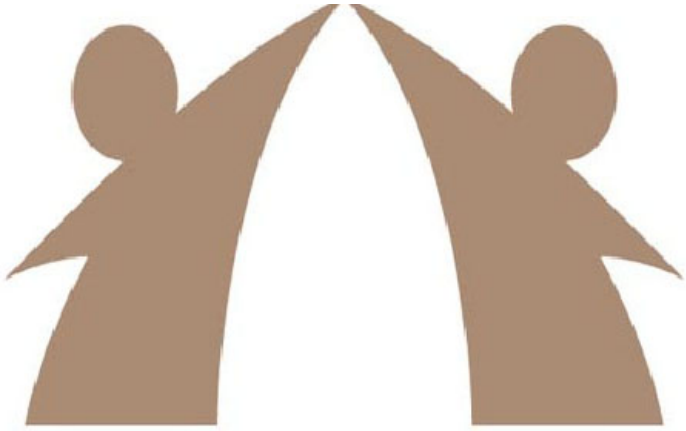


COMMUNITY CARE ACCESS CENTRE NIAGARA

CENTRE D'ACCÈS AUX SOINS COMMUNAUTAIRES DE LA RÉGION DE NIAGARA

ANNUAL REPORT
Fiscal Year

(April 1, 2001 to March 31, 2002)

www.niagara.ccac-ont.ca

Community Care Access Centre Niagara (CCAC Niagara) is a $47.3 million statutory corporation established under the Community Care Access Centre Act (December 2001) and is fully funded by the Ontario Ministry of Health and Long-Term Care.

The Mission of CCAC Niagara is:

To provide case management services that support people in Niagara needing home health and support services and/or access to long-term care facility beds or adult day care services. We demonstrate our commitment to excellence through caring, responsiveness, cultural sensitivity, fairness and innovation.

CCAC Niagara employs approximately 175 people working in a variety of positions including case managers/coordinators, clerical, administrative and management. The organization has three major departments: case management operations, finance and systems, and organizational development.

CCAC Niagara's diverse client group includes, but is not restricted to the following:

- People with physical disabilities
- Frail elderly and older adults with cognitive impairments
- Medically-fragile children living at home
- People recuperating following acute hospitalization
- People living with chronic and/or deteriorating health conditions
- People living with cancer
- Individuals at high risk of institutionalization as a result of the intensity of their social and/or health care requirements
- Children in schools who have special health care needs
- People living with a terminal illness

We arrange and fund visiting in-home, public and private school health and support services and manage access to beds in long-term care facilities, seniors' adult day programs and provincially funded personal support and rehabilitation services for children in private schools or enrolled in the school-at-home program.

CCAC Niagara's fiscal year April 1, 2001 to March 31, 2002 can be described as a transitional and challenging year. This was defined by:

- the introduction of new legislation redefining CCACs in Ontario (Bill 130)
- a change in leadership, Board of Directors, and management structure.

At the request of the Board of Directors, Julia Dumanian - Ministerial Designate, took over the role as Chief Executive Officer in December 2001. A new six member Board was formed February 16th, 2002 with Candace Paris remaining as Chair; all were appointed by Order In Council.

Current Board Members are:

Candace Paris, Welland (Chair)	Ray Barlow, Ridgeway (Vice-Chair)
Thane MacKenzie, Port Colborne (Treasurer)	Don Burton, Fort Erie
Ray D'Archi, St. Catharines	Bonnie Magwood, Niagara Falls

On behalf of the citizens of Niagara, thanks are extended to all the members of the 2001/2002 Board of Directors for their service on behalf of the community.

Ray Barlow	Sharon Cook	Ross Gillett
Noella Jolin	Dalton Lindsay	Shelley Marchand
Colleen McKey	Maria Muffels	Candace Paris
Selvum Pillay	David Stanton	J. David Strathern

CCAC Niagara identified two primary objectives for the period 2001to 2002:

- With available funding provide effective, timely access to in-home, public and private school health and support services and to available adult day care places and long-term care facility beds in Niagara.
- Manage the organization's operations to ensure total expenses do not exceed total funding for the fiscal year 2001-2002.

CCAC Niagara rose to the challenge and exceeded the above objectives. The six member Board was able to balance the books without an increase in provincial program funding. This is a credit to strong and focused Board leadership, expert executive management, and a return to core services. Waiting lists for services were eliminated and greater operational efficiencies identified and implemented. Administrative and management costs have been reduced by 15% without cutting services or increasing waiting times.

CCAC Niagara examined eligibility and case management practices to ensure the organization was effective and sustainable to ensure the needs of the Niagara region are being best served. The organization is now working smarter on behalf of the Niagara region to ensure more dollars are put directly into programs.

CCAC Niagara is a quality-focused organization. January 2002 CCAC Niagara staff participated in a comprehensive analysis that involved the entire organization. Staff identified strengths and opportunities for improvement within the organization. The information gathered from this activity was integrated in the business planning process for the fiscal year 2002-2003.

