The Newsletter of
the Renfrew County
Community Care
Access Centre

CCAC

Volume 4, No. 3
Annual Report 2003

Keynotes

Annual Activity Report 2002 - 2003

Renfrew County Community Care Access Centre

Fiscal year 2002-2003 review from the CCAC Board Chair and Executive Director

The Renfrew County CCAC (RCCCAC) has now completed its first year under the Community Care Access Corporations Act, 2001. It has been a very challenging year adjusting to our new reality of operating as a statutory corporation of the Government of Ontario.

Order-in-Council appointments of Board members were completed at the beginning of the fiscal year. The Board is now at full complement with seven members.

The Board Chair and the Executive Director, with the approval of the Board of Directors, signed a Memorandum of Understanding with the Minister and the Deputy Minister which defines relationships and accountability between both parties.

The process changes driven by the Ministry with an aim of standardization have strained our limited resources. Accordingly, our greatest challenge during this transition year was to allocate resources towards requirements stemming from many fronts: Ministry-driven initiatives, local initiatives and ongoing operations.

The Ministry initiatives implemented by the RCCCAC are further described in this report.

Renfrew County Community Care Access Centre
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If you have any questions or concerns about community health care in Renfrew County, please contact us at 732-7007 or 1-888-421-2222, fax (613) 732-3522. We also invite you to visit our website at www.ccacrenfrew.org or e-mail general.mail@renfrew.ccac-ont.ca.

Renfrew County Community Care Access Centre
The Key to Community Health Care

At the beginning of the fiscal year 2002-2003, the Board of Directors established directions and objectives. Detailed reporting on these objectives can be found later in this report. However, we wish to highlight key issues:

- During the past fiscal year our revenues increased by only 1% while the intrinsic cost of expenditures increased by 3% and more. It was particularly challenging to balance the budget throughout the year considering the financing shortfall and the additional workload resulting from the CCAC systems standardization.
- We are grateful for the special approval by the Minister to postpone divestment of therapy staff for a period of five years. This window provides us the opportunity to plan and implement therapy service improvements with time to realize a return on our investment.

The organizational progress this year would not have been possible without the dedication and commitment of our staff. We recognize the impact on staff who faced many challenges, including significant changes and competing priorities throughout the year. Thank you sincerely for your commitment and hard work.

We also wish to take this opportunity to express thanks and appreciation to our volunteer Board members who have dedicated their expertise, skills and countless hours to ensure that the resources of the RCCCAC are optimized to deliver efficient and effective health services for the citizens of Renfrew County.

Harry Mayhew, Board Chair

Remy Beaudoin, Executive Director

Ministry of Health and Long-Term Care & Community Care Access Centre initiatives, progress and results

1) Common Assessment Tool

Case management business processes for the RCCCAC were redesigned, piloted and fully implemented by January 2003 to support the implementation of the RAI Assessment Tool in February 2003. Case Managers were trained on the assessment tool and on the use of laptop computers. Software training is scheduled for September 2003. To date the RCCCAC has achieved 89% completion of the LTC Priority Project deliverables.

2) Placement Coordination Service Changes

The amended Placement Regulations were implemented according to the provincial schedule in May 2002. Renfrew County received 10 new long-term care beds with the opening of a new Long-Term Care Facility in Deep River in April 2003.

The RCCCAC integrated placement coordination services with community services in October 2002. By January 2003 all assessments for Adult Day Programs were being completed by the RCCCAC.

3) Resource Allocation

Outcome-based resource allocation for Case Managers was implemented for homemaking and nursing services in June 2002 when each client service program received a budget of services for the remainder of the year. By April 2003 the budget for equipment/supplies was also allocated for Case Managers according to each client service program.

4) Community Advisory Council

An inaugural meeting of the RCCCAC Community Advisory Council was held on September 16, 2002. Through the Community Advisory Council, the RCCCAC, along with representatives from the hospital sector, the long-term care facility sector, and the community support organization sector explore strategies to ensure a smooth transfer of clients across the system and to improve communication between health care partners.

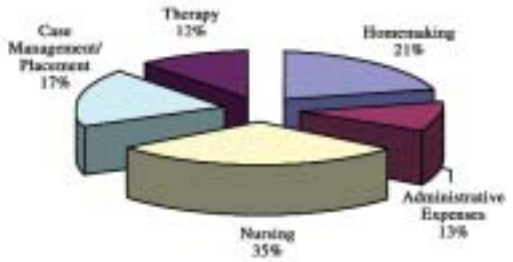
Members of the Community Advisory Council (CAC) include: (Hospital Sector) Allan Katz, (Community Support Services Sector) Chris Cobus, (Long-Term Care Facilities Sector) Ann Aikens, (CCAC Sector), Bob Gould (RCCCAC Board Member and Chair of the CAC), Remy Beaudoin, Ann Lemke (recording secretary), and Karen Roosen.

