Brant Community Care
ACCESS CENTRE

Brant Community Care Access Centre Annual Report – Fiscal Year 2004/2005

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Message from the Board Chair and Executive Director

Carol A. Overmars, Board Chair

The major news for the Brant Community Care Access Centre (CCAC) this year is the planned health system renewal. In the fall of 2004, the Minister of Health, the Honourable George Smitherman, announced the government's renewal plan for a more integrated health care system. At this time, the Minister articulated the major priorities for change: to improve access, continuity of care, efficiency, and ultimately to achieve better client outcomes.

Included in the Minister's structural plan was the announcement of the Local Health Integration Networks (LHINs). Local Health Integrated Networks are being created in Ontario to play the key component role within the government's vision for "A health care system that helps people stay healthy, delivers good care to them when they get sick, and will be there for their children and grandchildren." (Minister of Health and Long Term Care, George Smitherman)

One of the Minister's speeches included an announcement which addressed the merger of a significant number of CCACs. Through the provincial association, the Ontario Association of Community Care Access Centres (OACCAC), CCACs submitted recommendations to the Ministry relating to the new merger mandate. A decision is expected during the summer of 2005.

Also of significance for CCACs this year was the appointment of the Honourable Elinor Caplan to review the Request for Proposal process. This process is presently employed by CCACs to award our service provider contracts. This review will include an examination of the roles and responsibilities of the Ministry of Health, the CCACs, and the role of the CCAC Boards. The final report is expected to be released in the spring of 2005.

A new initiative for the CCAC has been the palliative care/end-of-life care strategy. The vision of the initiative is to provide individuals and families living with, dying of, or bereaved by a life threatening illness, with a range of palliative care/end-of-life care services in the setting of their choice. In general, the goal is to enhance in-home services and respite care, and reduce hospitalization and caregiver burnout.

Our Regional End-of-Life Care Network has evolved from the Brant Palliative Care Network to the Grand River End-of-Life Care Network. The newly merged group will be responsible for developing a high quality consistent and comprehensive system of palliative care/end-of-life care. This network will also monitor and assess community needs, promoting services and encouraging innovation.

This year we collaborated with McMaster, Waterloo, and Toronto Universities on a number of research activities. All of the research we are involved in is related to either improving client care or improving upon how we conduct our business.

In keeping with our strategic directions and the goals of the health system transformation, we continue to work with our partners to strive to create a locally integrated system.

We have worked hard to maintain and end the year with a balanced budget. For this we must sincerely thank the management and staff for their continuous monitoring and diligence.

Carole Taylor, Executive Director

We would like to take this opportunity to thank the management, and staff for their hard work and dedication to the organization. We would also like to express our appreciation to our dedicated Board members who have contributed significant volunteer time, expertise, and support towards ensuring the quality of community health care services possible.

Carol A. Overmars, Board Chair

Carole Taylor, Executive Director

Carol Overmars, Chair
(Re-appointment date: February 2, 2005)

Jean Anderson, Vice Chair
(Re-appointment date: January 27, 2005)

Mary Wratten, Treasurer
(Appointment date: September 18, 2002)

Michael Bodnar, Board Member
(Appointment date: September 18, 2002)

Dan McCreary, Board Member
(Appointment date: September 18, 2002)

Carole Taylor, Executive Director
(Re-appointment date: February 4, 2004)

Introduction / CCAC Background:

Brant County is located in the Central South Region of Ontario. It is bordered by Oxford County to the North and West, Haldimand-Norfolk to the South, and Hamilton-Wentworth to the North and East, and the Region of Waterloo to the North.

Brantford, the largest city in the county, is approximately 35 kilometers west of Hamilton and 25 kilometers South of Cambridge.

The next largest centre, Paris, is 12 kilometers North-West of Brantford. That area includes two First Nations Reserves, the Six Nations of the Grand River, and the New Credit. Brant County is approximately 696 square kilometers**.**

The estimated population of Brant County in 2001 was 126,830. These were estimates that include Six Nations and New Credit reserves. Eighty-two percent (82%) of residents of Brant County reside primarily in urban centres of both Brantford and Paris. The remaining eighteen percent (18%) of the population in Brant County live in rural areas.

