

REPORT TO THE MINISTRY OF HEALTH & LONG TERM CARE 2003/2004



Canadian Council on Health
Services Accreditation



Conseil canadien d'agrément
des services de santé

Durham Access To Care

209 Dundas Street East, Whitby, Ontario, L1N 7H8

905-430-3308 WWW.DATC.ORG

Charitable Registration No. 88582 6941 RR 0001

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

All Durham Access To Care Board Members received reappointments from the government. Bill Botshka, Board Chair, received a three year term reappointment in 2003 and Janet Harris, Executive Director, received a two year term reappointment in 2004.



From the left, standing: Janet Harris, Executive Director; Mary Bazeley, Vice President; Maureen Wishart, Director; Janette Taggart, Treasurer; Howard Hall, Vice President. Seated: Lynn West, Secretary; Bill Botshka, Board Chair.

Missing: Marek Ulanicki, Director; Elizabeth McCreight, Director.

BOARD CHAIR & EXECUTIVE DIRECTOR'S MESSAGE

The viability of the health care system in Ontario is currently under scrutiny. Spiralling costs, human resources shortages, an aging population and a system that is struggling to balance acute care pressures with community requirements are all driving the need for change. In nearly every study on health care, one common theme surfaces: home care is a priority. In Ontario, Community Care Access Centres are well positioned to relieve hospital pressures while providing access to services in the home and in long term care facilities.

Durham Access To Care recognizes the need for collaboration with our community partners and much attention has been paid to building relationships within our community over the past year.

A seamless transition for clients as they move from hospital to home or to long term care is an essential part of our mandate. Durham Access To Care recognizes the need for collaboration with our community partners and much attention has been paid to building relationships within our community over the past year. Our affiliation with the Durham Region Health Care Group is an opportunity to work with hospitals, the long-term care sector, the District Health Council, the Health Department, the Ministry and major community organizations in Durham.

For many organizations in Southern Ontario, the year will be remembered for infection control challenges and tests of our emergency preparedness. Much has been written about the SARS outbreak. The fact that the infection was contained in the hospital setting did not exempt the community from exposure to risk. In fact both the power outage and SARS taught us the importance of risk management which we have now embraced as part of our quality management program at Durham Access To Care.

Our Community Health Forum, funded by the Durham Access To Care Foundation, was well received by the community with an unprecedented number of people in attendance to hear Stephen Lewis' address on "The Brave New Health Care World".

A new standardized assessment instrument has been implemented and over 2000 clients were assessed last year using this new tool. Again our staff are to be congratulated for their ability to provide in-home assessments while inputting the data directly into laptop computers and still ensuring clients feel fully engaged in the process.

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BOARD CHAIR & EXECUTIVE DIRECTOR S MESSAGE

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We have completed a successful Request for Proposal process for Nursing Services in Durham Region and are very pleased to welcome our new nursing providers: CarePartners, Durham Association for Family Respite Services, ParaMed Home Health Care, Partners in Community Nursing, Saint Elizabeth Health Care, VHA Home HealthCare. Please see page 11 for a complete list of service providers.

It has been a good year for Durham Access To Care and we look forward to working with all of you in the coming year.



Bill Botzka,
Board Chair



Janet Harris,
Executive Director

PERFORMANCE INFORMATION

Service Highlights

On the financial front, we were proud to finish the year within half of a percentage of a balanced budget. At the same time, we were able to serve 16,372 clients over the year with increased volumes over budgeted volumes as outlined on page 7.

These achievements are particularly noteworthy as Ontario was in a state of emergency last year related to the SARS outbreak which led to unexpected costs and impacts on the community. The balanced budget was achieved without profound negative impacts on clients and our service provider resources both of which are key to maintaining stability and sustainability in home care.

Continuous Quality Improvement Plan

As an organization, Durham Access To Care continues to pursue initiatives to enhance quality services to our community. Over the past year we have further refined our performance measurement system to enable us to track key indicators and identify trends to ensure the most cost-effective, quality outcomes. Measures are now in place to track a number of variables related to responsiveness, client/community focus, system competency and work life. A sample of these can be viewed in the key performance indicator chart on page 6.

