COMMUNITY CARE ACCESS CENTRE
Kingston, Frontenac and Lennox & Addington

Sixth Annual Report

about home health care and long-term care admissions

WELCOME

Welcome to the KFL&A Community Care Access Centre's sixth annual report. The Access Centre provides nursing and other health services wherever you need them outside of hospital. It also arranges for people to live in long-term care facilities and provides information to the public about community services. It does not provide physician care but works closely with family doctors and hospital specialists. It is one of 42 non-profit community care access centres in Ontario funded through the Ontario Ministry of Health and Long-Term Care.

The board and staff of the Access Centre know that its operations are crucial to the welfare of the people it serves and to the health and well-being of their families, friends and communities. Through this report, they hope to enhance your understanding of where to turn for help and how they're managing local home health care on your behalf.

For more information about Access Centre services and operations, please call any of its three offices at:

Kingston (613) 544-7090
Selby (613) 388-2488
Northbrook (613) 336-8310

Managing to stay at home

Kathy Rolland's father, 89, still lives in his home. Her aunt, 94, lives in her home also. They couldn't do it without help, as both have significant medical problems, but home is where they want to stay and home is where Kathy is determined they will remain.

"That's our care plan," she says.

The help they get comes from Kathy, who is their primary caregiver, and from the Access Centre, which provides them with nursing and personal support services.

About 50 per cent of the Access Centre's clients are over 75; 20 per cent are over 85. Like Kathy's relatives, many are still living at home and want to stay there as long as possible. They've become clients of the Access Centre because they need health care and can no longer stay safely at home without help. Kathy's father has congestive heart failure and osteoarthritis. Kathy's aunt is going blind; her dementia is increasing; and strokes have limited her mobility.

When people need health care and it's no longer safe for them to live alone or their situation has become too complex or difficult for a spouse or other relative to manage without help, they, a family member or their doctor can call the Access Centre. A case manager will go to their home and assess their needs. If the Access Centre can help, the case manager prescribes a plan of services. The plan may enable the ailing person to stay at home a while longer.

Kathy's father is visited once a week by a nurse who checks his vital signs and has, several times, caught a deterioration that prompted quick preventive medical action.

Her aunt gets a weekly visit from a nurse, plus two daily half-hour visits from a personal support worker. In the morning, the personal support worker helps her start her day and puts on her embolic stockings. Before supper, she returns, removes the stockings and gets her ready for bed. Kathy does all her aunt's personal care, which includes bathing, laundry, meals and whatever else is required. Her father can manage his own personal care.

Kathy spends two to three hours a day with them both.

"It's a family tradition on both sides," she says. She and her father looked after her mother before she died, and her grandmother also did the same for her grandfather.

Kathy readily acknowledges that most people don't have the time or resources to plan their life around elderly relatives' needs as she does.

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REACHING OUT

The Access Centre's gerontology team manages Kathy Rolland's relatives' home care. The gerontology team has six case managers and four team assistants. Altogether, they manage the home care of about 800 clients at a time, sending nursing, personal support and therapy services to assist their clients wherever they live.

"Our financial resources are very tight," says case manager Marg Uliana, "so we have to make very difficult decisions about what kinds of services we can provide and in what quantity. It's a matter of balancing services among people with greater and lesser needs. It's tough."

Case managers also work with other organizations in the community to co-ordinate activities. They include the Dementia Network, the Geriatric Triad, the Elder Abuse Task Force, the Mental Health Coalition and the Falls Coalition.

They make presentations in the community about various aspects of the Access Centre's activities, including advance-service planning and the process of moving into a nursing home or home for the aged.

For information about arranging a presentation, please contact executive secretary Doris Lockhart at (613) 544-8200, extension 114.

Bringing **Health Care** Home™

Executive message

Chair of the board of directors Carole Weir

The year from April 2002 to March 2003 can be summarized as one of re-establishing stability after months of internal changes.

The KFL&A board of directors was reconstituted in the fall of 2001 as a result of the introduction by the provincial government of a new governance structure, standardized accountability measures and performance standards for all access centres. The board worked with its interim executive director, Jacqueline Redmond, adapting these initiatives to local conditions and supporting her valuable "stay the course" leadership. The board also recruited two more members to complete the board membership and, by year's end, a new executive director as well.

Nursing and personal support continued to be the main services provided through the Access Centre. Home-based nursing is becoming more essential as advances in technology enable people to receive more and more complex health care in their homes instead of staying in hospital. Personal support continues to be a vital service as aging seniors become more fragile.

An issue for some clients this year was the government's new policies governing moves into nursing homes and homes for the aged. From now on, only the names of those ready and willing to move as soon as a bed is available will be put on waiting lists. They will not be considered for the waiting list until they are really ready to move.

The Access Centre completed the year with a budget surplus, notwithstanding financial pressures. That was not a desired result. It came about chiefly because the Access Centre was unable to purchase all the therapy services it had budgeted for – and its clients needed – because of the shortage of therapists working in the community.

