Bringing Health Care Home™

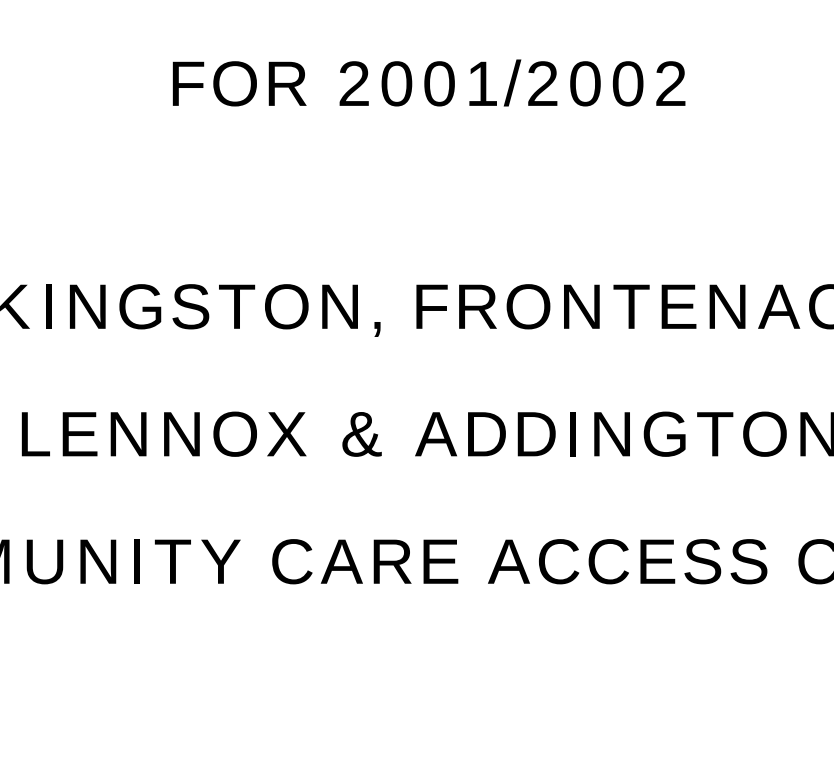
ANNUAL REPORT

FOR 2001/2002

KINGSTON, FRONTENAC,

LENNOX & ADDINGTON

COMMUNITY CARE ACCESS CENTRE



The KFL&A area population and health services has:

- A higher than average proportion of elderly residents than in Ontario overall.
- A higher proportion of rural residents than in Southeastern Ontario overall.
- A higher proportion of low-income families than in Southeastern Ontario overall.
- A higher proportion of lone parent families than in Southeastern Ontario overall.
- A higher proportion of individuals without high school diploma in the Lennox & Addington region, relative to Southeastern Ontario overall.
- Fewer hospital separations relative to Southeastern Ontario overall.
- A lower availability of long-term care beds in popular facilities located in Kingston and Frontenac.
- A relatively high availability of long term beds in less popular facilities located in Lennox and Addington.
- A lower turnover rate in long-term care beds relative to Ontario overall.

[1]

[1] all statements above were provided by the District Health Council or the Health Information Project (HIP)

INTRODUCTION

Honourable Tony Clement, Minister of Health and Long Term Care

The Kingston, Frontenac, Lennox & Addington Community Care Access Centre (KFL&A CCAC) is pleased to provide to you a review of our 2001/2002 fiscal year activities in "Bringing **Health Care** Home"™

The KFL&A CCAC is a non-profit charitable organization that provides one-window access to publicly funded health-care services, support and information to people outside of hospital settings. It serves the residents of the City of Kingston, the four Frontenac municipalities, the Town of Greater Napanee and the municipalities of Addington, Highland, Stone Mills and Loyalist. The KFL&A CCAC is responsible for the following activities:

- Providing service information about, and referral to community services;
- Determining whether people need and are eligible for KFL&A CCAC services or admission to a long-term care facility;
- Managing the budget for services;
- Designing individualized health-care plans for each client receiving services;
- Case managing of these customized health care plans;
- Selecting, through a Request for Proposal Process, provider agencies that will deliver services to the KFL&A CCAC clients.