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All of our case managers and placement coordinators were trained to use the long term care assessment software and the new service recipient codes. Over 2000 clients were assessed in their homes using this assessment tool which is also generating population profiles to assist us in evaluating program priorities. As well, we are now in compliance with the new Management Information System (MIS) statistical and financial reporting requirements

Staff Satisfaction Survey

A Staff Survey was completed and we are in the process of analyzing the results and developing strategies to address issues raised from the survey. Preliminary results show an overall score of 61.5% which exceeds the average overall score for Community Care Access Centres.

Client Satisfaction Survey

In order to reduce the burden on our clients while maintaining the opportunity to collect client feedback, we have partnered with our service providers to develop a collaborative client satisfaction survey. The results of a randomized sample of 1000 clients have been very positive as indicated in the key performance indicator chart on page 6. Further opportunities to evaluate feedback from clients and other stakeholders have been incorporated as we prepare to implement an organization-wide risk management software program. This program enhances our ability to track both external and internal performance feedback, the results of which will be used to improve service and to provide input to our own report card as well as our service providers' report cards.

Preparing for Accreditation

Fundamental to our operations is the value we place on feedback from our partners and stakeholders. Consequently, we have held focus groups with clients, community partners and service providers in order to assess our strengths and areas for improvement. From this input, we have undertaken a self assessment in preparation for our second accreditation survey from the Canadian Council of Health Services Accreditation to be completed in the fall of 2004. We have also used the input to develop our organizational objectives for the coming year.

As an organization, Durham Access To Care continues to pursue initiatives to enhance quality services to our community

PERFORMANCE INFORMATION

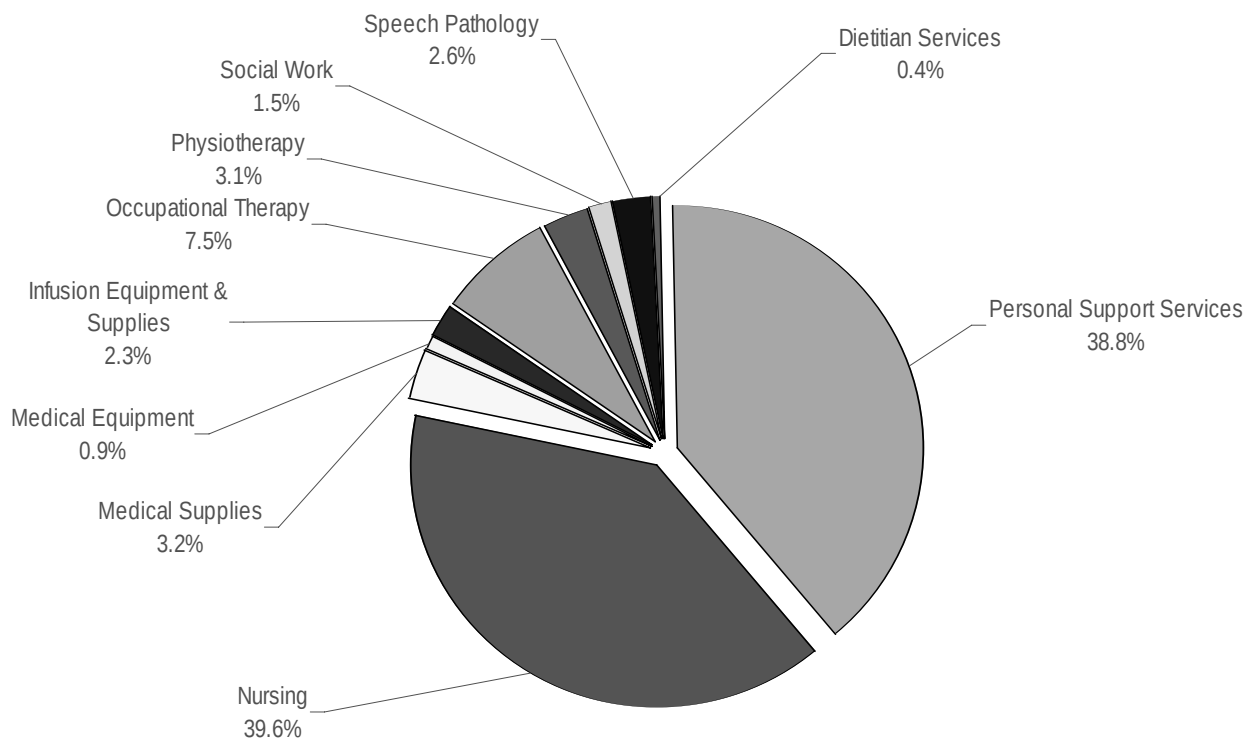
KEY PERFORMANCE INDICATORS FOR 2003-2004