The key initiatives of the Advisory Council include:

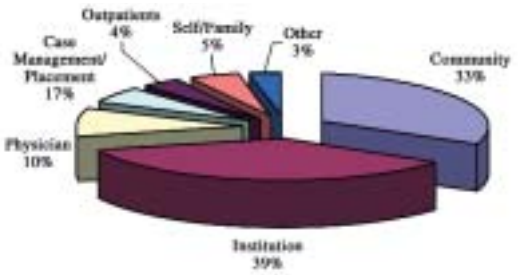
- Sharing of placement services statistical data
- Establish monitoring system for Category 2 waitlists
- Collection of data to validate the perception that clients are re-admitted to hospital due to the shortages of CCAC Occupational Therapy and Physiotherapy in the community
- Review of roles and responsibilities of hospital and CCAC regarding completion of client assessment form
- Review CCAC's limited homemaking resources and its impact on the capacity for the client to remain at home
- Explore strategies to minimize staff time allocated for partnership consultation
- Explore strategies to ensure the security and confidentiality of client information to be shared by different health providers
- Review of the hospital referrals to community support services for transportation of clients requiring attendant care
- Develop a communication strategy inclusive of all health care providers in Renfrew County
- Explore opportunities for common approaches to Human Resources issues.

Financial and Statistical Information

RCCCAC Expenditures, by service fiscal year 2002/2003



RCCCAC Client Referral Source, fiscal year 2002/2003



RCCCAC: Services provided, fiscal year 2002/2003

Case Management	4,804	individual clients served	
Homemaking	156,188	hours	1,724 clients
Nursing	97,559	visits	3,444 clients
Physiotherapy	4,904	visits	1,203 clients
Occupational therapy	4,141	visits	1,026 clients
Social work	909	visits	176 clients
Speech language pathology	2,328	visits	343 clients
Nutrition	1,172	visits	395 clients
Placement services	777	closed cases	

Nursing and homemaking services were provided within a 1% variance of budgeted levels. The results for therapy services were lower than budget due to shortages in available service providers.

The RCCCAC is 100% funded by the Ministry of Health and Long-Term Care. The budget for the fiscal year 2002/2003 was $15.7 million. Copies of the audited financial statements can be obtained by calling the Pembroke office of the RCCCAC at (613) 732-7007 or 1-888-421-2222 and asking for extension 233.

Performance information

Progress in Achieving Objectives as Outlined in the 2002/03 Service Plan

1) To operate under a balanced budget

During fiscal year 2002/03 the Renfrew County CCAC base budget funding increased by less than 1% while cost pressures and service needs continued to rise at a far greater rate. Salaries increased by approximately 3%. The cost of benefits also rose due to benefit plan rate increases, benefit improvements resulting from contract negotiations, and a significant increase in pension plan premiums. Other contracts and purchased services rates increased by about 3%. Medical supplies/equipment expenses amounted to 22% over the previous year (17% over budget).

Recovery measures were implemented throughout the fiscal year to ensure a balanced budget. We have closed the 2002-2003 fiscal year with close to a 1% variance in expenditure from our overall budget.

2) To implement the government's divestment policy

An RFP process for the divestment of therapy staff was completed during fiscal year 2002/03. The results of this process proved that divesting therapy staff would result in a significant increase in cost for providing the same level of service.

On the recommendation of the Board of Directors, the Honourable Tony Clement, Minister of Health and Long-Term Care, approved the postponement of therapy staff divestment for a period of five years. While the Minister did recognize the unique situation in Renfrew County, he also requested that the RCCCAC review the impact of this decision annually, with the intent to move to divestment as soon as possible.

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

Case management business processes were redesigned to achieve the objectives set by the Ministry's Long-Term Care (LTC) Priority Project. The following changes were implemented to ensure the efficient and effective delivery of information and to streamline services according to client need:

- Placement coordination services integration with community services
- Implementation and maintenance of I&R database
- Development of a centralized call centre
- Re-organization of case management caseloads into long stay and short stay clients
- Development of a French Language Services Team to ensure compliance with the French Language Services Act, and
- Development of Case Manager community partnerships initiatives which integrate with the Community Advisory Council.

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

Client Satisfaction Survey – A critical path has been formulated for our second Client Satisfaction Survey in the fall of 2003. This bi-annual survey is conducted by Smaller World Communications and allows the CCAC to benchmark with other health care providers while providing a comprehensive overview of how our clients and caregivers view our services. Client Services identified and addressed three priority areas of improvement from the 2001 client satisfaction survey.

AIM Standards – Targets have been established, across the organization, for self-assessment of compliance with CCHSA (Canadian Council on Health Services Accreditation) AIM standards. The results of these self-assessments will assist in determining priorities for improvement with a view to applying for accreditation in the future.

Contracted Provider Reports – As an integral component of the CCAC's continuous quality improvement process, annual evaluation reports are completed on all contracted service provider agencies. The February 2002 reports indicated that all agencies were meeting and/or exceeding established performance standards.