The KFL&A CCAC serves daily about 3,500 people in their homes, in long-term care facilities, in schools, and in other locations outside of hospitals. The need for the KFL&A CCAC's services has grown in recent years due to improvements in medical technology, the restructuring of the regional hospitals and the trend toward shorter hospital stays and more home based health care. The KFL&A CCAC staff expect and have experienced the need for home-based health care to grow in both the numbers of individuals requiring home health care and the complexity of the individuals' health-care needs.

The KFL&A CCAC is part of the continuum of health services designed and paid for by the provincial government. To be an active part of the health care continuum, the KFL&A CCAC is a partner in the Southeastern Ontario Health Sciences Centre (SEOHSC), which also includes Kingston General Hospital, Hotel Dieu Hospital, Providence Continuing Care Centre, Queen's Faculty of Health Sciences, the Kingston, Frontenac, and Lennox & Addington Health Unit, and the Kingston Regional Cancer Centre. The goal of the SEOHSC is to provide seamless health care as people move between health and support services in hospital, homes and other facilities.

The KFL&A CCAC is also a member of the Health Care Network of Southeastern Ontario (HCNSCO). This network consists of all of the hospitals, CCACs and public health units in Hasting and Prince Edward, Lanark, Leeds & Grenville, and KFL&A as well as the Cancer Centre, District Health Council and Queen's University (Faculty of Health Science).

OVERVIEW OF THE KFL&A COMMUNITY CARE ACCESS CENTRE'S ACTIVITIES 2001/2002

Case Management Activities

Case management activities of the KFL&A CCAC are an integral part of the community care system for the acutely ill, the chronically ill, the disabled and the frail, elderly members of our population. With rapidly growing numbers of individuals needing care at home, case management activities address the challenge of matching complex client needs with services offered by multiple agencies and increasingly limited health care resources.

Referrals to the KFL&A CCAC may be initiated by health care professionals in a hospital, by anyone in the community, or by a self-referral made by the client or family and are responded to in a timely manner by the case management team.

The case management team is comprised of the following positions:

- Care Manager
- Care Co-ordinator
- Service Support Assistant

Care Managers

The key professional member of the KFL&A CCAC case management team is the care manager, an advanced primary practice health professional with expertise in community based care. The KFL&A CCAC has approximately 39 care managers who determine eligibility and design health care plans customized to the health care needs and living environment of each client admitted. The care manager reviews the medical information, social history and functional status of the client to determine service level needs. The health care plan is also developed in consultation with clients, their families, and other health care professionals involved in the provision of home health care to achieve the desired health outcomes. Care managers prioritize clients' needs relative to the needs of other clients.

Care managers link clients to services and resources in the community, and provide counselling and advice to individuals and families encountering the health care system. Some care managers of the KFL&A CCAC are based in local hospitals (Lennox & Addington County General Hospital, Kingston General Hospital, Hotel Dieu Hospital, St. Mary's of the Lake Hospital) in order to provide CCAC access to individuals who may require post-hospitalization health support services.

In summary, the care managers:

- Assess clients and determine eligibility for admission;
- Authorize all services;
- Prepare a plan of care in partnership with the client and caregiver;
- Ensure ongoing quality of the KFL&A CCAC purchased services by reviewing reports from service providers, management, discussions with clients and caregivers, multi-disciplinary conferences and conducting direct need reassessments in the client's residence;
- Are responsible for the overall direction of care and provide a single centralized contact point for each person receiving service and for the contracted service providers serving each client.

Care Co-ordinators

The care co-ordinator, a registered nurse, assures that the health care plans are carried out and urgent client needs are met. This role links a skilled health professional, knowledgeable about the client's health care plan with the client and/or the service providers calling the KFL&A CCAC. The care coordinator:

- Provides a consistent, reliable approach to the day-to-day logistics of coordinating the delivery of home health care services prescribed in the customized health care plans.
- Completes and consolidates client health care and status reports, provides the care manager with immediate access to client health care information necessary for rapid response in home health care services to meet the changes in the client's health condition and needs.

