Manitoulin-Sudbury Community Care Access Centre

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

.

2004-2005

ANNUAL REPORT

Richard Zanibbi, Chair, Board of Directors, April 2004 to February 2005
Tom Trainor, Acting Chair, Board of Directors, February to March, 2005
Nancy Mongeon, Executive Director

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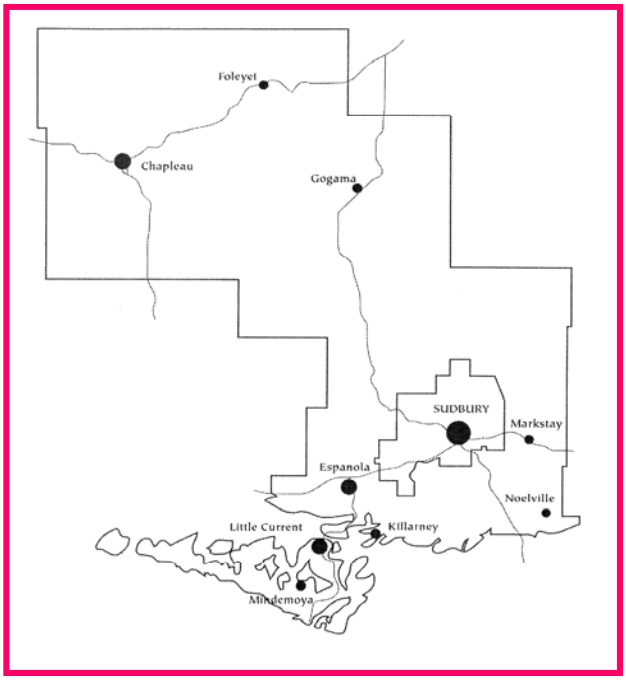
SERVICE AREA

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 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 homes; 7,232 individuals served in 2004-05;
- *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 home; 123 individuals served in 2004-05;
- *Sudbury District West*, a small urban area (Town of Espanola) with a small hospital and a long-term care home, surrounded by a rural area; 476 individuals served in 2004-05;
- *Sudbury East*, a number of small urban areas located across a large rural area with no hospital or long-term care homes; 238 individuals served in 2004-05;
- *Manitoulin Island*, a number of small urban areas in a large rural area with two small hospitals and three long-term care homes; 441 individuals served in 2004-05.

Service is also 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.



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
Client-Centered
Compassion and Caring
Equity, Fairness and Ethics
Growth and Development (Internally and Externally)
Professionalism and Competence
Respect for Ideas, People, Diversity and Culture
Building Healthy Communities
Collaboration and Consultation
Empowerment
Excellence, Quality, Responsiveness and Effectiveness
Learning Organization and Innovation
Recognition
Shared Responsibility

OUR MANDATE

The mandate of the Manitoulin-Sudbury Community Care Access Centre as stated in *Community Care Access Corporation Act, 2001* is:

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 cooperate with other organizations that have similar objects.

MESSAGE FROM THE BOARD CHAIR AND EXECUTIVE DIRECTOR

This fiscal year has brought with it significant dramatic changes within CCACs provincially and at the local level.

Locally, our last founding Board member, who had been our Chair since February 2002, finished his final term in February 2005. All were pleased to have an opportunity at a celebration in March to express their thanks and appreciation to Richard Zanibbi. Mr. Zanibbi's valued commitment to the MSCCAC since its inception in 1996 has been a critical factor in stabilizing and leading our organization through ongoing change and appreciable growth. Without a doubt, the MSCCAC is a stronger organization with improved transparency and accountability thanks to Mr. Zanibbi. Also, we said good-bye to Mark Nyman, Board member from Chapleau from March 2002 to February 2005. Mr. Nyman well represented the needs and perspective of our most northern area. We are pleased that the Vice-Chair was able to assume the role of Acting Chair while pursuing formal appointment via an Order-in-Council, and that Helen Farquharson sought and secured reappointment. Helen also assumed the role of Vice-Chair. In addition, in 2004-05 we welcomed two new members, Mary Duhaime (Board Secretary) and Josée Jireada. Board recruitment is a priority, particularly as we work with the Ministry of Health and Long-Term Care to move through their planned health system renewal.