Despite the year's challenges, the board and staff of the KFL&A Access Centre maintained their primary focus of ensuring that the people of Kingston, Frontenac and Lennox & Addington received the best community health care available. Their commitment to this goal continues.

Executive director Allen Prowse

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"They have children and jobs and all sorts of other responsibilities," she says. "When you're in this situation, the most important thing I can say is: Don't try to manage alone. I have a great support network, among the family and within the health-care system, and we have a wonderful case manager at the Access Centre. I can't say enough about her."

When it's no longer safe for a person to remain at home, even with extra help, the case managers of the Access Centre can provide advice on alternative living arrangements. The Access Centre manages admissions to nursing homes and homes for the aged. Case managers determine people's eligibility for admission, if they are willing and ready to go, and assist them and their families through the admission process.

Research helps us do our jobs better

Venous leg ulcers are notoriously difficult to heal, and their care is a big part of community nursing. But the treatment – the essence of which is wrapping the lower leg in compression bandages – is tricky to get right.

This year, the Access Centre participated in a research study with Queen's University and the access centres in Ottawa, London and Waterloo that introduced a new evidence-based treatment protocol for venous leg ulcers.

The study's goal is to help ensure that clients receive the most effective therapy early in the course of their treatment, which will help speed the rate of healing.

The KFL&A Access Centre has had strong relationships with the research community for several years in the belief that information collected and analyzed in a rigorous and scientific manner ultimately results in better outcomes for clients. The leg-ulcer study is just one. The Access Centre is involved in or planning many other kinds of research, including studies of:

- follow-up at home for clients needing respiratory rehabilitation
- follow-up therapy at home for clients who've had stroke
- a new integrated approach to palliative care
- geographic information systems for matching clients to service providers
- integrating medical records across health sectors

A client's leg is wrapped as part of a research study about improving treatment for venous leg ulcers.

Key statistics 2002/03

FINANCIAL SUMMARY

FINANCIAL POSITION
for the 12-month period ending March 31, 2003

current assets	$2,723,637
capital assets	207,027
total assets	**$2,927,664**

Audited financial statements are available on request.

LIABILITIES
and deferred capital contributions

current liabilities and deferred revenue	$2,094,176
operating surplus	335,690
total liabilities and deferred capital contributions	**$2,927,664**

FUNDING

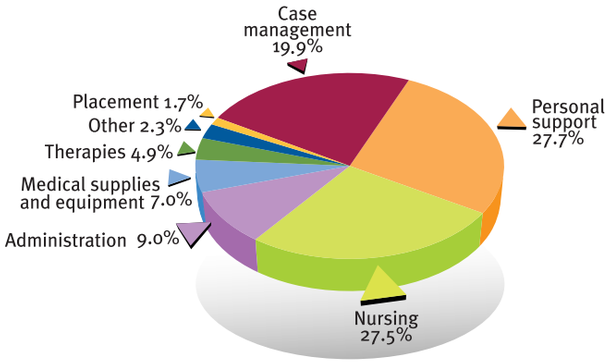
provincial funding *(including one-time special-projects funding $461,836)*	$24,785,742
other revenues *(including deferred capital contributions)*	203,184
total revenue	**$24,988,926**

Clients

The Access Centre served more than 8,828 people and their families. That's about one in every 20 people in the area. On any given day, about 3,000 people were in the Access Centre's care. It helped 628 people find a new home in a nursing home or home for the aged.

Expenditures

In 2002/03, expenditures totaled $24,988,926. Purchased patient services accounted for 67.1 per cent of the budget, 21.6 per cent for case management and long-term care admission services and 9 per cent for administration.



Services

The services managed for clients in Kingston, the Frontenac municipalities and Lennox & Addington County were:

nursing	207,598 visits
physiotherapy	7,359 visits
occupational therapy	2,733 visits
speech therapy	1,937 visits
nutritional counseling	877 visits
medical social work	114 visits
personal support	373,043 hours

Donations welcome

The Access Centre was able to meet most of its clients' health-care needs with funding from the Ontario Ministry of Health and Long-Term Care, but every day the staff encounter people who have some unmet care needs. For that reason, the Access Centre created a charitable fund. As a non-profit agency and registered charity, it can accept donations and issue tax-deductible receipts.

This year, with your contributions, it provided funding to:

- make repairs to a mask for use with a Bipap breathing device for a palliative client suffering from ALS. The Access Centre is not allowed to pay for repairs of any kind.
- contribute to the purchase of a wheelchair for a client with many health problems, including spina bifida, which has rendered him paraplegic.

The Access Centre extends heartfelt thanks to the people who made donations to the charitable fund in 2002/03: *Gerald and Shirley Acorn, James and Betty Anderson, John Balan, Rudolph Baltruweit, Clifford Brown, Donald and Christine Clark, Eileen and Tony Dunleavy, Diane Duttle, Nancy Folger, Mr. and Mrs. Angus Froats, Stanley Goleski, Jim and Gail Kelly, William and Bonnie Kornylo, Keitha Lake, Ron and Fran Mack, Anita Martin, Pat McGregor, Sharon McLean, M&M Meat Shops (Ottawa area), Cindy Mills, M.A. Milne, Mr. and Mrs. Robert Monette, Harold Powell, Charlean Senior, Rheal Struthers, David and Linda Synott, Gerald Watson, Alice White and Bert Winter.*

Additional contributors wish to remain anonymous.

