KFL&A COMMUNITY CARE ACCESS CENTRE

# Third Annual Report

about home health care and long-term placement

## making the move to a new and safer home

Sometimes it's clear that it's time to move into a long-term care facility, and sometimes it's not.

Janet Swaine's father has Alzheimer's. For five years, he remained at home with his wife, Janet's mother, and they coped reasonably well. Things changed a while ago, when Janet's mother was diagnosed with cancer. Rachel St. Jean, a nurse and care manager with the Access Centre's oncology and palliative team, visited Janet's mother to prescribe the health services she needed. She also called in another care manager, Pauline deVette, who is with the gerontology team. Pauline arranges services to help people stay or care for someone at home, as well as admissions to long-term care facilities.

Rachel and Pauline advised the family about their options, meeting with Janet, her mother and her brother and sister from Montreal. Together they devised a plan. Janet's dad would remain at home, but the family and the Access Centre would complete all the paperwork required for him to move into a long-term care facility in case he had to move suddenly. His name went on the Access Centre's "on hold" waiting list for long-term care. Pauline provided information about the long-term care facilities in the area along with contact names for arranging tours.

"There was no urgency," says Janet. "Mum wanted Dad to stay at home as long as possible, but we thought we should be ready for him to move when the time came."

It came suddenly. A few months before their 60th wedding anniversary, Janet's mother's cancer worsened. Looking after her husband was no longer an option, so Janet called the Access Centre. Pauline moved Janet's father's name to the crisis list and, shortly after, he went into a nursing home. Janet had expected that her mother would live with the Swaine family for some time, but her condition deteriorated rapidly. Rachel and Janet's mother's physician helped arrange an admission to St. Mary's of the Lake Hospital almost right away. Rachel visits her there, which, Janet says, her mother really appreciates.

"The Access Centre's services were a godsend," says Janet. "There are no words to describe the expertise there. Rachel was outstanding and Pauline was so insightful. The fact that I was dealing with both parents at the same time was very challenging. I could not have done it without them."

The situation was different for Catherine Patterson Kidd's widowed mother. She had lived alone and in the same apartment for 30 years in Kingston, and that's where she wanted to stay. Five years ago, at the age of 95, she broke her hip and started receiving personal-support services from the Access Centre.

"She was a very independent, self-sufficient type of person," says Catherine, who came down from Ottawa nearly every weekend for five years. "My mother was determined to do things for herself. To this day, people call her feisty."

About two years ago, when Catherine's mother was 98, the family noticed that her mental acuity was slipping a little, though she was not incompetent. She was very clear about her intent to remain at home, but her eyesight was failing and she needed a walker to get about her apartment. Safety was a

See **move**, *page 2*

## Welcome

Welcome to the KFL&A Community Care Access Centre's third annual report. The Access Centre is your hospital without walls, arranging nursing and support wherever you need it – at home, at school or in other places in the community. The Access Centre also arranges for people to live in long-term care facilities. The board and staff of the Access Centre hope this report will enhance your understanding of where to turn for help and how they manage home health care on your behalf.

# executive message

*Board chair Tom Plunkett*

We have now been in operation for three full years, managing publicly funded health care wherever people live in our community. Our resources are limited, and our biggest challenge continues to be finding that fine balance between compassion for our patients and accountability for public funds.

To this end, one of our most exciting initiatives has been the development of eight specialized teams that prescribe and manage various kinds of care and rehabilitation. These teams are now well established, and our clients can be assured that their care managers, and the people who support them, have the knowledge and experience to expertly manage their care.

Specialization has also enabled our teams to solve long-standing problems. Both our pediatric and gerontology teams, for example, have reduced waiting lists for care. Our teams also identify areas of our operations and services that can be improved and they test and apply solutions – right away. The strengths of our new approaches are acknowledged beyond the Access Centre. Our care managers and other staff are invited to share their discoveries and innovations at symposiums and other forums throughout the region and the province.

Our next step in improving patient care was to restructure our management, information and other systems to better support our care teams. In this coming year, we will consider the appointment of a client advocate for our clients and their families. The client advocate would help our organization build on successes and respond rapidly, fairly and effectively to problems.