Changes have also occurred in the MOHLTC North Region Office. Our Regional Director, Peter Armstrong, has left. We wish Mr. Armstrong well in his new career pursuits and welcome Ann Matte to her new position of Acting Regional Director. John Roininen, Program Consultant, has steadfastly guided and resourced the MSCCAC. Our most sincere thanks to each of these individuals for their guidance and assistance in helping us sustain seamless service delivery to over 1,300 personal support/homemaking clients when the contract provider became insolvent. The Personal Support Workers and Homemakers are to be commended for responding to our client needs, despite a very unstable work environment. Also, the Board of the Victorian Order of Nurses, VON's Acting Executive Director and support staff and MSCCAC's affected staff demonstrated actively that we are a client-centered organization and that client service comes first.

This year we have had many successes. To mention a few, the MSCCAC received accreditation with report in the fall, our emergency preparedness plan was completely updated and redesigned, new and updated software has been implemented for client and administrative needs, the provincial automated assessment tool (RAI-HC) for long-stay clients has been fully implemented, our central intake model with expanded hours to cover weekend and holidays is established, a "Systemic Crisis - Category 1A designation" for placement from Sudbury Regional Hospital has been effectively responded to, the Information and Referral program has been further refined, the *Personal Health Information and Protection Act, 2004* requirements have been established, client satisfaction is being monitored and acted upon. In addition to these developments, the MSCCAC mid-year received new funding to respond to hospital avoidance, end-of-life care planning and reduction of waiting lists for hip and knee replacements. We are delighted to say that we have exceeded our targets for hip and knee replacement and hospital avoidance. We have also refined and developed, primarily in partnership with Sudbury Regional Hospital, some new and exciting resources and strategies for servicing clients between hospital and the home.

This year, we entered into a contract for children's services with the Children's Treatment Centre. The Request for Proposal process for other large contracts is on hold until the outcome of the review of CCACs' procurement processes by the Honourable Elinor Caplan.

This year we have had great success in responding to the human resource challenges for therapy services. For example, waiting lists for Occupational Therapy are at an all-time low.

Our Medical Advisor, Dr. Pierre Bonin, has assisted us in improving our relationships with physicians and we look forward to partnering with newly-established Family Health Teams.

We actively link and partner with our northern CCACs as well as all 42 CCACs through the Ontario Association of Community Care Access Centres (OACCAC). Through the OACCAC, we are working with the MOHLTC to actively partner in the renewal of health care to better meet the health needs of Ontarians.

Our service challenges remain that of ever-growing community health needs, which must be addressed effectively within annual budget and available resources. We are pleased to again report that the MSCCAC has delivered services within its fixed budget this year.

We at the MSCCAC recognize home health care as the next essential service and, thanks to the dedication and expertise of our volunteer Board, our experienced and skilled staff and our active community and provincial partnerships, we are well-positioned to be so declared.

Tom Trainor, Chair, Board of Directors

Nancy Mongeon, Executive Director

MSCCAC'S BOARD OF DIRECTORS, 2004-05

Members of CCAC Boards are appointed by Order-in-Council. We would like to express our appreciation to the dedicated volunteers who served on our Board during 2004-05:

Mary Duhaime (Secretary) - term of appointment: November 3, 2004 to November 2, 2007
Helen Farquharson (Vice-Chair) - term of appointment: April 3, 2002 to April 2, 2006
Josée Jireada—term of appointment: August 25, 2004 to August 24, 2007
Mark Nyman—resigned February 2005
Tom Trainor (Board Chair effective March 2005 and former Vice-Chair) - term of appointment: March 20, 2002 to April 2006
Richard Zanibbi (Board Chair until expiration of appointment on February 15, 2005)

Meet our Board (as of March 31, 2005)




From left to right:

Tom Trainor was appointed Chair of the Board in April 2005. Tom has been a Board member since 2002, and previously held the position of Vice-Chair. Tom is retired from Sudbury Hydro and lives in Mindemoya.

Mary Duhaime holds the position of Board Secretary, and was appointed to the Board in November 2004. Mary is retired from Bell Canada and lives in Sudbury.

Helen Farquharson has been Vice-Chair of the Board since February 2005, and was previously Board Secretary. Helen is a Registered Nurse, having retired from Sudbury General Hospital where she held various nursing positions, then for many years was the Director of the Neurology Department. Helen resides in Sudbury.