Service Support Assistants

Service support assistants complete the administrative tasks, allowing the care co-ordinators to dedicate their time to the more complex health care plan implementation tasks. The service support assistants:

- Are responsible for the effective arrangement and delivery of client health care services and organization, storage, and retrieval of client health information.
- Are assigned to specialized teams for the coordination of client health information and performance of case management support tasks; verification and input of client health service authorization and provider agencies service delivery information.

This team structure was undertaken to assure greater continuity of case management service, with an anticipated result of more consistent, efficient, and effective use of community health services purchased by the KFL&A CCAC.

Together, these team members ensure that the KFL&A CCAC reconciles the authorized health services for each client to the billings submitted by the contracted service agencies providing the direct client home health care.

A DESCRIPTION OF HOW THE KFL&A COMMUNITY CARE ACCESS CENTRE FULFILLED ITS MANDATE TO ITS CLIENTS AND ITS OBLIGATIONS TO THE COMMUNITY THAT IT SERVES IN 2001/2002.

Nursing Services

Nursing services, by regulated nursing professionals, are provided to clients with acute care and long-term care needs for nursing services based on assessments completed through the case management process.

Clients receiving nursing services have established goals within established time frames as part of their health care plan prescribed by the care manager. Clients may have single or multiple diagnoses, have a requirement for nursing services for multiple or complex needs and/or have conditions that impede their functional processes.

The KFL&A CCAC purchases nursing services from contracted service agencies. The following table indicates the volume of nursing visits provided to KFL&A CCAC clients April 1, 2001 - March 31, 2002.

Nursing Visits and Shift Hours

Per Team

Specialty Team	Nursing Visits ≤ 2 hours	Nursing Shift Hours › 2 hours
Cardio/Resp/Thoracic	13,547	423
GI/Diabetic/Surgical	43,543	427
Gerontology	14,151	106
Rehabilitation	22,712	6,065
Child and Family	405	17,519
Palliative/Oncology	22,281	2,533
Rural - Kingston	20,314	112
Rural - Napanee	36,595	326
Rural - Northbrook	11,926	16
Hospital	184	12

Nursing services:

Enable clients to be discharged from or avoid admission to an acute, chronic or rehabilitation hospital or long-term care facility;

Enable clients to remain in their own homes and community during periods of illness or recovery from injury and illness;

Enable clients to attain their highest level of independence despite physical disabilities; and/or

Assist caregiver/family with support.

Personal Care and In-Home Support Services

The KFL&A CCAC purchases personal care and in-home support services, which include but are not limited to personal care, respite care, assistance with activities of daily living, instrumental activities of daily living and essential housecleaning as authorized by KFL&A CCAC case management staff.

The following table indicates the volume of personal care and in-home support hours provided to KFL&A CCAC clients April 1, 2001- March 31, 2002

Personal Care and In-Home Support

Per Team

Specialty Team	Hours
Cardio/Resp/Thoracic	18,802
GI/Diabetic/Surgical	10,141
Gerontology	97,802
Rehabilitation	77,826
Child and Family	10,386
Palliative/Oncology	12,859
Rural – Kingston	33,964
Rural – Napanee	70,450
Rural – Northbrook	22,028

Personal support/home support worker:

Assists clients to remain in their own home and community;

Assists clients to attain their highest level of independence;

Assists caregiver/family/support network to sustain and/or expand their capacity to care for the client.

Therapy Services

The KFL&A CCAC arranges the following five therapeutic rehabilitation services.

Physiotherapy

Physiotherapy is the professional health discipline directed primarily at the prevention or alleviation of movement dysfunction. Physiotherapists (also called physical therapists) work with injured, post-operative and disabled clients by providing direct treatment and programs for clients and their families.

Speech/Language Pathology

Speech/language pathology is a professional health discipline provided to enhance a client's communication skills either verbal or through communication aids when the client's ability to communicate verbally has been impaired. Problems with swallowing are also treated by this therapeutic service.

Nutrition Counselling

Dieticians are health professionals providing counselling to clients and their caregivers regarding therapeutic diets. They work directly with clients and act as resources to other members of the team, providing detailed dietary information required to support a broad range of conditions and treatments.

