikong Nursing Home.

UNIQUE INDIVIDUALS SERVED IN 2003-04	
Chapleau	79
Gogama	24
Espanola	465
Manitoulin Island	361
Sudbury East	247
Sudbury	6,219
TOTAL *	7,395

* The total number of unique individuals served in 2003/04 was 6,796. The total number of unique individuals served by geographic area is higher due to clients who move or vacation in a different geographic area.

CONTINUOUS QUALITY IMPROVEMENT AND ACHIEVEMENTS

Managers analyze client satisfaction survey results regularly and follow-up by addressing areas of concern. Changes in process may be implemented to address areas of weakness in service delivery. The Board is advised of results, areas of concern, and changed planned to address these concerns.

Client feedback information, in the form of complaints and compliments, is also shared with the Board, as well as actions taken.

Internal and external audits occur to verify performance standards are met.

Internal business models and practices are regularly monitored for efficiency and effectiveness in these changing times. Realignment occurs as required, as illustrated by the implementation of a new case management model.

Other achievements in 2003-04 included:

The provincial Business Plan and performance measures were initiated this fiscal year. The MSCCAC was successful in establishing and meeting targets for 56% of the mandatory key performance indicators. (See Appendix 1, Summary of CCAC Goals and Performance Measures Achievements.)

A balanced budget was achieved, despite higher demand, complexity of care and an increase in fixed costs.

Ministry initiatives were implemented within timelines.

Improvements were gained in the public's awareness of MSCCAC services.

An intranet was implemented to support staff information needs.

A collective agreement with the Ontario Public Service Employees Union, representing MSCCAC's therapists, was successfully renegotiated.

Introduction of videoconferencing for meetings between the main and branch offices has reduced travel time and increased staff involvement.

Comprehensive revisions to the Client Care Welcome booklet helped clients and their families better understand the MSCCAC and its services.

The new province-wide Request for Proposal (RFP) template was implemented for two RFPs.

Documentation control processes for policy and procedure systems were re-engineered.

Staff guidelines and training for the identification and management of adult abuse were developed.

A data warehouse for all performance information (MOHLTC, CCAC and service provider key performance indicators) was established.

Forty-six percent of Business Process Improvement suggestions received from staff were implemented.

An Information and Privacy Officer was designated. Policies and procedures were developed to ensure the confidentiality and privacy of personal information.

Internal and external quality audits were conducted.

Two presentations were delivered at the 2003 Annual Conference of the Ontario Association of Community Care Access Centres.

The Board of Directors established a French Language Services Advisory Committee.

COMMUNITY PARTNERSHIPS

The MSCCAC recognizes and values the opportunities that partnership arrangements offer, particularly those that improve service delivery and operational efficiencies. This past year, we have partnered with:

- our contracted service providers and local hospitals for the provision of therapy and nursing services;
- universities and colleges by offering student placements for therapy and nursing students;
- the Electronic Child Health Network, which allows our staff to have accurate and current electronic access to health records at children's hospitals;
- the City of Greater Sudbury in establishing a seniors portal whereby information will be provided to seniors in the City;
- Sudbury Social Planning Council for the sharing of community services data which will be integrated into our Information and Referral database;
- local stakeholders (such as long-term care facilities and Sudbury and District Health Unit) in providing education on a home support exercise program to assist seniors in maintaining good health and in reducing falls;
- other community services in providing education on elder abuse;
- the Ontario Association of Community Care Access Centres to develop key position papers; to collect and use province-wide statistics for the betterment of community health care service; to meet education needs of staff and Board; and, to address operational needs and planning;
- other Northern CCACs for initiatives such as the creation of a common agency-wide brochure and a standardized approach to measuring some key performance indicators in our Business Plans.

The MSCCAC has also partnered in research initiatives such as:

- University of Toronto – "Resetting the institutional and structural balance in Canada's health system: Privatization, globalization and the case of rehabilitation services in Ontario"
- Queen's University – "The team approach to hospice palliative care: Integration of formal and informal care at end of life"
- Laurentian University School of Nursing – "Heart Health Study"
- University of Ottawa – "Assessing the usability and responsiveness of the research profile assessment process".

Discrete Individuals Served for the Year Ended March 31, 2004

Home Health Care		**Case Management**	6796
Nursing	3973		
Physiotherapy	1466	**Public School**	
Occupational Therapy	1420 *	Nursing	19
Speech Language Pathology	51 *	Physiotherapy	214
Social Work	400	Occupational Therapy	401
Dietetics	241 *	Speech Language Pathology	438
Home Support		**Private/Home Schools**	18
Personal Support/Homemaking	2400		
Respite	314	**Placement Coordination**	1313

* Sustained lack of human resources resulted in waiting lists and impacted the ability to meet service demands.

The MSCCAC annually revisits its Strategic Plan and its guiding documents.

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.

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.

OUR VALUES

Accountability and Transparency

Building Healthy Communities

Client-centered

Collaboration and Consultation

Compassion & Caring

Empowerment

Equity, Fairness & Ethics

Excellence, Quality, Responsiveness & Effectiveness

Growth & Development (Internally & Externally)

Learning Organization & Innovation

Professionalism and Competence

Recognition

Respect for Ideas, People, Diversity and Culture

Shared Responsibility

DONATION INFORMATION

MSCCAC is a registered charity. In 2003-04, the MSCCAC received $303.67 in donations. The MSCCAC uses donated money to assist in the provision of certain equipment needs for our clients.

