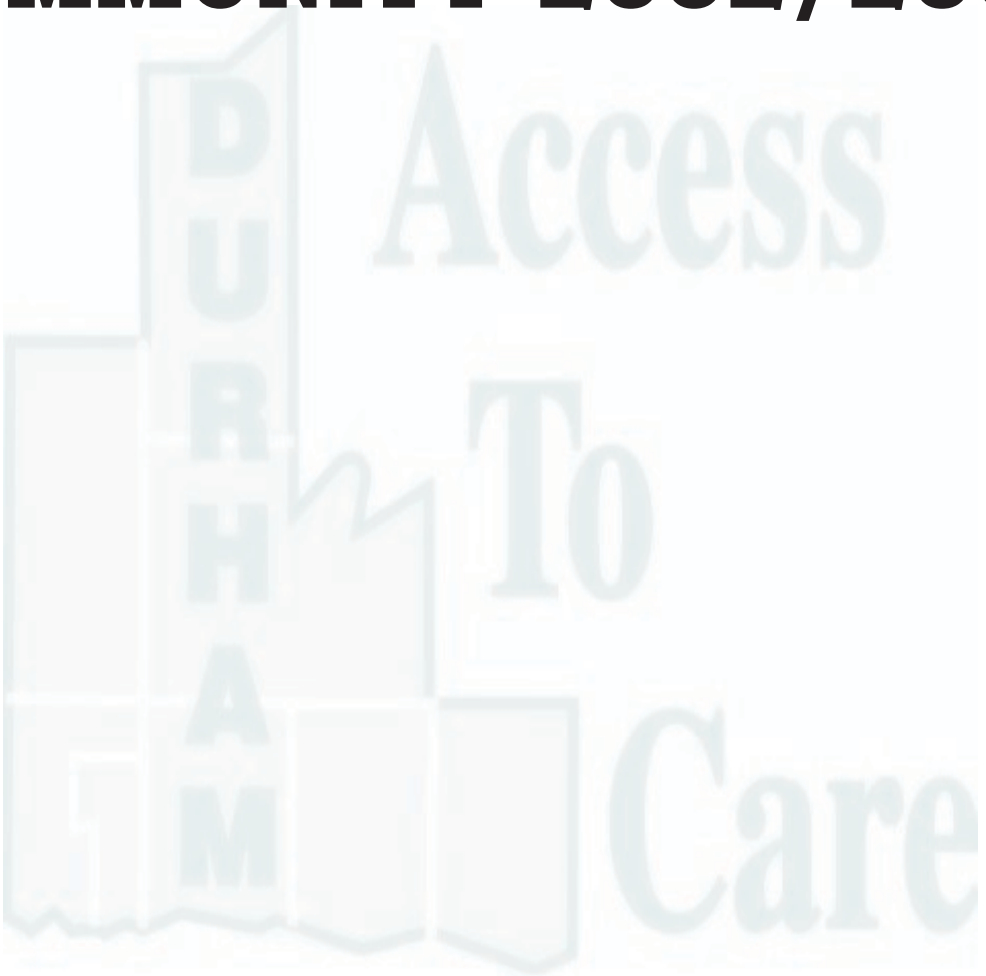
DURHAM ACCESS TO CARE ANNUAL REPORT TO THE COMMUNITY 2002/2003



Canadian Council on Health Services Accreditation
Conseil canadien d'agrément des services de santé

Durham Access To Care
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905-430-3308 WWW.DATC.ORG

For further information contact: Esther Filer,
Community and Public Relations Coordinator

VISION, MISSION & VALUES

OUR VISION
Excellence in community-based health care in Durham Region

OUR MISSION
To work with our partners to provide simplified access to high quality community health services

OUR CORE VALUES

How We Relate To Clients

We relate to each client in a caring and compassionate manner.
We respect each client's uniqueness, individual needs and choices.
Each client receives quality care from knowledgeable and competent staff.
Each client's needs are addressed in a responsive, professional and timely manner.

How We Interact/Relate To Each Other

We relate to each other with respect and value each other's contribution.
We work creatively together with honesty and trust in a supportive learning organization.

How We Interact With The Community & Our Contracted Agencies

We work in cooperation with the community and in partnership with our service providers to address client needs in a timely manner.
We value integrity and trust in our interactions with our community and service providers.
We recognize our mutual accountabilities and will strive to work in harmony to deliver quality service.