Thanks

The board of directors of the Access Centre is grateful to the staff for their continued dedication to ensuring that the people in Kingston, Frontenac and Lennox & Addington have the best home health care possible.

The board thanks the Access Centre's health-care partners – the four hospitals and 10 nursing homes and homes for the aged in the area – for their co-operation. It also thanks the organizations with which the Access Centre had contracts for purchased services.

In the fiscal year 2002/03, these were:

All Care Health Services Limited	$3,189,528
Comcare (Canada) Limited	$1,289,969
Hotel Dieu Hospital (Child Development Centre)	$ 237,048
Paramed Home Health Care	$3,271,684
Providence Continuing Care Centre	$ 733,707
Canadian Red Cross	$1,183,301
Victorian Order of Nurses – Eastern Lake Ontario Branch	$4,766,564
Kingston Oxygen Home Health Care	$ 890,276
Medigas Praxair	$ 576,479
Independent therapists	$ 224,490
Community Living (home school)	$ 13,680
Private schools	$ 6,434

Helping people move

between different parts of the health-care system

When people get sick, they may receive care through a wide variety of organizations: hospitals – acute and chronic – access centres for at-home care, nursing homes and homes for the aged and community-support agencies. (These are agencies directly funded by the province such as Meals on Wheels and adult Alzheimer day programs.)

Unfortunately, a person's journey through the health-care system can be bumpy, so the government has mandated that all access centres establish community advisory councils that bring representatives of the various health-care sectors together.

Their job is to identify system problems and work together to resolve them. For example, in order to improve communication with family physicians, the KFL&A Access Centre's council recommended the establishment of a Medical Practice Committee with physician members. This has been set up, and it works actively, sorting and solving issues as they arise.

Members of the KFL&A Access Centre's Community Advisory Council include the following representatives:

- **hospitals:** Maureen McGuire, Providence Continuing Care Centre; Eleanor Rivoire, Kingston General Hospital
- **community support agencies:** Karen Gill, Alzheimer Society; Marian McLeod, Canadian Hearing Society
- **long-term care facilities:** Elizabeth Fulton, Fairmount (municipal); Marilyn Benn, Extendicare (for-profit)
- **KFL&A Access Centre:** Diane Duttle, chair; Carole Weir, chair of the board of the Access Centre; Allen Prowse, executive director.

Board of directors

The board of directors governs the activities of the Kingston, Frontenac and Lennox & Addington Community Care Access Centre. The directors, all volunteers, were appointed by the province in 2002. They are, from left to right: (back) Beth Staples, Hélène Ouellette Kuntz, Peter Radley, Diane Duttle, Stan Collins; (front) Bev McLellan, Chair Carole Weir, Rod Hughes.

Answers to frequently asked questions

What services does the Access Centre provide?

- case management
- nursing
- physiotherapy
- occupational therapy
- speech therapy
- personal support
- caregiver respite
- medical social work
- diagnostic laboratory services
- medical supplies and equipment
- medical transportation
- nutritional counseling
- Ontario drug benefits
- information about and admission to nursing homes and homes for the aged
- admission to some adult day centres
- information about health-care and support services in the community

Who pays for the services?

Your taxes pay for the services. The Ontario Ministry of Health and Long-Term Care funds the Access Centre's services, which are provided free of charge to eligible Ontario residents.

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
Selby (613) 388-2488
Northbrook (613) 336-8310

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

What is a case manager?

Just as doctors assess your needs in hospitals or in their offices, case managers assess your needs for health care at home and at other locations in the community. The Access Centre's case managers are registered nurses who are qualified to assess needs and plan for health services 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 Long-Term Care and the Access Centre. To be eligible for care, you must have a valid Ontario Health Card. You may also need to have a greater need for health care relative to others in the community. This is because the Access Centre does not always have enough financial resources to meet everyone's demands for services. As a result, the Access Centre must allocate resources to those who need health services the most.

Who provides the care?

Access Centre staff manage and arrange your services, but they do not provide it directly. Instead, your services are provided by employees of nursing and other agencies that have contracts with the Access Centre. The Access Centre pays the agencies for the care they provide to you, the Access Centre's client, and oversees the delivery of care.

What is personal support?

Personal support refers to assistance at home that helps you recover from illness or continue to live at home when you can't fully care for yourself. Personal support includes such tasks as light meal preparation and help with bathing, toileting or dressing.

What is long-term care?

Long-term care is provided in a nursing home or a home for the aged when people can't care for themselves at home, even with help. The Access Centre manages admissions to the 10 long-term care facilities in its area. To apply for admission when you are ready to move, call an Access Centre office or have your doctor, a family member or a friend call on your behalf.

A case manager from the Access Centre will meet with you to help you with the application process. Your case manager will arrange your admission to a nursing home or home for the aged when a bed becomes available.