Medical Social Work[1]

The social worker is responsible for working with clients who have medical-social problems, which deter rehabilitation or therapy. In addition, they provide counselling to clients and families with respect to suicidal ideation and family adaptation required from a loved one's altered health status.

Occupational Therapy[1]

Occupational Therapy is the professional health discipline directed towards maximizing independence in day-to-day functioning. Therapists work with clients in their homes to develop recommendations for adaptations to the home and for use of specialized equipment. Occupational therapists also offer advice to clients, whose ability to carry out tasks of daily living is impaired by illness, injury, disability, aging or psychological conditions, to guide their functioning at their maximum potential.

1 From October 2001 to March 31, 2002, limited Occupational Therapy and Medical Social Work services were avaible; due to Labour Relations Board application made involving the KFL&A CCAC.

Medical Transportation Services

Transportation of clients for medical or therapy appointments continues to be provided when no other means of transportation is available. This often includes the use of ambulance or other land-transfer vehicles for people on stretchers or in wheelchairs or those unable to walk unassisted.

The Provision of Medical Supplies and Equipment

Medical supplies and equipment are provided to clients with acute care or long-term care needs based on the goal of admission. These range from the simplest of gauze dressings to complex technology providing electronically managed narcotic infusions.

Medical equipment is provided upon identification of need and determination of appropriate payor. Equipment is rented until it is no longer needed, the client is discharged or the equipment is purchased (renting equipment long enough to reach the purchase price). Long-term rental periods assure that all clients requiring equipment have access to the equipment and can maximize their recovery/independence, reducing dependency on more costly personal care services.

Palliative Care Education Project (PCEP)

The purpose of the PCEP is to provide palliative care education for volunteers, semi-professionals (home support workers and health care aides) and professional personnel (nurses, therapists, administrators and others) who work in the area of community palliative care or facility-based long-term care. The PCEP is a cooperative project of 24 agencies providing community care, facility-based long-term care and/or volunteer care to persons requiring palliative care and their families in the City of Kingston, the four Frontenac municipalities and Lennox and Addington County. The mandate of the project is to offer educational programs on a district-wide basis according to identified learning needs and to utilize local expertise. In 2001/2002 several workshops were held for regional interest groups for palliative care, and palliative care education programs were held in long-term care facilities.

Admissions to Adult Day Services

Admissions to adult day services in Lennox & Addington County are managed by the CCAC. Eligibility and priority for the day services are determined by the care manager who assesses the merit of a day program for the clients in the context of the array of services available.

Managing admission to adult day services increases the efficiency of total care planning for clients. The care manager is able to suggest alternative services if a client is not eligible for adult day service. In addition the care manager knows the client's waiting time for service and is better able to plan for admission to a long-term care facility if the day service becomes insufficient to maintain the client safely in the community.

Admission to Long-Term Care (LTC) Facilities

The KFL&A CCAC care managers play a central role in the community and/or hospital in facilitating admission to a long-term care facility. They are responsible for completing the assessment from which eligibility and priority category is determined and for authorizing admission to a LTC facility. Care managers are the primary liaison professionals between the KFL&A CCAC and the LTC facilities**.**

Care coordinators and service support assistants collect essential documentation to support a client's application for admission. The care coordinators provide information about LTC facilities to clients/family, monitor the waiting lists for LTC facilities and offer available admissions when authorized by the care manager.

Information And Referral (I&R)

As defined in the Long Term Care Act, it is a mandate of the Access Centre to provide the general public with information about the services of the Access Centre, about other health and social agencies and their services, and to refer the public to other services available that may meet their needs.

To date, the KFL&A CCAC has entered 148 organizational profiles identifying 264 services into the database. This number includes all long-term care facilities within the Kingston, Frontenac, Lennox & Addington catchment area.

This activity will continue to be developed, consistent with the MOHLTC initiative,

for delivery of information and referral to the general public.