BOARD OF DIRECTORS 2003/2004

From the left, Howard Hall, Vice President, Marek Ulanicki, Director, Janet Harris, Executive Director, Bill Botshka, President, Maureen Wishart, Director, Mary Bazeley, Vice President, Janette Taggart, Treasurer and Elizabeth McCreight, Director

Seated, Lynn West, Secretary and Connie Vesna, Director

BOARD CHAIR & EXECUTIVE DIRECTOR'S MESSAGE

We have had a busy and productive year! The Durham Access To Care Board developed a strategic plan and 6 strategic goals for the organization that guided the development of our Business Plan submission to the Ministry of Health and Long Term Care for the coming three year period. The Durham Access To Care management team achieved all of the goals established for the fiscal year 2002-2003.

Our placement team was particularly busy this year as 424 new long term care beds opened in Durham Region. As well, during the SARS crisis, over 136 clients were transferred from hospitals to long-term care facilities in a very short period to free up capacity in the hospital sector which was stretched to the limit.

A new common assessment instrument has been introduced across the province and we have been engaged in training sessions throughout the year to ensure all our staff, service providers and long-term care facilities are educated in using the assessment instrument. Not only will clients be assessed in a uniform way across Ontario but the new assessment instrument will yield important client information that will allow us to monitor client progress toward treatment goals.

We held our 4th Annual Community Health Forum in February with two outstanding speakers and a large audience of community partners.

With the continuing emphasis on accountability and performance measurement, the Board and staff of Durham Access To Care recognized the need to establish a report card to assist us in measuring and reporting to all our stakeholders. We have now established a number of indicators that will be tracked and reported on a regular basis to facilitate process improvements and to demonstrate our accountability to the Durham Community.

Just as our fiscal year (2002-2003) came to an end, the health care system in the Greater Toronto Area was confronted with a problem of immense proportion when SARS was identified in several hospitals and posed a new threat to health care both in hospital and in the community. We would like to express our profound thanks to our staff, our service providers and to our external partners for their commitment to serving clients safely while protecting themselves and others from infection. We would also like to thank our clients and their families for their cooperation and understanding during this emergency.

We have had a very good year with many significant achievements and it is a pleasure to provide this report to the Durham Community.

Bill Botshka, Board Chair

Janet Harris, Executive Director

COMMUNITY INITIATIVES

Community Partnerships & Memberships in Community Committees

We continue to be active participants in many Durham committees including the Durham Region Health Care Group, which sponsors and supports the Palliative Care Alliance and the Frail Elderly Alliance of Durham Region. These activities are important because they will pave the way to a more integrated service delivery system in Durham Region. We have also linked with the Dementia Network. We have developed clinical protocols with Grandview Children's Centre and Personal Attendant Care to ensure coordinated service delivery. Our connections with Durham Region Community Care and Durham hospices are also important since many of our clients are served in different ways by these organizations. Our work with the Health Department intensified this year with the SARS crisis. We are gratified by the partnerships and working relationships we enjoy in the Durham Region.

> "If there has ever been a year that demonstrated the importance of working together this has been it."
> Janet Harris, Executive Director

Since health human resource shortages are a key concern in Durham Region, DATC has been working collaboratively with the Durham Region Health Care Group and the local Training Board on a number of initiatives focused on enhanced recruitment and retention practices. In particular, we are targeting high school students and mature adults interested in pursuing a career in health care. On the institutional side, our links with our hospital partners and with the long-term care facilities in Durham Region are ongoing as we are jointly committed to smooth transfer of care from hospital to home to long-term care.

Finally, outside the region we have been active participants on the Child Health Network for the Greater Toronto Area. This organization and that of the GTA Rehab Network is dedicated to improving the coordination of services for clients as they navigate the health care system.

Durham Access To Care Foundation

Durham Access To Care Foundation was created in 2002 to help advance community health care in Durham Region. For example, the Foundation recently sponsored a well-attended forum in the Durham community. The Foundation's Board members all share an interest in furthering community health care. Meeting quarterly, they plan events that fulfill their mandate. Bequests and donations to Durham Access To Care are forwarded to the Foundation for appropriate use.

Donations

During the 2002/03 fiscal year, Durham Access To Care received donations in the amount of $34,312 from clients, families and friends for recognition of the contribution that DATC staff and service providers have offered. The messages received with these donations confirm the valuable role home care plays in the health care community.

Research

We continue to support research as the key to quality improvement and best practices. Our Director of Client Services is co-principal investigator of a project funded by the Canadian Health Services Research Foundation that is examining the impact of the competitive process on the quality of care and quality of worklife of community based nurses an important topic of interest to many across the province. In addition, we are pleased to be partners in the University of Ontario Institute of Technology's research network.

INTERNAL COMMUNITY INITIATIVES

Education Committee

Staff development and continuing education is a shared responsibility at DATC between management and staff. This combined effort and commitment has resulted in a variety of guest speakers, educational opportunities and workshops offered throughout the year.

