KFL&A COMMUNITY CARE ACCESS CENTRE

# First Annual Report

## about home health care and long-term placement

The **KFL&A Community Care Access Centre** is a new organization, and this is its first annual report to the residents it serves. It manages almost $24 million a year in health care, support services and long-term care.

As a non-profit, charitable organization, it is governed by a board of directors composed of local people who care about health care. Its services are funded by your tax dollars through the Ontario Ministry of Health.

Until 1997, the Centre was the KFL&A Public Health Unit's Home Care Division. Established by new provincial policies, it is today one of 43 independent Community Care Access Centres in Ontario. As the first access centre to open its doors in the province, it has had to meet new challenges and break new ground.

The Centre was created in tumultuous times for health care. Changes are sweeping the health-care field, not just here in the Kingston region but across the continent, as health care moves out of hospitals and into homes and other places in our communities. Hospital restructuring, developments in technology, new health-care policies and tighter budgets are also causing changes. It's hard for people to stay up-to-date and to know what to expect.

By describing some of the challenges faced since opening, we, the board and employees of the Access Centre, hope to enhance your understanding of where to turn for help and how we're managing local home health care on your behalf.

### What we do

The KFL&A Community Care Access Centre serves 180,000 residents in the City of Kingston, Lennox & Addington County and the municipalities of North Frontenac, Central Frontenac, South Frontenac and Frontenac Islands. It manages health care in homes, schools and other places outside of hospitals, and it arranges for people to live in long-term care facilities. It does not provide physician care. Its services are funded by the Ontario Ministry of Health and provided by a variety of health-care agencies under contract to the Access Centre.


Through the Centre, eligible Ontario residents can receive:

- **nursing**
- **personal care**
- **home support**
- **occupational therapy**
- **physiotherapy**
- **speech therapy**
- **medical social work**
- **diagnostic laboratory services**
- **medical supplies and equipment**
- **medical transportation**
- **nutritional counselling**
- **Ontario drug benefits**
- **admission to nursing homes and homes for the aged**
- **information about long-term care facilities**
- **information about health care and support services in the community**

Bringing **Health Care** Home

# The Challenges
## and how we're meeting them

Our greatest challenge has been meeting a growing need for services with the same level of funding that we had in 1996. Our budget, which is set by the province, used to be more flexible. Before Access Centres were established, the government supplemented the budgets of home-care divisions when they overspent because of increased demand for services. Not so these days. We have a fixed budget, and provincial policies require that we live within our means.

Adjusting has been difficult. By the end of our first fiscal year, 1997-1998, we had overspent. As a result, we had to introduce major changes to enable us to fulfil all our responsibilities – including our responsibility to live within our budget. Here are some of these changes, as described by members of our staff who were involved in designing or carrying them out.

## The way ahead

Nancy Sears
*Chief Executive Officer*

The KFL&A Community Care Access Centre, like many other access centres, is experiencing severe financial pressures. The caseload and workload increase almost daily. Our aged population is growing, and our clients are sicker and more fragile than in the past. Local hospital reorganization has generated a huge increase in demand for home-based care. No one event, but rather a combination of these factors, triggered our efforts last year to review the way we operate. On the basis of that review, we have developed a plan that will give us new opportunities to serve our community better.

The greatest opportunity will come from increased flexibility to respond promptly and well to the changing needs of our clients. Our new operating strategies will give us the staff and information we need to quickly shift our resources to where they are needed most.

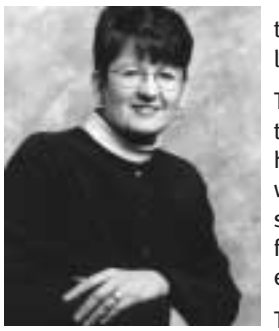
A second major opportunity comes through enhanced research capacity. We are changing our systems to allow us to collect the data we need to measure the effectiveness of the care we provide. We have assigned a member of our staff to develop studies to determine which services help our clients the most. And we're forging strong links with researchers at Queen's University in health policy and other disciplines. These efforts will help us invest our human and financial resources in the most effective forms of care.