Fourteen percent (14%) of the Brant County population is over the age of 65. In 1996 the immigrant population represented fourteen (14%) of Brant County's total population. Approximately four (4%) of all residents reported a home language other than English or French. The other languages that are predominantly spoken are both Polish and Italian.

Community Partnerships:

Community Partnerships with Other Service Providers

The Brant CCAC continues to focus upon joint quality improvement opportunities with our community partners. This past year we have been actively working on the Brant Palliative Care and Hospice Networks to develop a community based palliative care/end-of-life care framework of support that meets the particular needs of our population in Brant County. We have also been actively engaged at the Regional and Local levels of Stroke Strategy initiatives. Furthermore, we have been key in the continued development of a Vulnerable Adults Network with our community partners to address both elder abuse and other broader associated issues. Other equally important initiatives have included ongoing work on AIDS Community Planning, the Grand River Emergency Services Network, and formal collaborations with the Six Nations Reserve Health Services Section.
We also continue to work very closely with our hospital and Long Term Care Homes. We received 2,636 referrals from hospitals and admitted 378 clients to Long Term Care Homes last year.

Significant Committees in the Community

In addition to those committees already mentioned, we have a number of other broad based and ongoing partnering commitments in the local and regional healthcare community. These are just a few: Brant Community Information Network Steering Committee, LHIN #4 Vice President Patient Service Meetings, Brant Community Healthcare System Emergency Care Team and Utilization Meetings, Regional and Local Rehabilitation Network Meetings, Elder Abuse Committees, Long Term Care Home Meetings, Brant County Enterostomal Therapy and Wound Management Committee Meetings, Provincial RFP Steering Committee, Brant Palliative Care Network, Brant Transportation Committee, Catholic School Board Accessibility Committee, Contact Brant Case Resolution, and the Brant Community Healthcare System Rehabilitation Advisory Committee.

Initiatives/Achievement with Community Partners

We are committed to providing the highest quality of care by continually improving our administrative and clinical processes for our core business. With our local Hospital, Public Health Unit, Children's Aid Society and other community partners, we have been successful in developing and/or implementing common tools to assist our staff in assessing infants at risk for abuse or neglect, more efficiently treating clients returning to the community following surgery, discharging clients from the local hospital, and reducing client visits to the hospital or emergency rooms. We have also been partnering with other CCACs in the region and across the province to share expertise and time in the development of common tools and performance measures. We have been doing this in the areas of client satisfaction, privacy, waitlist management, occurrence reporting, and the clinical tools we regularly use to assess clients for initial or ongoing services.

The Brant CCAC also continues to strive to be fiscally responsible while looking for ways to deliver our services as efficiently as possible. To this end, the Brant CCAC and Haldimand-Norfolk CCAC have recently agreed to cost-share an Information Technology manager on a permanent basis. Brant CCAC considers this to be a positive, cost effective move to enable us to more efficiently implement ongoing changes to our technology infrastructure. At the same time, this particular arrangement is allowing us to have the improved support needed to continue enhancing our performance reports. We expect that this will enable us to continually develop better quality data which in turn will allow us to maintain, plan for, and deliver high quality services we strive to provide to our clients.

CCAC Vision, Mission, and Value Statement:

MISSION:
The Brant Community Care Access Centre serves residents of all ages by providing:

- Assessment, planning and co-ordination of community health care services.
- Community based professional and support services.
- Long Term Care Facilities admission.
- Information and referral services.

VISION:
We will be known in our community as a recognized leader in community based care.

VALUES:
We are committed to excellence in:

- The assessment, coordination, and provision of quality care.
- Respecting the individuality of clients, their families/caregivers and support systems.
- Advocating for and meeting the needs of clients and their caregivers.
- Educating the community, identifying resources and linking people to services.
- Developing and strengthening community partnerships.
- Providing strong leadership and innovation.