Employee Survey – The Renfrew County CCAC contracted with Smaller World Communications to conduct an employee survey - "Improving Your Workplace". This was a continuous quality improvement initiative which will be repeated every two years to measure our improvement in the area of staff satisfaction. The survey has been completed and areas of improvement will be addressed during the next fiscal year.

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

Performance Management – The Renfrew County CCAC selected and piloted a new performance management Program. Results of the pilot will be used to make improvements to the system and finalize the tools.

Wages and Benefits – Contract negotiations were successfully completed with both unions during fiscal year 2002/03. Wages and benefits for non-union staff were addressed as well. Retroactive payments were made and changes to wages and benefits were implemented.

6) To optimize internal and external communication and information technology

Some accomplishments in information technology this year included:

- Set up a computer training room and hired a new IT Coordinator to enable the dedication of resources specifically to training and software support;

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Performance information, *continued from page 3...*

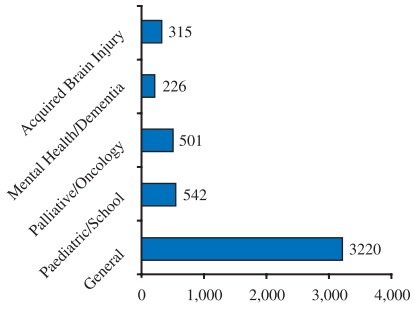
- Assessed individual Case Manager proficiency in computer skills;
- Provided laptop training and began distribution of laptops to support the LTC Priority Project;
- Initiated development of Intranet for improved communication and accessibility to organizational information;
- Implemented Help Desk software to keep a database of problems and solutions and to provide data to assist in determining training needs; and
- Supported the development of the Renfrew County Health Care Partnership Website.

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

Actions taken to inform the community of the role of the RCCCAC as a partner in providing service included:

- Held a high profile public information meeting with special invitation to RCCCAC partners;
- Held presentations at each public Board meeting on a particular aspect of our business;
- Published press briefings after Board meetings;
- Published and disseminated, quarterly, 1,500 copies of **Keynotes** newsletter (the RCCCAC newsletter) to stakeholders and partners;
- Completed strategic planning within the framework of the three-year Business Plan in consultation with health care partners;

RCCCAC Number of clients served by program - 2002/03



Names of Contracted Service Providers by Service

Agency/Individual	Service
Access Health Care Services Inc.	Nursing
Comcare Health Services	Nursing and homemaking
ParaMed Home Health Care	Nursing and homemaking
Community Health Services - Canadian Red Cross	Homemaking
CommuniCare Therapy Rehabilitation Services	Therapy services
Speech Therapy Clinic	Speech language pathology
Individual	Occupational therapy
Therapy Contractors	Physiotherapy
	Speech language pathology
Medigas	Medical equipment rentals
Mulvihill Drug Mart Limited	Medical supplies

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

The Renfrew County CCAC is an active member of the following organizations: OACCAC East Regional Council, CCAC Executive Directors' Council, MOHLTC-Executive Directors' Council, and the Renfrew County Health Care Forum.

As a partner with the Champlain District Health Council the Renfrew County CCAC participated in studies and initiatives for the improvement of health care services.

During fiscal year 2002-2003, the Renfrew County CCAC implemented or contributed significantly to the following community initiatives:

- Renfrew County Interagency Care Pathway Development
- Renfrew County Rehab Network
- Renfrew County Geriatric Services Network
- Renfrew County Community Partnerships
- Renfrew County Wound Management Initiative
- Out-of-Home Respite
- Integration of Adult Day Programs
- Geriatric Assessment Program
- Rural Outreach-Pediatric Services
- Parent Training re: Mild Articulation
- Therapy Clinics
- Nursing Care Centre
- First Nations Service Agreement
- East Region Mental Health Task Force

9) To participate in health care research initiatives

The Renfrew County CCAC participated in research on the following:

- Rural Outreach (Child and Youth Network)
- Traumatic Brain Injury Network
- Advisory on Ottawa Children's Treatment Centre (OCTC) Outreach
- Early Years Project
- Ontario Stroke Strategy

The RCCCAC Board of Directors

Appointees to the RCCCAC Board of Directors include:

NAME	TERM
Joan Booth	06/12/02 to 06/12/03 renewed to 06/11/04
Harry Mayhew (Chair)	02/16/02 to 02/16/03 renewed to 02/15/05
Bob Gould	03/20/02 to 03/20/03 renewed to 03/19/04
Bruce Leclaire	03/20/02 to 03/20/03 renewed to 03/19/06
Shirley MacDougall	03/20/02 to 03/20/03 renewed to 03/19/04
Roy Reiche	02/16/02 to 02/16/03 renewed to 02/15/06
Andrew Simms	04/03/02 to 04/03/03 renewed to 04/02/05