Josée Jireada was appointed to the Board in August 2004. Josée chairs MSCCAC's French Languages Services Advisory Committee. A Registered Nurse by profession, Josée is now retired but worked for many years in the mental health sector. Josée lives in Sudbury.

MSCCAC's total budget for the 2004-05 fiscal year was $22,858,340.

A copy of the Auditor's Report and Financial Statements for 2004-05 is available upon request.

The MSCCAC reported one salary under the *Public Sector Salary Disclosure Act* in 2004. The salary before taxes for Nancy Mongeon, Executive Director, was $113,047.90.

MSCCAC'S CONTRACTED SERVICE PROVIDERS, 2004-05

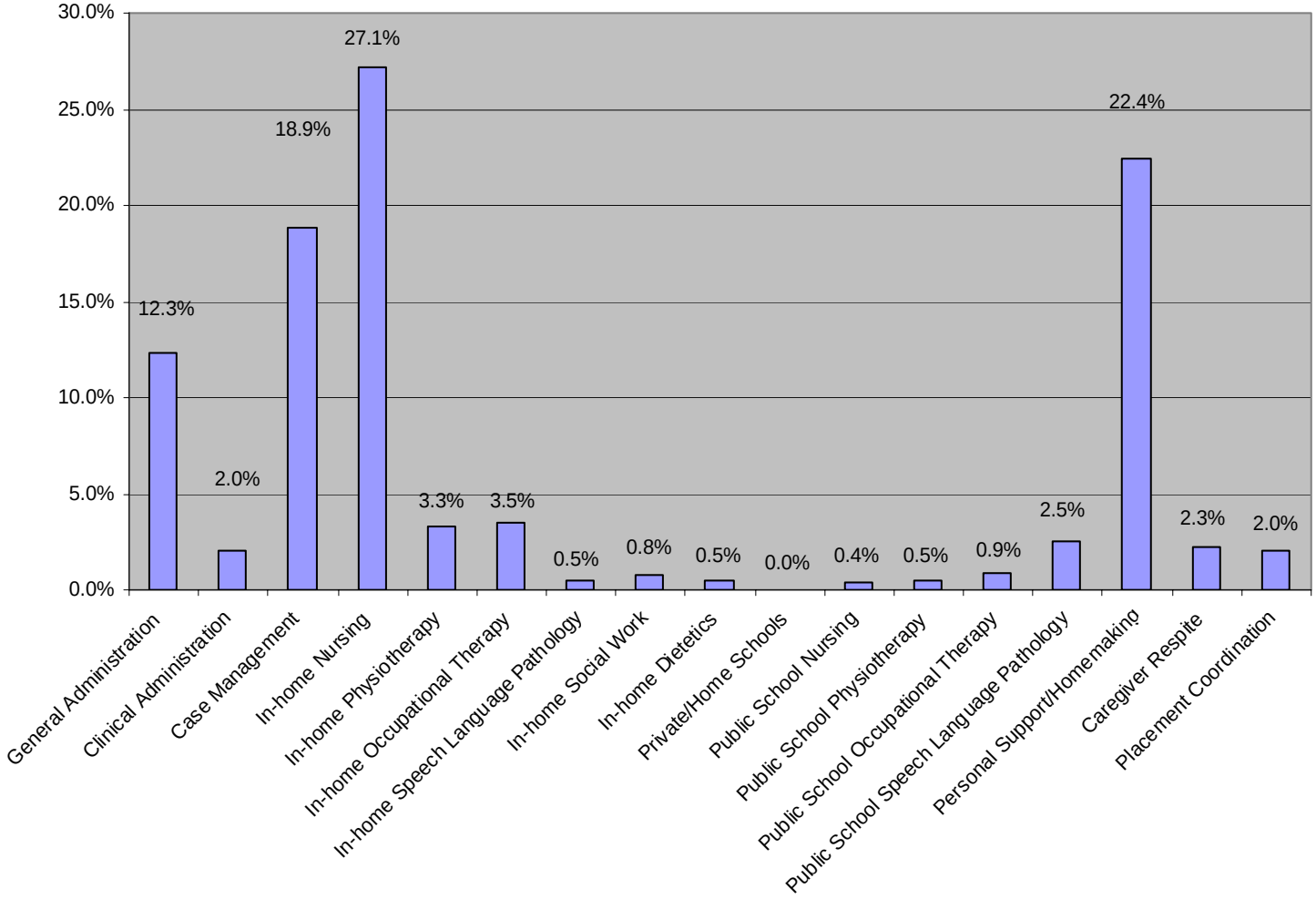
SERVICE	CONTRACTOR(S)	SERVICE AREA
Dietetics	Community Rehab	District of Sudbury
Medical Equipment	Health Care Pharmacy (Guardian)	Districts of Sudbury and Manitoulin
Medical Supplies	Health Care Pharmacy (Guardian)	Districts of Sudbury and Manitoulin
Nursing	Bayshore HealthCare Ltd. We Care Home Health Services	Districts of Sudbury and Manitoulin Sudbury
Occupational Therapy	Chapleau Health Services Children's Treatment Centre Community Rehab Heidi Resetar Ruth Young	Chapleau, Sudbury District North City of Greater Sudbury District of Sudbury District of Sudbury Districts of Sudbury and Manitoulin
Personal Support / Homemaking	Bayshore HealthCare Ltd. Canadian Red Cross Community Health Services Comcare Health Services Independence Centre and Network Sudbury Finnish Rest Home Society Victorian Order of Nurses, Sudbury Branch We Care Home Health Services	Districts of Sudbury and Manitoulin District of Sudbury District of Sudbury City of Greater Sudbury City of Greater Sudbury Districts of Sudbury and Manitoulin Sudbury
Physiotherapy	Children's Treatment Centre Community Rehab Espanola Physiotherapy Clinic Manitoulin Health Centre John Ryan	City of Greater Sudbury District of Sudbury Manitoulin, Chapleau, Sudbury District West District of Manitoulin Sudbury
Social Work	Community Rehab Turning Point (Chapleau Health Services)	District of Sudbury Chapleau, Sudbury District North
Speech Language Pathology	Céline Bertrand Chantal Mayer-Crittenden Community Rehab J. Stark Speech Pathology Services	District of Sudbury District of Sudbury District of Sudbury Chapleau, Sudbury District North