All of these innovations will help us achieve our goal of providing the best possible care with available resources.

*Chief executive officer Nancy Sears*

## move *continued from page 1*

prime consideration. The Access Centre increased her home support. Pauline deVette was her care manager.

"By her 100th birthday this past May," says Pauline, "she was receiving personal support every day. It included help getting dressed and getting her medicine on time to having a bath sometimes twice a week." Her family provided extra support.

This might have continued, but just after her birthday she suffered what was probably a small stroke. She was confused and it was impossible for her to remain at home. Now she had to move.

A year before, Catherine's mother had reluctantly allowed her name to go on the Access Centre's "on hold" waiting list for long-term care. Now, Pauline moved her name to the "active" waiting list. When a room became available, it happened to be in the nursing home she had as her first choice, and she moved in.

Catherine says she's sad that her mother was not able to live out her life in her own place.

"On the other hand," she says, "we certainly would not have kept it all together without all that help from the Access Centre, and I am grateful. What I admired about the Centre's staff was how very respectful, sensitive and compassionate they were to my mother as they presented the alternatives, listened to her and gently suggested she would have more help and be well taken care of if she moved. They were very professional in their attitude toward all of us."

Catherine's mother is settling into her new home, where they continue to refer to her as "feisty."

# Research helps us deliver

How do care managers decide who needs services and what services to prescribe? The answer is far from clear because little research has been done to guide care managers in their work. At the Access Centre, we're trying to change that by collaborating in research. We're applying the results in our daily work and sharing our findings with other home-care organizations that are struggling to use limited resources more effectively.

In 1998, we asked Queen's health-service researchers to begin studying the effects of cuts to home support on clients and caregivers. The study, conducted by Karen Parent, Malcolm Anderson and Christian Keresztes, is helping to identify the characteristics of clients who face the greatest risk of declining health or loss of independence when home support is not provided. The first of its kind in Canada, this study will have applications across the nation.

The Access Centre was also asked by Canada's pre-eminent health policy institute, the Canadian Institute for Health Information, to participate in a national study. The project will develop and test national indicators for demographic and diagnostic characteristics of home-care populations, costs and distribution of services. These indicators will help health authorities such as the Access Centre better measure, assess and manage home-care systems.

*Karen Parent and Malcolm Anderson of Queen's University are conducting research that will help care managers decide which clients need home support the most.*

The Access Centre is involved in or planning many other kinds of research, including studies of:

- bereaved spouses who have been involved in palliative care
- symptom control medications for palliative patients
- geographic information systems for matching clients to services
- assessing clients via video conferences
- integrating medical records across health sectors
- follow-up at home for clients needing respiratory rehabilitation

## Financial summary

### Financial position

*for the 12-month period ending March 31, 2000*
*(in thousands)*

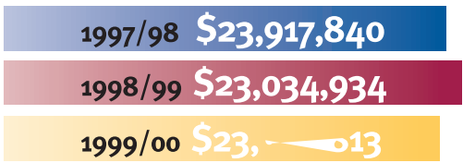
| | |
|---|---|
| current assets | $3,049 |
| capital assets | 185 |
| **Total** | **$3,234** |

*Audited financial statements are available upon request.*

### Liabilities, deferred capital contributions and deficit

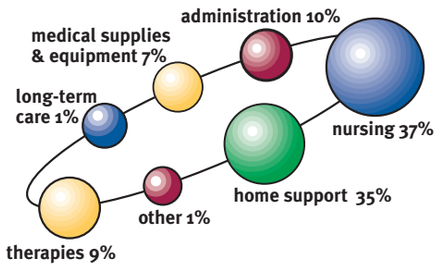
| | |
|---|---|
| current liabilities | $2,824 |
| deferred revenue | 382 |
| deferred capital contributions | 185 |
| deficit | (157) |
| **Total** | **$3,234** |

## Funding



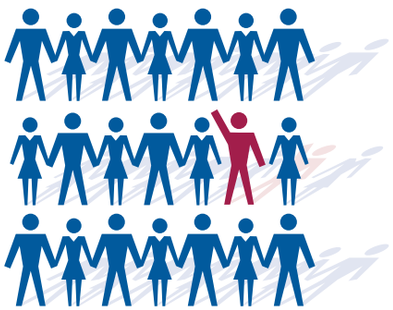

Annual variations are primarily due to special one-time grants from the province. In 1999/00, additional operating funds of $456,812 were added to the base budget by the province.