Our charitable registration number is: 88891 1971 RR0001.

To make a donation, or to make a referral, please contact the MSCCAC at:

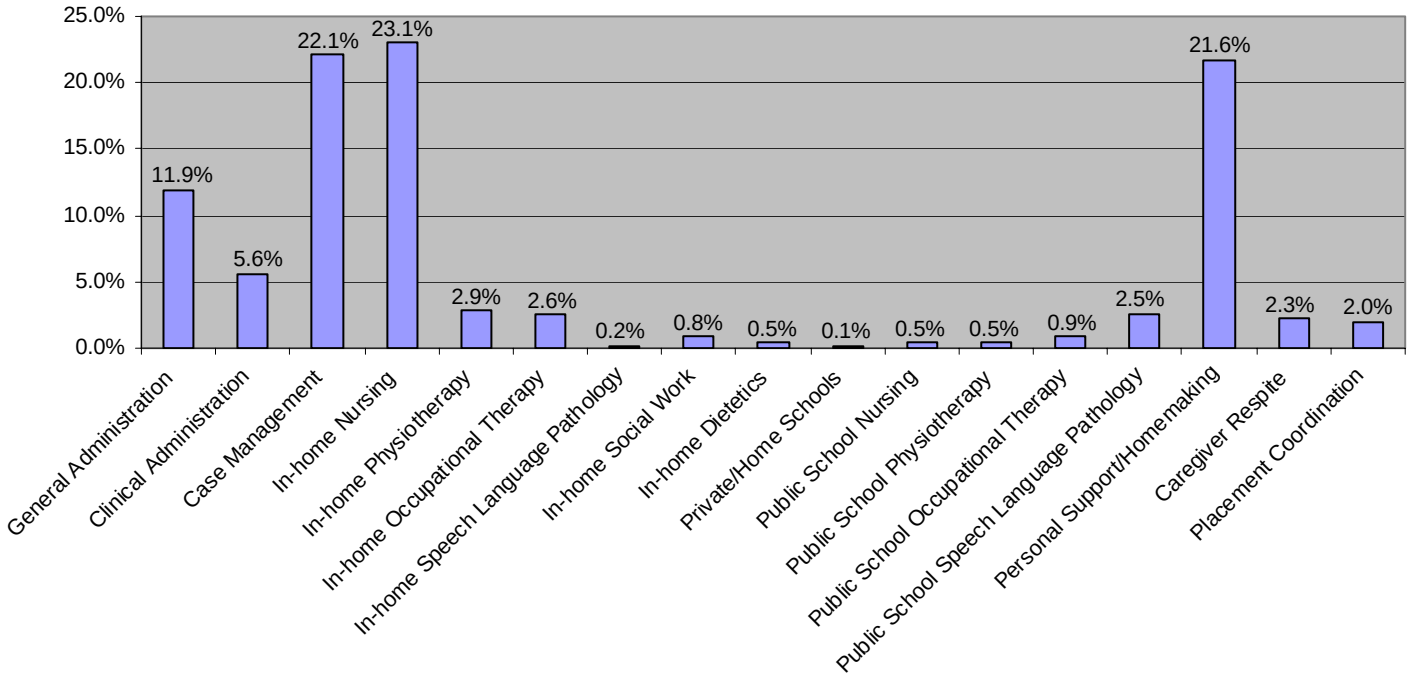
1760 Regent Street
Sudbury, Ontario
P3E 3Z8

Telephone: 705-522-3461 or 1-800-461-2919

MSCCAC's CONTRACTED SERVICE PROVIDERS

Service	Contractor	Service Area
Medical Equipment	Health Care Pharmacy (Guardian)	Manitoulin and Sudbury Districts
Medical Supplies	Health Care Pharmacy (Guardian)	Manitoulin and Sudbury Districts
Nursing	Bayshore HealthCare Ltd.	Manitoulin and Sudbury Districts
Dietetic Counselling	Heather Callins	Manitoulin and Sudbury Districts
Occupational Therapy	Lori Bourdeau	Chapleau, Foleyet, Gogama
	Chapleau Health Services	Chapleau, Foleyet, Gogama
	Children's Treatment Centre	City of Greater Sudbury
	Jessie Crockford	Manitoulin Island
	Heidi Resetar	Espanola and City of Greater Sudbury
	Ruth Young	City of Greater Sudbury
Personal Support / Homemaking	Independence Centre and Network	City of Greater Sudbury
	Sudbury Finnish Rest Home Society	City of Greater Sudbury
	Victorian Order of Nurses, Sudbury Branch	Manitoulin and Sudbury Districts
Physiotherapy	Children's Treatment Centre	City of Greater Sudbury
	Lorraine Doucet	City of Greater Sudbury
	Espanola Physiotherapy Clinic	Espanola and Manitoulin
	John Ryan	City of Greater Sudbury
Social Work	Chapleau Health Services (Turning Point)	Chapleau, Devon, Foleyet, Gogama
Speech Language Pathology	Children's Treatment Centre	City of Greater Sudbury
	Chantal Mayer	City of Greater Sudbury
	J. Stark Speech Pathology Services	Chapleau, Gogama, Foleyet

2003-04 SERVICE EXPENDITURES



A copy of the Auditor's Report and Financial Statements for 2003-04 is available upon request.