

Annual activity report 2001 - 2002

Renfrew County Community Care Access Centre

Report of the CCAC board chair and executive director

Without a doubt this past year was most significant, proving to be an historical year for community care access centres across Ontario. The government's decision, under the Community Care Access Corporations Act, 2001, to create the centres as new statutory corporations has made a fundamental change to the governance of the centres. The impact of these changes along with other contributing factors resulted in a challenging year for the Renfrew County Community Care Access Centre (RCCCAC). Progress in achieving the objectives of the organization is detailed within the report.

According to the schedule established in 1996 with the creation of CCACs, a review of community care access centre operations was conducted.

The long-awaited PricewaterhouseCoopers report was released in December 2000. The results of this report, coupled with the financial pressures facing CCACs, set the stage for change. In December 2001, the government introduced Bill 130, the Community Care Access Corporations Act, 2001, to reform the CCACs. On February 16, 2002, CCACs became statutory corporations that are recognized by the government as an important component of the health care system in Ontario. Under the act, board members, the board chair and the executive director are all appointed by order-in-council.

The CCAC reform goals affect four major areas of CCACs. These areas include: placement regulations, governance reform, case management, and business administration.

The CCAC reform, with its inherent expectation for standardization, demands that each CCAC make major changes in the way it conducts business. Planning is already underway at the RCCCAC to ensure compliance with the reform initiatives.

During fiscal year 2002-2003 we will also focus our

energy towards developing case management as a service. Additionally, we will be enhancing the information and referral core function in our role as a health care system navigator.

We fully acknowledge the magnitude of the reform changes for our staff and recognize that their full contribution is vitally important for success. In the upcoming fiscal year we will be striving to reach the right momentum of change to optimize the benefit of the reform for all stakeholders.

We want to express appreciation to the staff of the Renfrew County Community Care Access Centre. Through the commitment and dedication of management and staff we have been able to balance an incredible number of challenges while continuing to provide quality service to our clients.

We would like to take this occasion to formally thank the members of the Renfrew County CCAC Board of Directors who served over this fiscal year. Thank you to those who served prior to Bill 130, and to those who are presently serving. The dedication and support of this group of volunteers is truly commendable.

In closing, it has been a pleasure to work with board members, management, and staff throughout this interesting year at the RCCCAC.



**Harry
Mayhew, left,
Board Chair
and Remy
Beaudoin,
Executive
Director**

Progress in achieving objectives

1) To operate under a balanced budget

The initial budgeting process for fiscal year 2001-2002 projected a significant deficit. With increased costs and capped funding, the RCCCAC had to reduce expenses by approximately \$2.5 million in order to balance the budget for the fiscal year.

A recovery plan, primarily focused on reducing homemaking services, was implemented in May 2001. By the end of July 2001, homemaking service levels reached target and were maintained for the remainder of the year. The RCCCAC ended the fiscal year within budget.

2) To implement the government's divestment policy

Government policy states that CCACs are to divest themselves of direct service provider staff. In order to implement this policy, a committee of the RCCCAC met numerous times to develop the request for proposal (RFP) for the divestment of therapy staff. The committee met the target of April 2002 for the issuing of the RFP. The RCCCAC has approximately 25 therapists on staff. These employees provide occupational therapy, physiotherapy, speech language pathology, dietetics, and social work services.

Should this RFP process result in an acceptable proposal, the RCCCAC staff therapists could be divested by the end of October 2002.

3) To provide information and streamlined services consistent with our client profile and geographic diversity, in collaboration with our partners

- The information and referral team has completed the inputting of resource data.
- The budget was decentralized as per client service programs. Managers are now determining the allocation of resources per program.
- Cross training between placement coordination services (PCS) coordinators and case managers has been completed.
- Planning is in progress to redesign central intake for the purpose of triage.

4) To establish and monitor quality standards to achieve and maintain accreditation status

- An action plan was formulated to respond to the findings of the 2001 client satisfaction survey conducted by Smaller World Communications. Planning for a follow-up survey will begin in the fall of 2002.
- A quality steering committee was established to encourage and support the process of continuous quality improvement across all dimensions of the CCAC including contracted service provision.
- Multidisciplinary program teams have been established within client services and have formulated priority goals to ensure quality client service.

- Accreditation teams have been identified and a shared database for the AIM standards has been established.
- A reporting schedule was established to demonstrate compliance with board policies.
- Standing policies and procedures have been reviewed and revised and new policies and procedures implemented across the organization to recognize the ongoing changes within the community health care sector and within the CCAC. Client services policies and procedures are available on-line for CCAC staff.
- Evaluation reports for all contracted service providers have been issued and follow-up action plans received and implemented.