Manitoulin-Sudbury Community Care Access Centre
Discrete Individuals Served by Service
for the Year Ended March 31, 2005 *

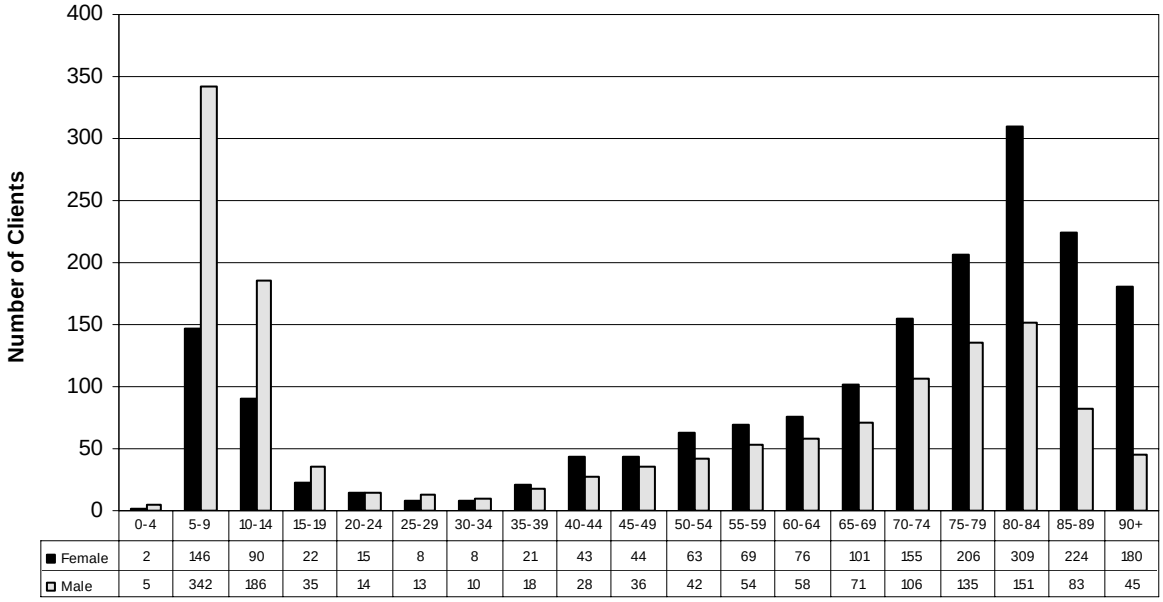
Home Health Care		**Case Management**	8510
Nursing	3344		
Physiotherapy	1587	**Public School**	
Occupational Therapy	1327	Nursing	19
Speech Language Pathology	189	Physiotherapy	193
Social Work	342	Occupational Therapy	411
Dietetics	270	Speech Language Pathology	502
Home Support		**Private/Home Schools**	14
Personal Support/Homemaking	2345		
Respite	354	**Placement Coordination**	1198