Recently we received good news. We expect to receive $457,000 that will further help us improve and increase services to our community this year.

The home health-care system is complex, rapidly changing and confusing to most people. When people need help at home, they are often in the middle of a sudden, unexpected crisis. Many have no idea where to turn for information, let alone assistance. The Access Centre is a good place to call when people need help. We may be able to help directly, or we may refer people to other organizations in their community that provide health care and support services. Providing information about community health care is a vital part of what we do. We're just a phone call away at any one of our three offices.

## *Waiting Lists*

*"Putting people on waiting lists is very hard to do."*



Sue Walden
*Care Manager*

When I visit clients, my first job is to determine whether they need and are eligible for home health-care services. Then I design a plan of care with them to help meet their goals. Later, I continue to assess their needs and adjust their plan as required. I have a bachelor's degree in nursing and a variety of community nursing experiences, including 12 years in home care in Napanee.

Last year was the most challenging period in my career. Because of our deficit, we had to begin allocating services to those people who needed care the most – people just home from hospital, for example, or those who were alone with no support or in the later stages of a terminal illness.

This meant that I had to tell people with important but less urgent needs, such as a need for help with household tasks, that they were on a waiting list. I also had to reduce aspects of personal care, such as bathing, and hours of respite for caregivers. It was the most difficult thing I've ever done.

Thankfully, we were able to save enough money that we can now provide more personal care again, although our housekeeping remains limited. I can only say that throughout it all, people have coped amazingly well despite the reductions.

## *Automation*

*"Totally reorganizing and automating our processes will free up staff and money for patient care."*

Donna Stephenson
*Director of Corporate Services*

Home care has been the last area of the health-care system to automate. Tracking our activities by hand has been a huge burden on case managers and other staff.

Thanks to one-time funding from the Ministry of Health this past winter, we are now totally reorganizing and automating our processes.

Automation will help us record data, generate reliable information and ensure that we can accurately track the care each client receives.

It will also free up valuable resources that we can reinvest in care management and client care and enable us to devote our time and attention to people rather than paperwork.

## *Restructuring*

*"Unique new model makes sense."*

Margaret Johnson
*Director of Client Services*

Our case managers were overwhelmed with work. Their caseloads have increased by 60 per cent in three years. In 1995, a case manager was managing about 80 patients at a time. By last year, a typical caseload had grown to 130.

Our budget was not getting bigger, yet the need for service, particularly for more complex care at home, was growing. Clearly, we had to do things differently. To meet this challenge, we designed a unique arrangement of specialized teams that has never been tried before.

This spring, our "case managers" disappeared. Today, in their place, we have teams that arrange, co-ordinate and manage the services that we provide. Each team consists of a "care manager" – a specialized nurse who visits patients where they live and assesses their needs. With our new structure, care managers will visit more frequently than ever before, and they can react more quickly when their clients' needs change. Care managers are backed by other team members in the office. The team includes "care co-ordinators," also health professionals, who are always available by telephone to discuss difficult situations with patients, families, physicians and service providers. Also on each team are service support assistants and data clerks.

Managing community health care is the essence of what we do. Our new model breaks new ground in the province, and we think it makes sense. I believe it will enable us to provide better care and remain fiscally responsible.

# The Realities



## Provincial funding stayed the same

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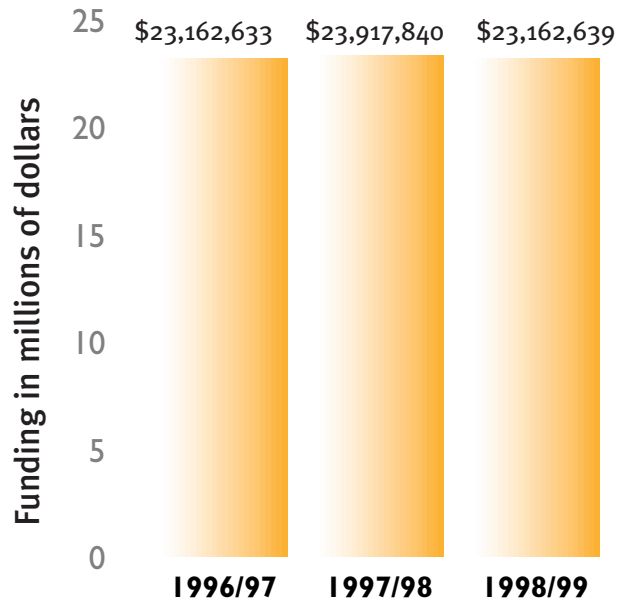