Thereby striving to achieve and maintain an optimal quality of life for all clients.

SLOGAN:
Access to community care.

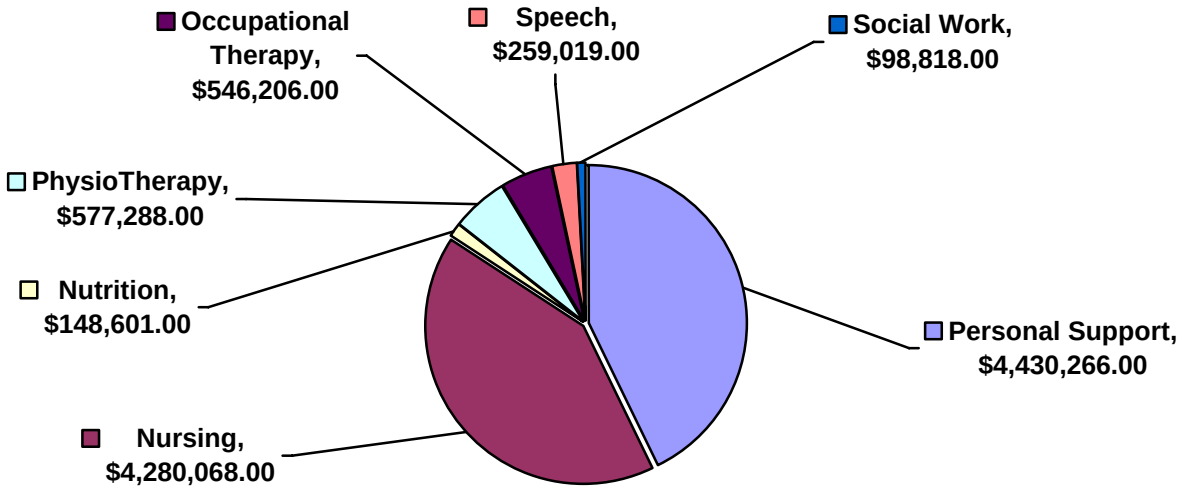
Statement of Revenue and Expenses:

Financial Picture for the Year April 1, 2004 – March 31, 2005

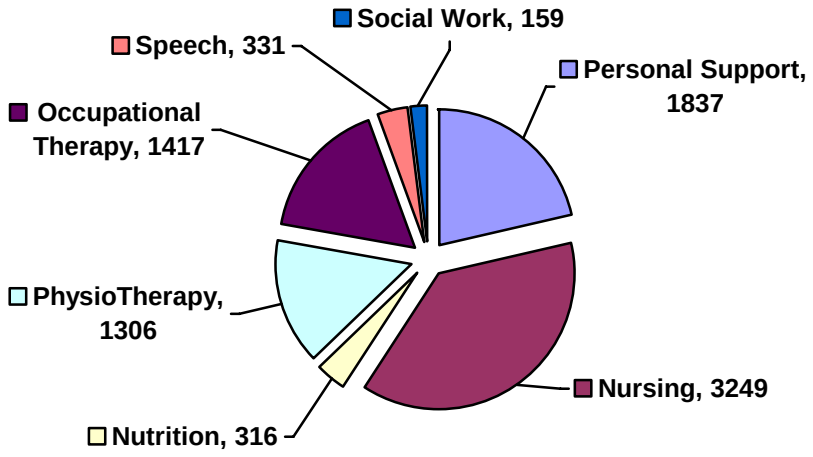
Revenue:	
Province of Ontario Grant	$14,943,772
One Time	$219,215
Other	$192,145
TOTAL Revenue	$15,355,132
Expenses:	
Salaries & Benefits	$3,894,955
Medical Supplies & Equipment & Other	$1,645,462
Referred Out Expenses	$9,377,876
One Time Expenses & One Time Capital	$191,826
Building and Grounds	$243,141
TOTAL Expenses	$15,353,260
Net Surplus / (Deficit)	$1,892