* Individuals receiving more than one service are counted in each service. The number of individuals served was 8,510.

Service Expenditures



Inhome and School Caseload by Age Group and Gender at March 31, 2005



	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	146	90	22	15	8	8	21	43	44	63	69	76	101	155	206	309	224	180
Male	5	342	186	35	14	13	10	18	28	36	42	54	58	71	106	135	151	83	45

CONTINUOUS QUALITY IMPROVEMENT AND ACHIEVEMENT

The MSCCAC seeks client feedback. Client satisfaction surveys, tailored to the specific services a client received, are ongoingly sent out to clients by the MSCCAC. Managers analyze the results regularly and follow up by addressing areas of concern. The Board is advised quarterly of the results and of strategies being implemented to address concerns. We are pleased to be reporting that overall client satisfaction with MSCCAC services improved from last year. There was noted improvement from last year in case management, rehabilitation, nursing, personal support/homemaking, equipment and medical supplies, with the most substantial increase being in Placement services. This improvement in all areas illustrates graphically the MSCCAC staff and providers' commitment to quality care for our clients.

Regular reports of incidents and complaints are provided to the Board, managers and the Ministry of Health and Long-Term Care, including new measures to demonstrate the effectiveness in resolving occurrences in a timely way and meeting the requirements of the *Long Term Care Act, 1994* and new Ministry reporting.

The MSCCAC Abuse Resource Team, in conjunction with the local police and Children's Aid Society, developed screening tools to assist staff in identifying and managing abuse, including the provision of five training sessions to staff.

A "disclosure of significant event" policy was implemented to improve client safety.

The Ottawa Operational Review and Casa Verde Coroner's Report recommendations were analyzed for potential risks that may apply and were incorporated into senior managers' planning.

A formal internal audit system and schedule has been implemented. Practices are audited against written standards and if standards are not documented in policy, this is so noted and followed up.

This year we have had many successes and achievements. To mention a few:

- In November, the MSCCAC received accreditation with report from the Canadian Council on Health Services Accreditation. Since its inception eight years ago, this is MSCCAC's second accreditation award.
- New and updated software has been implemented for client and administrative needs. Data integrity and consistency across reporting systems internally, and provincially through the OACCAC, has been a primary focus. To this end, standards are being developed and training and monitoring are occurring. Our objective is accurate, comparable data internally and with other CCACs.
- The permanent provincial automated common assessment software, Resident Assessment Instrument, Home Care (RAI-HC) for long-stay clients has been fully implemented within the MSCCAC. Hardware to accommodate this has been refreshed and the Case Managers are trained on the permanent software solution.
- Internal models for case management are ongoingly being refined. The centralized intake model with expanded hours to cover weekend and statutory holidays has been fully established. As well, repatriation of the placement assessment from hospital discharge planners to MSCCAC has occurred for all hospitals in Espanola, Sudbury and on Manitoulin Island. These measures have resulted in greater service availability and more standardized practices.
- Throughout the year, Crisis 1A has been implemented at Sudbury Regional Hospital, except for one week each month. MSCCAC staff have effectively responded to this designation which has resulted in individuals better serviced in the most appropriate venue of care.
- The MSCCAC Information and Referral service has actively pursued enriching its database and increasing community awareness of this service. As a result of a partnership with the Social Planning Council, the MSCCAC has the second highest number of resources in our database and citizens in our region are more actively seeking out this valuable service.
- Additional dollars to address hospital avoidance were received mid-year. This new funding was utilized in partnership with our hospitals, primarily our largest, Sudbury Regional, to service 334 new clients and to improve the interface of hospital and community care systems to better respond to client needs.
- Additional one-time monies were received in December to address waiting lists for hip and knee replacements. We exceeded the target of 25 cases by 3.
- The monies received for end-of-life care community planning resulted in a document that has a workplan to establish and implement an integrated, coordinated and cost-effective model for end-of-life care in Manitoulin and Sudbury Districts by the 2006 fiscal year.
- The newly proclaimed *Personal Health Information and Protection Act, 2004* requirements have been established, including a revised client consent, and orientation by our appointed Privacy Officer is occurring.
- The French Language Service Compliance Plan was revised and forwarded to the Ministry of Health and Long-Term Care Regional Office and the Bureau des services de santé en français. The MSCCAC has been actively involved at the local, regional, provincial and national level to continuously improve service delivery to francophones within our catchment area.