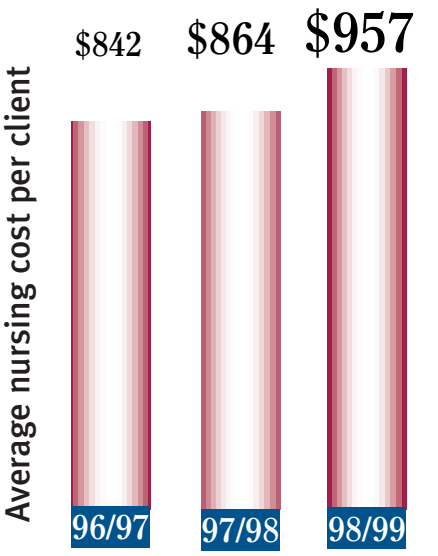

Provincial funding has been about the same for the past three years.

## Needs increased

2.

Every year, people require more care. Today, the average person's need for home care is more intensive, lasts longer and is more urgent that it used to be. As a result, the average cost per client is rising. Several trends are contributing to these changes:

- More and more of our clients have had day surgery or are being discharged after shorter hospital stays. They come home quicker and sicker.
- The number of frail elderly people coming into care through the Access Centre is growing. "Frail" elderly people are those who face high risks of injury or ill health because of declining physical or, sometimes, mental capabilities.
- Often complicating elderly people's situations at home are the increasing delays in admissions to long-term care facilities. In 1996, people waited on average 183 days. Last year, in 1998, they waited 221 days. We expect this trend to continue as a greater proportion of the region's population passes the age of 75.
- More clients require intravenous home therapy, palliative care and care after strokes.




## Cases grew

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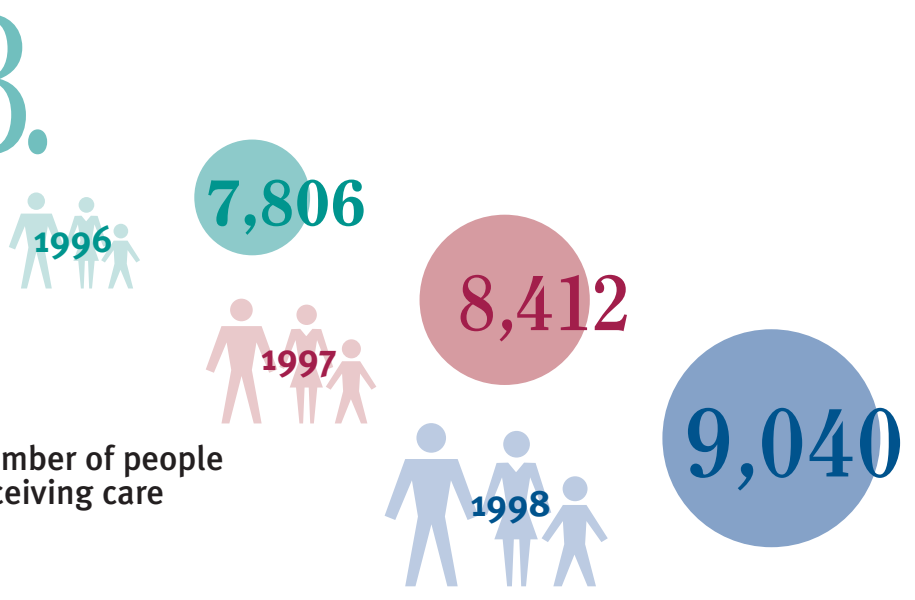


Number of people receiving care

Every year, more people in our community receive health services through the Access Centre. Today, we serve about one in 20 people in our jurisdiction. At any one time, we are looking after approximately 3,200 people.