## Expenditures



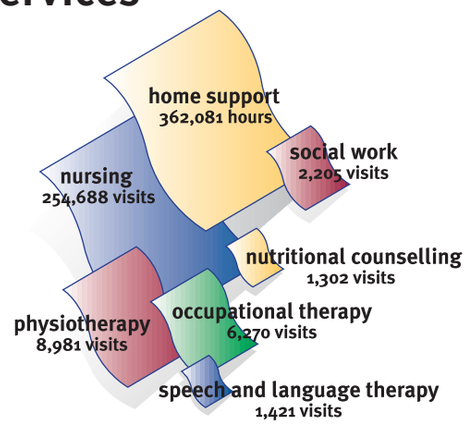

Expenditures totaled $24,133,944. Ninety per cent was for patient care and 10 per cent was for administration.

## Clients



The Access Centre served more than 8,500 people and their families. That's about one in every 21 people in our jurisdiction.

## Services




# *Donations welcome*

We are able to meet most of our patients' health-care needs with funding from the Ontario Ministry of Health and Long-Term Care, but every day our staff encounter people who have some unmet health-care needs. That is why we created a charitable fund. As a non-profit agency and registered charity, we are able to accept donations and issue tax-deductible receipts. A committee of the Access Centre's directors and members considers requests and allocates money from our charitable fund to those who need it most. Allocations vary widely in nature and cost.

With your contributions, we provided:

- wheelchair repairs to help a client move around
- compression stockings to control swelling in a palliative client's legs
- a long-handled reacher to enable independent living
- a hands-free hair dryer to enhance independence
- a raised toilet seat to increase ease, safety and independence
- medical supplies for a client new to Ontario and not yet eligible for OHIP
- an automatic garage-door opener to give a young person with cerebral palsy independent home access
- overshoes and sheepskin booties to enhance safety and comfort for a client with a terminal illness who makes frequent trips to hospital
- taxi fare to enable a family with a terminally ill father to take family outings
- a chair lift to make it possible for a wheelchair-dependent client to live at home
- a cell-phone battery to give a client immediate access to 911 emergency service
- a gel-pad wheelchair cushion and toilet repairs to enhance comfort
- a wheelchair for a palliative client
- a cell phone to replace a more expensive personal alarm system
- a pager to alert the mother of a critically ill child in case of emergencies
- a medic alert bracelet for a critically ill child
- pressure stockings to alleviate edema in the foot of an elder who has had a stroke

In addition, we helped to provide:

- a ceiling-mounted lift to enhance safety for caregivers and client
- a transfer pole to help an elder who has had a stroke get in and out of bed
- a tub transfer bench to make it safer to get in and out of a bath for a person who has had a stroke
- a wheelchair with improved seating for a child with a neuromuscular disorder
- a ceiling lift for moving a child with neurological problems
- a personal alarm system to provide emergency communication for an elder living alone in the country

We extend heartfelt thanks to the following people and organizations who made donations to our charitable fund:

*Jane Alkenbrack • Luella Beckwith • Mr. and Mrs. George Berry • Mr. and Mrs. Richard Boulton • Greta Boven • Mr. and Mrs. Paul Burns • Beverley Corcoran • E. Capito • Mr. and Mrs. Campbell Crawford • N. Dejneha • Rita Donovan • Mr. and Mrs. Bruce Dodds • Wendy Elliott • Robert and Margaret Flindall • Pat Gaffney • Mr. and Mrs. Ben Lacombe • Donald and Lin Good • Mr. and Mrs. Dave Gray • Elaine Gray • Mr. and Mrs. James Holmes • Mr. and Mrs. Dave Huffman • Mr. and Mrs. Gordon Huffman • Kathy Huffman • L. Keech • Mr. and Mrs. E.F. Joyner • Beverly Kellar • Mr. and Mrs. Victor MacFarlane • Donna Malekos • Wray McLauglin • Mr. and Mrs. J.A. McLaren • Mr. and Mrs. Reg McQuay • Mr. and Mrs. J.W. McQuay • Mr. and Mrs. Ron Norris • J. Ross Oborne • J. Osinga • Mr. and Mrs. Barrie Parker • Tony Pascoal • Mr. and Mrs. Dwight Pera • Mr. and Mrs. Joe Pierce • Mr. and Mrs. Grant Price • Mr. and Mrs. Dennis Rattray • T.S. Robbie • Hazel (Bonnie) Sears • Muriel Snider • Mr. and Mrs. Jack Stacey • Charles Simonds • Mr. and Mrs. Glenn Simmons • Thelma Simmons • H. Smith • Helen Smith • Maria Speal • Katherine Sauve • Floyd Tuepah • Ursula Walsh • Ted Yateman • CUPE local 2175 • Goodyear Canada • Kingston Expert Tees • Warren Paving and Materials Group Ltd.*

# Q&A

## *What is the Access Centre?*

The KFL&A Community Care Access Centre manages health-care services in homes, schools and other places outside of hospitals. It also arranges for people to live in long-term care facilities and provides information about community services. It does not provide physician care but works closely with family doctors and hospital specialists. The Access Centre is one of 43 community care access centres in Ontario.

## *Who does the Access Centre serve?*

The Access Centre serves the 180,000 residents of Kingston, Lennox & Addington County and the Frontenac municipalities.

## *What services does the Access Centre arrange?*

- nursing
- personal care
- in-home support
- occupational therapy
- physiotherapy
- speech therapy
- medical social work
- diagnostic laboratory services
- medical supplies and equipment
- medical transportation
- house cleaning
- 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

## *Who pays for the services?*

The Access Centre's services are funded by the Ontario Ministry of Health and Long-term Care and provided free of charge to eligible residents who are admitted for care.

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

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

*Back row, from left, Tom Plunkett, Shirley Marsh, John Langton, Harold Clark, Joan Flieler and Charles Simonds. Front row, from left, Lin Good, Gaye Hill, Cathy Hunter and Barb Marlin. Rod Hughes and Elizabeth Staples are missing from the photo.*

# The board

The Access Centre is governed by 12 volunteer directors who come from rural and urban communities throughout the Access Centre's jurisdiction. They are committed to obtaining the highest possible quality of care for the people of this region. They are grateful to the staff of the Access Centre for their continuing dedication and to the following agencies that provided services to the Access Centre's clients in the fiscal year 1999-2000.

- AllCare Health Services
- ComCare Health Services
- HDH Child Development Centre
- Hospice Kingston
- KO2 Medichair
- Ongwanada
- Paramed Health Services
- Providence Continuing Care Centre
- Red Cross (Kingston)
- Respircare Inc.
- Victorian Order of Nurses

# give us a click! www.kfla-cc.org

Until you or someone you care about needs to live in a long-term care facility, you don't need to know how to make it happen, who runs them or what your rights are. The same applies to arranging special health-care services for children in schools – services such as rehabilitation or the kind of care that keeps kids with disabilities in the classroom with their friends. But now, when you do need to know, you can quickly learn about these and many other aspects of our community health-care system with the click of a mouse.

The Access Centre has launched a website to provide people with information when and where they need it. It doesn't offer advice about health, but www.kfla-cc.org does offer a lot of information about government-funded home health services, how to get care, how the Access Centre is governed and the part it plays within the health-care system.

"The Access Centre's services are crucial to the welfare of our clients," says Cathy Hunter, a member of the Access Centre's volunteer board of directors. "But to get them, you need to know that these services exist and where to call. We have an obligation to tell everyone in our jurisdiction about what we do so that people will know where to turn when they need help. Our website will help us do that. Our website is also an easy way for people to give us feedback on the services we provide."

Bringing **Health Care** Home