Cost of Referred-Out Services

(Services include cost of medical supplies and rental of client care equipment)



Number of Discrete Individuals Served



The total number of discrete individuals served by Brant CCAC - 6,459

Performance Information Highlighting Key Successes:

Service Highlights

Our contracted service providers for nursing, therapies, homemaking, and personal support services are other crucial partners in the delivery of care to our clients. Over the past year, we undertook the transition of over 600 clients to a new agency which was successful in a Request for Proposal process for personal support and homemaking services. This experience provided an excellent opportunity for us to build upon these lessons to create a number of joint administrative initiatives with all our service providers that help us to continually streamline how we communicate, process information, and increase our level of performance. Just as important, we worked closely with our Long Term Care Home partners to assist them with the opening of the St. Joes Lifecare Centre and the successful transitioning of over 300 affected residents. Meanwhile, we also worked with our physicians to advocate for the advancement of the creation of family health teams in our community.

Continuous Quality Improvement Plan and Achievements

Continuous Quality Improvement (CQI) is a philosophy that underlies the entire organization's administrative and clinical activities. It emphasizes continual evaluation of how we are doing while encouraging us to find ways to improve how we can deliver services to our clients. This has been a significant focus for us this past year and will continue to be so during the healthcare transformation. We have been committed to following-up recommendations to improve our client and corporate services delivery models based on an external review of our organization this past year while equally keeping in mind the impending changes to our healthcare system. That said, we initially set about providing staff training on project management principles as we prepared to start implementing recommendations. We have equally undertaken several process improvements and staff training in areas such as the second generation case manager client assessment tool for our long stay clients, contract management, wound care management, day program referrals, mental health interventions, occupational health and safety, case manager resource allocation, human resources management, financial services, organization wide policies and procedures, as well as health information management activities.

With respect to measuring the Brant CCAC's performance in delivering care to our clients, we were involved in a case mix project conducted by the University of Waterloo this past year. The study compared the cost performance of services provided by the Brant CCAC to 7 other CCACs in our region. CCACs in this study ranged from small to large budget organizations. Amongst other measures, we were examined against the other CCACs with respect to the different types of care delivered, the amount of care made available to clients, and the completion of standard assessments for new and existing clients. The

Brant CCAC gained valuable objective feedback into the particular types of clients we serve. This has been constructive information for us to use in organizational and program strategic planning.

Client Satisfaction Results

We routinely send in-home client satisfaction surveys to our clients. The following is a general summary:

Our Particular Areas of Strength:
1. Clients commented highly on our overall quality of care
2. Clients getting the right services
3. Staff handle referrals in a courteous manner
4. Staff listened to client concerns
5. the majority of clients would recommend the Brant CCAC for services

Our Particular Areas to Improve Upon
1. Providing more information about services to our clients
2. More consistently explaining the Appeals process to our clients

Long-Term Care Placement Client Satisfaction Survey Results

A total of 212 Long-Term Care Placement Client Satisfaction Surveys were sent out and 105 surveys have been filled out and returned by clients of the Brant CCAC that have been placed in LTC and discharged as of January 18, 2005. 49% of the clients were placed from the Hospital and 51% of the clients were placed from the community.

The level of satisfaction with CCAC staff members, who assisted in the placement in a long-term care facility, is listed below:
1. Courteous 96%
2. Understanding 96%
3. Knowledgeable 95%
4. Helpful 96%
5. Available 95%

Information on Service Providers:

Service	Agency
Nursing:	Victorian Order of Nurses (Brant-Norfolk-Haldimand Branch)
	St. Joseph's Home Care
	First Nations Nursing Services
Therapy:	Therapy Specialties
	Community Rehab
	Lansdowne Children's Centre
Personal Support and Homemaking:	Victorian Order of Nurses (Brant-Norfolk-Haldimand Branch)
	ComCare Health Services
Medical Equipment:	Shoppers Home Health Care
	Dell Pharmacy
Medical Supplies:	Brant Community Healthcare System
IV Supplies:	Marchese Pharmacy