We provide nursing to two-thirds of our clients, home support to one-third and rehabilitation therapy to almost one-fifth. We see babies in their first few days along with their mothers. We see children with health problems in schools. The majority of our clients are seniors.

Over one-quarter, 27 per cent, of our community's seniors received care through the Access Centre last year. This means more people every year as our over-65 population, which is higher than the provincial average, grows.

## How we spent your dollars

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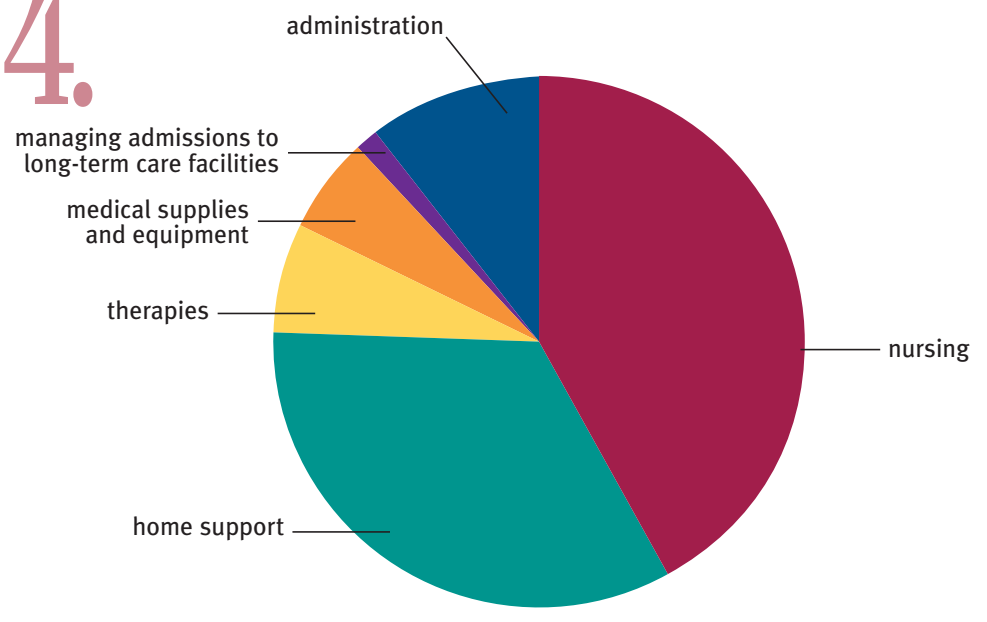


**1997-98 expenditures totalled $24,135,325**

In 1997/98, we spent 90 per cent of our budget on patient care and 10 per cent on administration. At the end of our first fiscal year, March 31, 1998, it was clear that the need for care was greater than our funding could provide. As a consequence, we had a deficit of $217,485 which triggered waiting lists and cuts to care in the fall of 1998.

## Board of Directors

The Board of Directors governs the activities of the KFL&A Community Care Access Centre. The directors were appointed by the province. In June 1999, several new directors will be elected by the members of the Community Care Access Centre. From left, Lin Good of Kingston, Tom Plunkett of Kingston, Harold Clark of Sharbot Lake, Elizabeth Staples of Kingston, John Langton of Kingston, Barbara Marlin of Napanee and Charles Simonds of Battersea.

Absent are Barry Boardman of Kingston, Cathy Hunter of Napanee, Joan Flieler of Arden and Louise Webster-Shearing of Kingston.

# *Community leadership*

Tom Plunkett
*Chair, Board of Directors*

The Access Centre was established two years ago. Today, I'm not sure that people in our communities fully understand our role because we're so new. Also, some people are puzzled because we don't have our own staff of nurses and other health-care providers. Instead, we contract out these services through competitive bidding to health-care agencies, as required by the provincial government, and then we monitor what these agencies do as they serve our clients.