In order to maintain and improve the quality of care and service it delivers, CCAC Niagara embarked on an independent evaluation (an accreditation survey) by the Canadian Council on Health Services Accreditation (CCHSA). CCHSA is a voluntary, non-profit, non-government organization dedicated to improving the quality of health. This process will ensure that our standards and objectives are appropriate and that we are providing quality services. Five teams (Client Services, Leadership and Partnership, Human Resources, Information Management, and Environment) were established in

January 2002 and have been working through the process diligently. The survey is scheduled to take place April 30, 2003 to May 2, 2003.

CCAC Niagara Statistics (April 1, 2001 to March 31, 2002):

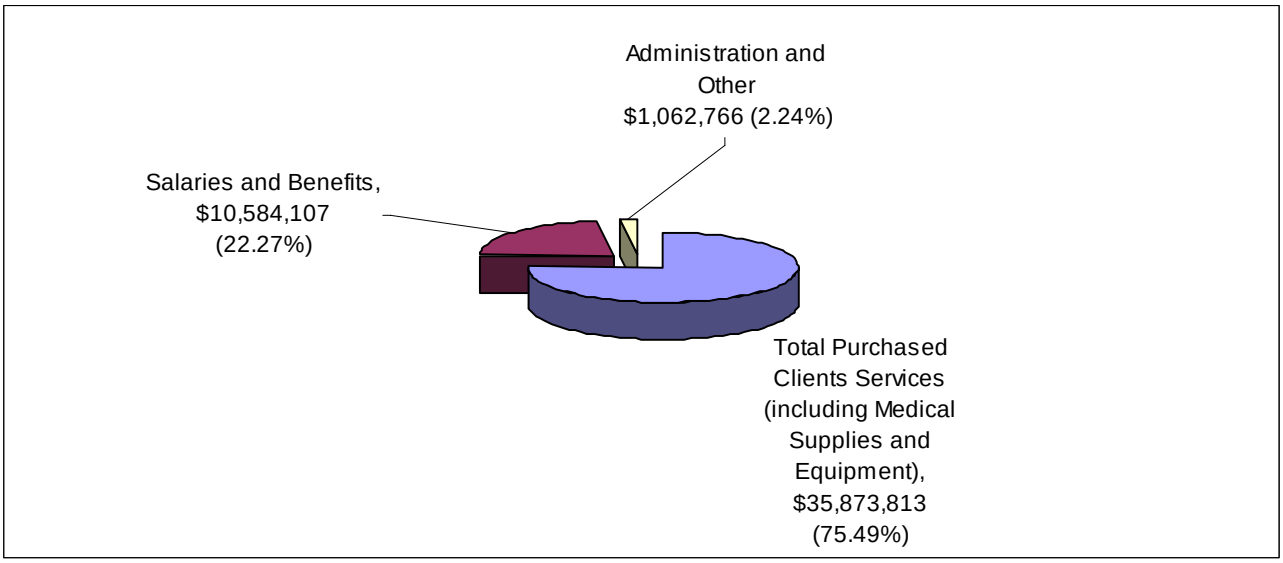
Over the fiscal year:

CCAC Niagara's Utilization Group and Case Management Operations Division worked hard to ensure that clients obtained needed service, and that all priorities were met within financial resources. Over the period April 1, 2001 to March 31, 2002, CCAC Niagara provided visiting services to more than 16,800 individuals; 60.6% of clients are aged 65 or older and 16.9% are 14 or younger. In addition, CCAC Niagara staff placed more than 100 people per month in long-term care beds and/or adult day care programs in Niagara.

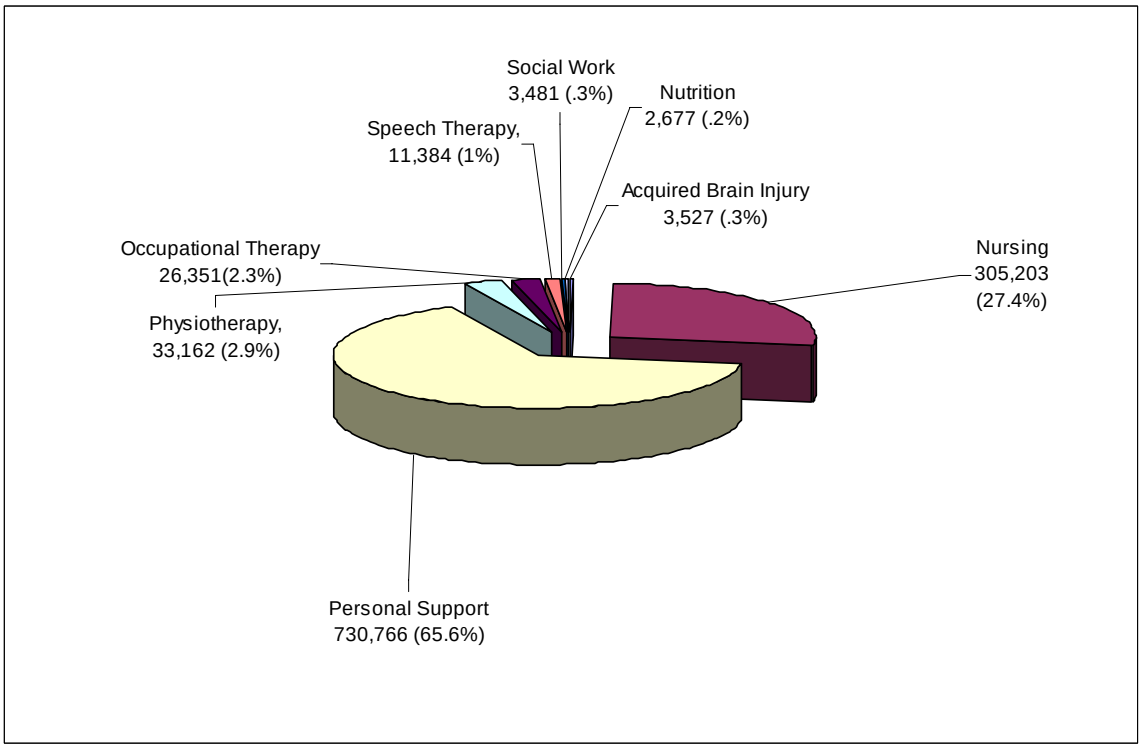
The impact of revised service level standards introduced in 2001 - 2002 and rigorous monitoring by case managers is evident in the increase in nursing service intensity (from an average of about 10 hour per month per client in 2000 to 2001 to 12 hours per month by the close of 2001-2002).