COMMUNITY PARTNERSHIPS

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

- *Hospitals and physicians* to standardize wound management protocols, resulting in continuity of service and a decrease in the number of nursing visits required
- *Long-term care homes, hospitals and community support agencies* to establish a Joint Community Ethics Committee
- *Long-term care homes and Sudbury Regional Hospital* to develop processes and training to long-term care homes wishing to offer some IV therapy, thus reducing hospital admissions
- *Our nursing provider and Emergency Medical Services* to establish an expected death at home initiative to respond to the wishes of some palliative clients.
- *Northeastern Ontario Regional Cancer Centre* to improve our referral process and identification and resolution of issues and to provide additional supports to prevent hospitalization of clients
- *Fall Busters, long-term care homes and the Older Adult Centre* to put on a training session related to strengthening exercises for staff and volunteers to incorporate
- *Long term care homes* to establish wheelchair clinics so that Occupational Therapists can service more client in a timely way
- *Centre de sante communautaire* to recycle unused medical supplies for use at a community clinic, thus reducing waste and cost
- *Sudbury and District Health Unit* to assist in disseminating information about their medication clean-out initiative and assist clients with good medication management practices
- *Sudbury Regional Hospital* to establish an electronic referral system leading to greater efficiency in processing referrals
- *Sudbury Regional Hospital and physicians* to provide TPN services to clients in the community who are not registered with a designated Southern Ontario centre
- *Sudbury Regional Hospital* to develop clinical pathways for post-operative hip replacement clients, resulting in smoother, more appropriate and timely referrals to CCAC from hospital
- *Sudbury Regional Hospital* to provide teaching/coaching of hospital pre-admission clinic staff around preparation for management of clients at home following surgery, resulting in a smoother transition of clients from hospital to home
- *Sudbury Regional Hospital* around the provision of community-based outpatient urology treatments, resulting in a smoother transition of clients from hospital to home
- *Sudbury Regional Hospital* to expedite discharge of post-operative total knee replacement patients on the third post-operative day
- *Sudbury Regional Hospital* to provide consistent risk assessments for falls and identification of those at risk for falls across the health care sector
- *Sudbury Regional Hospital* to refine referral processes for end-of-life care and oncology clients to all Northern CCACs
- *Sudbury Regional Hospital and Ministry of Health and Long-Term Care* to address the hospital's Alternate Level of Care issues through the declaration of Crisis 1A status for placement clients, including joint press releases and family meetings
- *Hospitals* to redefine hospital discharge planning role and MSCCAC assessment responsibilities for placement clients
- *Northern CCACs* to refine referral processes between CCACs.

MSCCAC SERVICES

Nursing
Personal Support/Homemaking
Caregiver Respite
Physiotherapy
Occupational Therapy
Speech Therapy
Dietetics
Social Work
Access to Long-Term Care Homes
Access to Continuing Complex Care
Information About and Referral to Community-Based Services

Committed to quality home and school health care.

DONATIONS

The Manitoulin-Sudbury Community Care Access Centre (MSCCAC) is a registered charity and is pleased to accept donations to assist us in our work. An official receipt will be issued to all donors for income tax purposes.

The MSCCAC uses 100% of donations it receives to help MSCCAC clients purchase medical equipment when there are no other funding sources available.