> "Working on the Wellness Committee has been a great experience. Our activities are so well regarded that we have been asked by other CCACs to help them start a Wellness Committee."
> Ellen Gulin, Committee Member

Wellness Committee

Your work life is not just about the job you do. It is also about the environment in which you do it. DATC has made enhancing the work life environment a priority through a Wellness Committee. This committee has sponsored more than 21 events this year. Seminars on topics ranging from health to humour have enlightened staff. Picnics, potluck lunches and BBQs have given staff an opportunity to relate to each other outside of the office. These efforts have fostered a cohesive culture.

MINISTRY OF HEALTH & CCAC INITIATIVES

Common Assessment Instrument for Long Stay Clients

A new assessment tool (MDS Inter-Rai Home Care Tool) has been introduced across the province for adult clients requiring long stay CCAC service. Case Managers and Placement Coordinators have received training on the use of the new tool. The assessment is done face-to-face in the client's home and the data is entered on a laptop computer so the assessment process for both clients and staff has changed considerably. Staff are perfecting the ability to assess clients, maintain a good rapport and record assessment data simultaneously. All Community Care Access Centres will use the new common assessment instrument so that everyone who requires the services of the community or requires admission into a long-term care facility will be assessed the same way across the province. Staff have begun to use their laptops to collect required information while in the clients' homes. So far, 1500 assessments have been completed (421 have been entered electronically) using the new instrument.

Long term care facility staff will also receive training using the new assessment instrument. One of the advantages of a standardized assessment instrument is that the information will yield important client information that will allow us to track and monitor progress towards service plan goals.

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PERFORMANCE INFORMATION

During 2002 - 2003, DATC met the objectives for the year, providing service to an expanded client population while balancing the budget. Client Feedback Surveys have reflected high client satisfaction and when problems are identified, we follow up immediately.

As an accredited organization, we are continuing our Quality Improvement activities and have developed indicators to measure our performance on all four dimensions of quality identified by the Canadian Council on Health Services Accreditation.

This year we established a number of key performance indicators to assist us internally to monitor our performance and facilitate process improvements. Those indicators have been coordinated into a balanced scorecard. We plan to use that scorecard as a reporting system for the Board and Ministry of Health and Long Term Care. Next year, the reporting focus will shift to a report to the community at large.

Individuals Served in 2002/2003		
	Individuals	Budget
Nursing	7,999	7,750
Personal Support Services	4,738	4,840
Occupational Therapy	5,189	4,900
Physiotherapy	2,944	2,900
Social Work	774	850
Speech Pathology	1,031	985
Dietician Services	464	409
Laboratory Services	1,125	1,080
Placement Services	2,243	2,300
# of Unique Individuals	16,331	

Types of Referrals in 2002/2003	
Acute < 8 Weeks	7,882
Long Term > 8 Weeks	4,744
Total Referrals	12,626
School Programs	1,096
Children's Services	1,501
Mental Health	633

5% spent on administration

95% spent on direct client care

KEY PERFORMANCE INDICATORS

RESPONSIVENESS

•Average number of days to fill vacant Long Term Care beds

•Number of individuals on wait list for nursing, personal support services, physiotherapy, occupational therapy, social work, speech and language pathology and dietitian

•Per capita funding

•Average service intensity for personal support

CLIENT/COMMUNITY FOCUS

- a) Number of complaints regarding:
  - •quantity of services provided
  - •quality of services provided
  - •other
- b) Number of compliments
- c) Number of inquiries

•Percentage of DATC clients who were satisfied overall with DATC services

•Percentage of partners satisfied with the Community Advisory Council

•Percentage of clients' initial treatment goals met at the time of discharge

SYSTEM COMPETENCY

•Percentage of variance to budget Year To Date

•Percentage of total expenditures for administration Year To Date

•Number of occurrences which are high risk

•Percentage of initial reports received within seven days, by service

WORK LIFE

•Percentage of staff who express overall satisfaction with the workplace

•Percentage of staff who report they understand new legislative requirements

SERVICE PROVISION TEAM

Our Staff

Science and technology continue to expand and improve the services we are able to offer in the home. However, the human touch is the little extra that makes the difference. Our team specialty is that little extra! Congratulations to the 102 case managers and placement coordinators and the 66 support staff on providing extraordinary service to more than 7000 clients monthly. Supporting this strong team is our management group.