The number of persons on the waitlist for placement in a bed in Niagara's long-term care facilities continued to grow significantly. In the spring of 2002, the government introduced changes that will facilitate timely access to long-term care in the fiscal year 2002-2003.

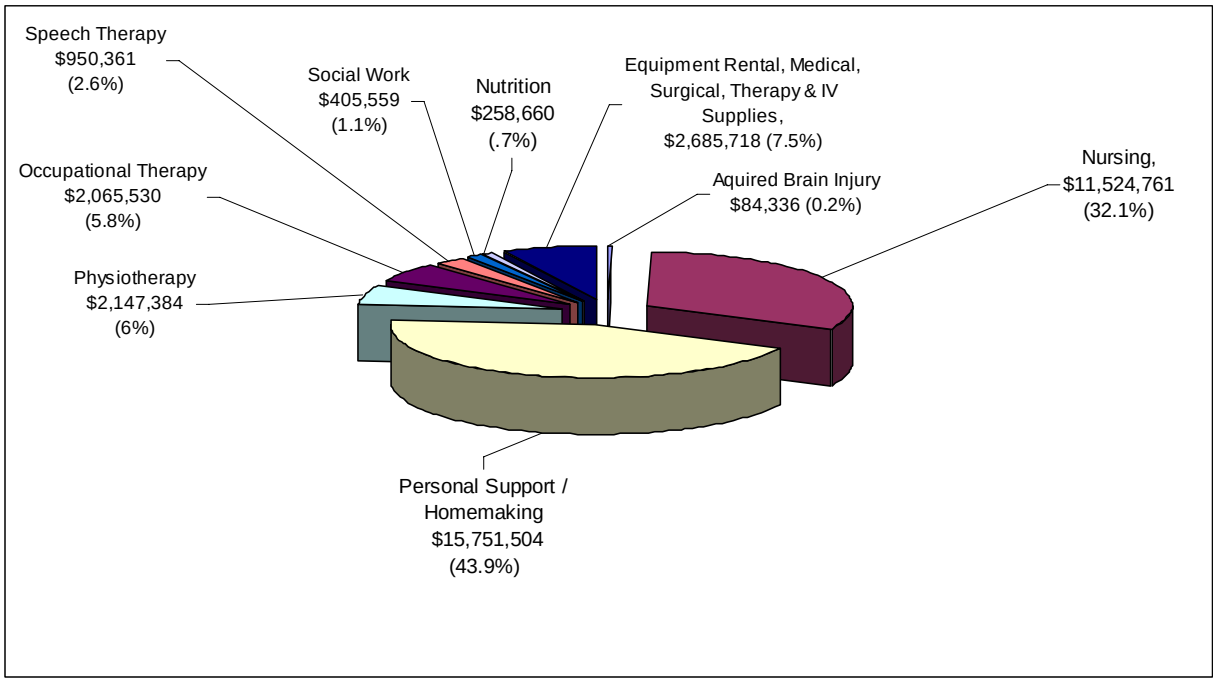
Actual Service Cost (% of Total)



Service Statistics - Total Annual Visits (% of Total Visits)



Purchased Service Cost (% of Total Cost)



Future of CCAC Niagara:

In 2002-2003, CCAC Niagara will enhance accountability for results by developing and implementing:

- An Accountability Framework to support case-management decision-making. (OBRA)
- Departmental business plans to coordinate resources and activities within the organization.
- Complete changes in case management processes to effectively use available technology.

Our goal is to implement automated, integrated case management processes that ensure effective service delivery and fiscal accountability.

CCAC Niagara is looking forward to a successful year in 2002-2003. We continue to work closely with our Regional Health Care Partners and the Ontario Ministry of Health and Long-Term Care.