*"These are challenging times in home health care."*

It's a complex system. Getting it going would have been impossible without the co-operation and goodwill of all parties: the agencies that provide our services in this new competitive environment; our volunteer board of directors, who have navigated these difficult times; and our dedicated employees, who have coped courageously and admirably under new pressures and unforgettable emergencies such the ice storm, during which they worked 20-hour days to ensure the safety of our 3,100 clients.

In June, the board will begin receiving ideas and support from a new body of members drawn from throughout our region. These new members will elect new directors as the current board's terms come to an end. I look forward to welcoming our new members and to working with them to shape the future of home health care and long-term care in our communities.

If you have any questions about home health care or the care of elderly and disabled people, or if you want to contribute in some way to improving our home health-care system, I invite you to write to me at **KFL&A Community Care Access Centre, 471 Counter Street, Kingston, Ontario K7M 8S8**.

# **answers** to frequently asked questions

## *How do I get care?*

Call one of the Access Centre's three community offices or have a friend, family member or physician call on your behalf.

**Kingston (613) 544-7090**
**Napanee (613) 354-9755**
**Northbrook (613) 336-8310**

A care manager will determine whether or not you are eligible for care and prescribe the health services you need.

## *What is a care manager?*

Just as doctors assess your needs within hospitals, care managers assess your needs for health care at home and at other locations in the community. The Access Centre's care managers are registered nurses who are qualified to assess needs and deliver health care in community settings.

## *Who is eligible for care?*

Rules for eligibility are determined by legislation and policies established by the Ontario Ministry of Health and the Access Centre. To be eligible for care, you must have a valid Ontario Health Card. You may also need to have a high need for care relative to others in our community. This is because the Access Centre does not always have sufficient funds to meet growing demands for services. As a result, the Access Centre must allocate resources to those who need care the most.

## *Who pays for the services?*

You pay for services through your taxes. The Ontario Ministry of Health funds the Access Centre's services, which are provided free of charge to eligible Ontario residents.

## *What is home support?*

Home support can include personal care, such as help with bathing, or light housekeeping, such as changing a bed.

## *What is long-term care?*

Long-term care is care provided in a nursing home or a home for the aged. These are called long-term care facilities, and they provide care for people who can no longer care for themselves at home, even with help.

The Access Centre manages admissions to 10 long-term care facilities. To apply, call an Access Centre office, or have your doctor, a family member or a friend call on your behalf. A care manager from the Access Centre will meet with you to help you through the application process. Your care manager will also arrange your admission to a long-term care facility when a vacancy becomes available.

## *Which health-care agencies provide contract services to Access Centre clients this year?*

Health professionals from the Access Centre manage your care, but they do not provide it directly. Instead, employees from provider agencies that work under contracts with the Access Centre provide your care. When you receive services through the Access Centre, a care manager arranges your care, monitors your progress and plans your discharge from Access Centre care. In many cases, you can select the provider agency you want from the Access Centre's contracted agencies. This year, the following agencies are providing services to Access Centre clients:

**All Care Health Services**
**Bradson Home Health Care Services**
**The Child Development Centre**
**ComCare Health Services**
**Hospice Kingston**
**KFL&A Health Unit**
**KO 2 Medichair**
**Ongwanada**
**Paramed Health Services**
**Red Cross (Kingston)**
**Respircare Inc.**
**Speech Pathology Services**
**Victorian Order of Nurses**

## Members Coming On Board

This spring, we held our first campaign to find 60 people to serve as Access Centre members. Members have to be over 18 and live within the Centre's jurisdiction – the City of Kingston, Lennox & Addington County and the townships of North Frontenac, Central Frontenac, South Frontenac and Frontenac Islands. We're selecting people who will represent all our communities and the various kinds of clients we serve. We are looking for people who have a demonstrated interest in home health care or long-term care in their communities or have experience as clients or caregivers of clients.

If you are interested in being a member, please call one the Access Centre's three offices for a free membership kit and application form:

Kingston (613) **544-7090** ▮ Napanee (613) **354-9755** ▮ Northbrook (613) **336-8310**