LIST OF ACCOMPLISHMENTS FOR 2001/2002

- The KFL&A CCAC completed an annual audit on each contracted nursing and personal care service provider. Based on the service standards defined in the service provider contracts, on-site quality audits were completed to ensure the quality care.
- The KFL&A CCAC contracted with Smaller World Communications to complete a client satisfaction survey of 500 KFL&A CCAC clients. The information was shared widely with the KFL&A CCAC and service agency management and staff to assist in the promotion of quality care. The KFL&A CCAC and contracted service agency specific findings were shared with each contracted service agency as part of the KFL&A CCAC and service agency collaboration towards continuous quality improvement.
- The KFL&A CCAC issued a Request for Proposal for the procurement of Medical Supplies and Medical Equipment. The process was completed and contracts were issued.
- The KFL&A CCAC negotiated a three-year collective agreement with CUPE.
- The KFL&A CCAC undertook an evidence-based assessment and management process, based on the Ottawa Venous Leg Ulcer Guidelines. The Wound Care Working Group, a multidisciplinary, cross-sectoral committee, elected to promote this protocol in the Kingston clinical community. The KFL&A CCAC took a leadership role, hiring a consultant nurse for one (1) year to implement and provide training to a specialty team of nurses with membership from all nursing service providers with KFL&A CCAC contracts.
- The KFL&A CCAC obtained funding from the Ontario Respiratory Care Society to implement and test a new hospital to in-home respiratory rehabilitation program. The program randomly assigns consenting patients undergoing respiratory rehabilitation at Providence Continuing Care Centre outpatient program to the study protocol or usual care at home for one year following completion of rehabilitation. It is expected that the program will help sustain the benefits of rehabilitation and reduce use of hospital emergency and inpatient services.
- The KFL&A CCAC established clinical guidelines for therapy services outlining the level of service expected for specific therapy services.
- The KFL&A CCAC established a service utilization-working group. Comprised of case management team members, the working group develops strategies and guidelines for better monitoring of service levels.
- The KFL&A CCAC established a quality framework, quality council and departmental quality committees. The quality program is based on the principles stated by the Canadian Council on Health Services Accreditation. Staff have embraced the quality process, identifying both quality issues and solutions through their respective committees.
- Capacity Model was established to ensure that service levels are sustainable by the operating budget. The KFL&A CCAC set a sustainable number of clients that it could serve. Clients were prioritized for admission based on urgency of need.
- The KFL&A CCAC was and continues to be actively involved in the implementation of standards and processes that fall within the community continuum of stroke care. The Heart and Stroke Foundation and the Ministry of Health and Long Term Care (Ontario) (MOHLTC) have developed a regional Coordinated Stroke Strategy Implementation Steering Committee, and hired a Regional Stroke Strategy Coordinator to begin the process of integrating all stroke services in this region.
- The KFL&A CCAC participates in the Infolink management committee and the two subcommittees established. The Health Care Network of Southeastern Ontario established a management committee to oversee a project "Information Link Alliance" for establishing mechanisms for examination of information sharing between publicly administered health care organizations and providing leadership in the development of the implementation of solutions to address the requirements of information systems connectivity.
- The KFL&A CCAC is a partner in the Palliative Care Integration Project and will be involved in the first cross-sectoral demonstration project for health care delivery in a high needs population. The experience of this cross-sectoral project will be utilized to broaden the integration into both the eastern and western portions of the network area.

The Palliative Care Integration Project, as a whole, is a project developed by members of the Health Care Network of Southeastern Ontario, with participation and support from Hospice Kingston. The purpose of the Palliative Care Integration Project is to implement a single symptom assessment tool and protocol for palliative care patients and to develop cross-sectoral clinical care pathways for two symptoms—pain and dyspnea.

The KFL&A CCAC developed and implemented a system to advise applicants to LTC facilities, whose names were at the top of a waiting list, of the likelihood of an admission offer in the near future. Their pre-consent to admission was acquired and arrangements were finalized so they could actually move into the facility the day the admission became available, a process titled "next in waiting". Those who were not ready to be admitted to a facility were placed "on-hold".

- The KFL&A CCAC continued collaboration with Geographic Information Systems Laboratory at Queen's University to develop baseline data for service mapping, geographical information for planning, and geographic boundary definition for service contracts and service territories.
- The KFL&A CCAC introduced a ten (10)-station computer-training centre for staff. Online training is available for skills required for expanding computer utilization in the KFL&A CCAC setting.