5) To explore and implement strategies to attract and retain human resources

During fiscal year 2001-2002, progress was made on the following human resources issues:

- a) **Pay Equity** - All pay equity plans were completed, required retroactive payments were made, and pay gaps were closed.
- b) **Performance Management** - A professional development tool was selected and enhanced for use in the RCCCAC. An implementation plan was completed,

The RCCCAC board of directors

RCCCAC Board Members Fiscal Year 2001/02

Joan Booth
Myrtle Bromley
Mervin Buckwald
Peggy Dick
Judith Kelly
Harry Mayhew
Karen Payne
Roy Reiche
Sheila A. Schultz (Chair)
Colleen Whittier

RCCCAC Board Member Appointees (term runs one year from date of appointment)

Joan Booth
6/12/02 - 6/12/03
Bob Gould
3/20/02 - 3/20/03
Bruce Leclaire
3/20/02 - 3/20/03
Shirley MacDougall
3/20/02 - 3/20/03
Harry Mayhew (Chair)
2/16/02 - 2/16/03
Roy Reiche
2/16/02 - 2/16/03
Andrew Simms
4/3/02 - 4/3/03

including timelines for training and piloting of the tool. Managers began scheduling one-on-one meetings with all staff.

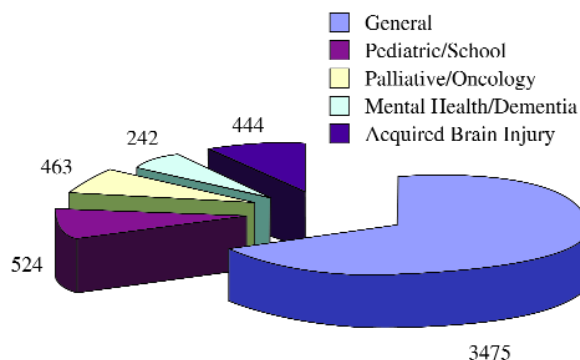
- c) **Collective Agreement Negotiations** - Negotiations with both unions (OPSEU local 481 and OPSEU local 476) were in progress during the year with OPSEU local 481 being successfully completed shortly after the end of the fiscal year.
- d) **Leadership Training** - Results-centred leadership training was completed for management staff with the subsequent implementation of selected key principles including one-on-one meetings with employees to set mutual goals and expectations.
- e) **Occupational Health and Safety Training** - The six certified members of the Occupational Health and Safety Committee completed "Certification Two" (workplace-specific) training.
- f) **Privacy** - The RCCCAC began planning for the introduction of new privacy legislation expected in 2003 or 2004.

6) To optimize internal and external communication and information technology

Communication was improved with information technology changes as follows:

- Improved connectivity with branch offices allowing for one consolidated client database;
- Expanded e-mail (external and internal) and internet accessibility to include most staff and provided basic training;
- Relocated to the virtual private network for CCACs allowing for confidential information to be sent between CCACs;
- Initiated RCCCAC website redesign;
- Established shared drives and public folders used to allow staff simplified access to policies, board minutes, and CEO briefs;
- Began compiling information and referral database, to be completed by June 2002.

CCAC in Renfrew County: Number of clients served, fiscal year 2001/2002



7) To inform the community of CCAC role as a partner in providing service

- Published and disseminated quarterly 1,500 issues of **Keynotes** newsletter (newsletter for the RCCCAC) to stakeholders and partners.
- Actively participated within health care/community groups.
- Completed strategic planning process inclusive of partners.
- Released CCAC Annual Report in September 2001.

8) To partner for the purpose of advocating health care/services

The following projects were implemented:

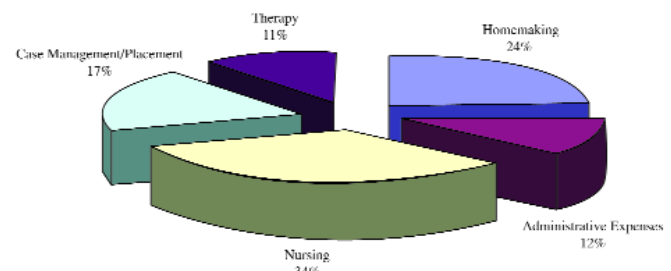
- Assessment for adult day services
- Community Support Advisory Project
- Renfrew County Interagency Care Pathway
- Renfrew County Wound Management
- Renfrew County Rehab Network
- Geriatric Outreach Program with Renfrew Victoria Hospital
- Nursing Care Centre
- Out-of-Home Respite for Medically Fragile Children
- Renfrew County Health Care Forum

9) To participate in health care research initiatives

Actively participated in the following project/steering groups:

- Traumatic Brain Injury Initiative (Eastern Region)
- District Health Council Stroke Initiative
- Long-Term Care Francophone Project
- Child and Youth Services