Executive Director: Janet Harris
Director, Client Services, Quality, Research & Development: Jennie Pickard
Director, Corporate Services: David Stringer
Program Managers: Marilyn Brown, Lisa Burden, Sally Davis, Beth Leonard, Lynda MacGregor, Sherry McGeough & Cathy Sturch
Manager, Finance: Marie Goleski
Manager, Information Systems: David Merkley
Manager, Human Resources: Tom Oleson
Communication & Public Relations Coordinator: Esther Filer
Executive Assistant to the Executive Director: Paula Landry

Our Service Providers

As the coordinator of home health care services, DATC places tremendous trust and faith in the agencies that deliver the service. We are pleased to have a very good working relationship with all of our Service Providers. We thank them for their commitment and quality service.

Personal Support Services
Comcare Health Services, Kawartha Quality Health Care, Paramed Home Health Care, Saint Elizabeth Health Care and VHA Home Health Care.

Nursing Services
Bayshore HealthCare, Comcare Health Services, Durham Association for Family Respite Services, Paramed Home Health Care, Partners in Community Nursing, Saint Elizabeth Health Care and Victorian Order of Nurses

Rehabilitation Services
Community Advantage Rehabilitation, Heaman Communications Services and Integrated Rehab Professionals

Medical Equipment & I.V. Supplies & Equipment
Coram Healthcare Ltd., Medigas

Laboratory Services
Gamma Dynacare

FINANCIAL INFORMATION
STATEMENT OF OPERATIONS
For the twelve months ended March 31, 2003

REVENUE	
Government Funding	42,067,736
Interest & Other	151,633
Donations	34,312
TOTAL REVENUE	42,253,681
EXPENDITURES	
CLIENT SERVICES	
Personal Support Services	12,335,682
Nursing	12,632,019
Case Management	7,271,577
Medical Supplies	1,121,685
Medical Equipment	275,908
Infusion Equipment & Supplies	693,801
Occupational Therapy	2,275,301
Physiotherapy	1,063,332
Social Work	525,743
Speech Pathology	809,667
Placement Services	640,502
Dietitian Services	117,847
Capital & Other One-Time Expenditures	405,969
TOTAL CLIENT SERVICES	40,169,033
ADMINISTRATIVE SERVICES	
Salaries & Benefits	1,447,800
Professional Fees & Consultants	126,808
Office & General	136,973
Building Occupancy	125,502
Miscellaneous	19,790
Advertising	10,305
Travel	20,678
Repairs & Maintenance	18,233
Capital & Other One-Time Expenditures	77,327
TOTAL ADMINISTRATIVE SERVICES	1,983,416
TOTAL EXPENDITURES	42,152,449
OPERATING SURPLUS	101,232

2002/2003 audit was completed by Dawn Flett and Associates.
A copy of the audited financial statement is available on request from Durham Access to Care, 905-430-3308, ext. 3859.

MINISTRY OF HEALTH & CCAC INITIATIVES

Placement Coordination Service

Our placement team has been busy! 424 new long term care beds opened in the Durham Region this year and the placement team, working in cooperation with the new facilities, was able to place unprecedented numbers of clients this year. As well, in response to SARS, the team was involved in transferring 136 hospitalized patients awaiting nursing home beds in order to ease the pressure in hospitals.

Resource Allocation

Case Managers receive weekly updates on resource utilization for each client receiving nursing and personal support services. This allows staff to review resource allocation regularly and assists in decision making to ensure the best use of scarce resources.

Community Advisory Council

Our newly formed Community Advisory Council met three times over the past year. Members include:

Brian Lemon, President and CEO, Lakeridge Health Corporation
Hume Martin, President and CEO, Rouge Valley Health System
Elizabeth Fulford, Executive Director, Durham Region Community Care
Sylvia Spice, Executive Director, Personal Attendant Care
Judy Heffern, Director, Services for Seniors, Region of Durham
Patrick Brown, Administrator, Strathaven Life Care Centre
Janet Harris, Executive Director, Durham Access To Care
Mary Bazeley, Chair, Community Advisory Council &
Vice President of the Board, Durham Access To Care

The Council has been reviewing each organization's Bill of Rights to assess the feasibility of developing a common philosophy of care. This philosophy could be the foundation for system integration among the region's health care partners.

C3 Project

Community Care Connects (C3) is our information systems project that provides both hardware and software for the organization. C3 has facilitated CCAC access to a private network called Smart Systems for Health. We are currently working with C3 as they implement an Active Directory for this network that will enable us to communicate effectively within our sector. As well, our Information and Referral Team is continuously engaged in updating the local/provincial database on community resources.

Management Information Systems Guidelines (MIS)

DATC has been preparing all year to meet the new information reporting standards as outlined in the Ontario Healthcare Reporting system by the targeted implementation date of April 1, 2003. This means that we have now created a new chart of accounts to ensure our statistical and financial data reporting is consistent with the MIS Guidelines in the coming year.

CLIENT INFORMATION