CCAC in Renfrew County: Expenditures by service, fiscal year 2001/2002



CCAC in Renfrew County: Services provided, fiscal year 2001/2002

Case Management	5,148	individual clients served
Homemaking	172,940	hours 2,093 clients
Nursing	96,774	visits 3,590 clients
Physiotherapy	5,291	visits 1,354 clients
Occupational therapy	4,369	visits 1,088 clients
Social work	898	visits 180 clients
Speech language pathology	1,847	visits 293 clients
Nutrition	1,201	visits 420 clients
Placement services	668	closed cases

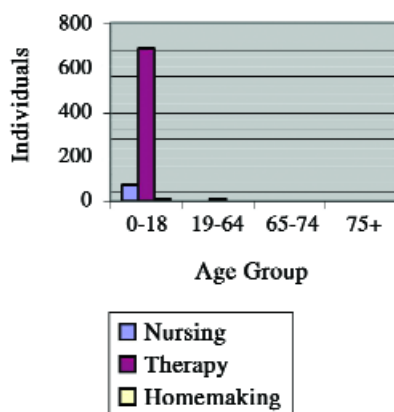
Service activities

The following graphs portray the number of individuals (age groups 0-18, 19-64, 65-74, and 75+) who received nursing, homemaking and therapy within each program from April 1, 2001 to March 31, 2002. The total number of clients served during this period was 5,148.

Pediatrics

Individuals = 524

(for the period April 1/01 to March 31/02)

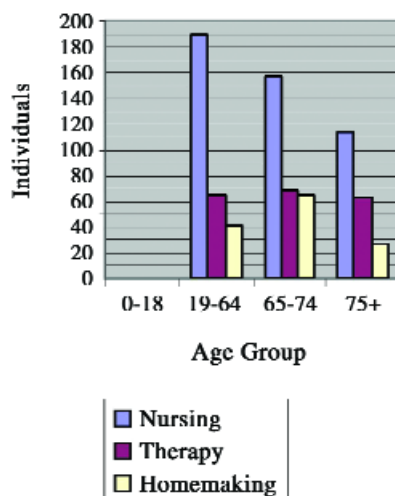


Higher utilization of therapy to support the pre-school and school program compared to nursing and homemaking needs

Palliative/Oncology

Individuals = 463

(for the period April 1/01 to March 31/02)

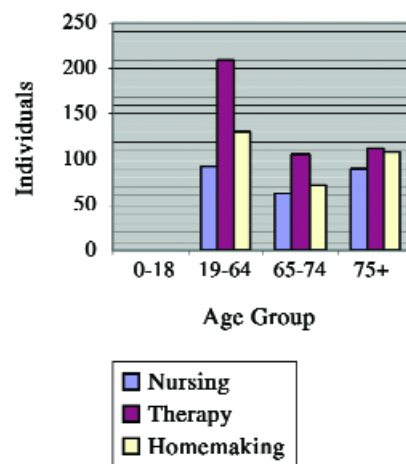


Higher utilization of nursing/complex care nursing (ages 40-75) to address medically complex client needs

Acquired Brain Injury (ABI)

Individuals = 444

(for the period April 1/01 to March 31/02)

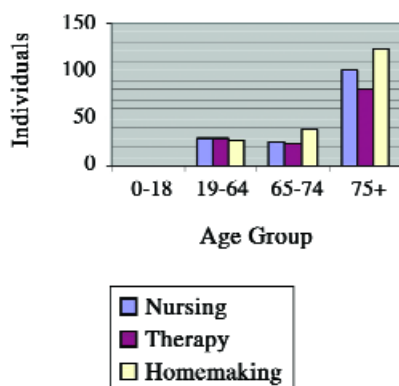


Higher utilization of therapy to younger age group with both acquired brain injury and traumatic brain injury as the primary goal is rehabilitation and homemaking support

Mental Health

Individuals = 242

(for the period April 1/01 to March 31/02)

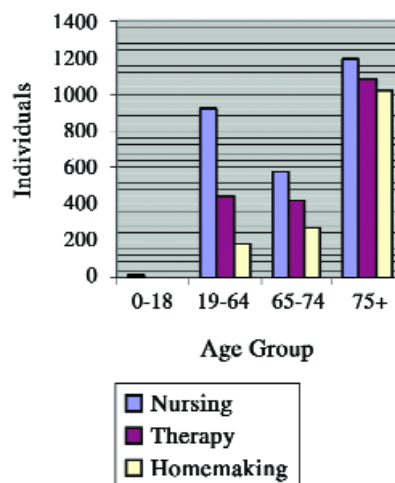


Higher utilization of homemaking for personal care/cueing to assist elderly clients with dementia

General

Individuals = 3,475

(for the period April 1/01 to March 31/02)



Higher utilization of all professional services for frail and elderly population requiring continual support

The RCCCCAC is 100% funded by the Ministry of Health and Long-term Care. The budget for the fiscal year 2001-2002 was \$15.5 million.

Copies of the audited financial statements can be obtained by calling the Pembroke office of the RCCCCAC and asking for extension 233.

Renfrew County Community Care Access Centre

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