RESPONSIVENESS Decline in average wait time for Speech Services (21%) Number of clients reporting that their health care needs were met (96%)	CLIENT/COMMUNITY FOCUS Goals achieved by clients on discharge (92.5%) Number of clients very satisfied with overall quality of service received (96%)
SYSTEM COMPETENCY Percentage of variance to budget (.5%) Percentage of total expenditures allocated to administrative costs (5.4%)	WORK LIFE Average number of sick days (5.04) Overall employee feedback score on Staff Survey (61.5%)

These Key Performance Indicators are part of the Durham Access To Care Report Card. The quadrants are based on the quality dimensions of the Canadian Council on Health Services Accreditation.

Breakdown of Client Services Expenditures

April 1, 2003 March 31, 2004



PERFORMANCE INFORMATION

Types of Referrals in 2003/2004	
Acute < 8 Weeks	7,462
Long Term > 8 Weeks	5,812
Total Referrals	13,274
Program Information	
School Program Referrals	1,230
Total Children's Service Referrals	1,610
Mental Health Referrals	672

Individuals Served in 2003/2004 = 16,372		
Breakdown by Service	Individuals Served	Budgeted # of Individuals Served
Nursing	7,579	7,291
Personal Support Services	5,124	4,739
Occupational Therapy	6,031	5,208
Physiotherapy	3,146	3,102
Social Work	820	906
Speech Pathology	1,171	1,240
Dietitian Services	578	615
Laboratory Services	1,093	1,080
Placement Services	2,695	2,300

5% spent on administration

95% spent on direct client care



FINANCIAL INFORMATION - STATEMENT OF OPERATIONS

For the twelve months ended March 31, 2004

REVENUE		
Government funding	\$	44,730,253
Interest and other		1,345,127
Donations		5,668
TOTAL REVENUE		
	\$	46,081,038
EXPENDITURES		
Salaries	\$ 8,064,121	
Benefits	1,949,357	10,013,478
Supplies and other		1,331,548
Referred out expenses:		
Medical supplies	1,073,179	
Medical equipment	313,686	
Infusion equipment and supplies	778,372	
Personal support	13,085,057	
Nursing	13,373,145	
Occupational therapy	2,532,943	
Physiotherapy	1,045,292	
Social work	500,728	
Speech pathology	882,231	
Dietitian services	145,928	33,730,561
Equipment		82,034
Building and grounds		681,834
Total Expenditures		
	\$	45,839,455
Operating Surplus		
	\$	241,583

2003/2004 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.

COMMUNITY INITIATIVES

Excellent response
from Durham
Access To Care in
supporting our
clients. We look to
your Case
Managers to take
the lead in the
client's care.

Cheryl MacLeod,
Hospice Durham

Community Advisory Council

A Community Advisory Council legislated through the Community Care Access Corporations Act has been created in Durham and we are gratified by the interest and support of our partners. Our hospital sector partners are Brian Lemon of Lakeridge Health Corporation and Hume Martin of Rouge Valley Health System. Our community support sector partners are Brent Farr of Durham Region Community Care and Sylvia Spice, Personal Attendant Care. Our long term care sector partners are Judy Heffernan of Services for Seniors in Durham Region and Patrick Brown of Strathaven Life Care Centre.

The Durham Region Health Care Group (DRHCG) currently holds a monthly meeting which includes the partners identified above. We have arranged with Dr. Robert Kyle, Chair of the DRHCG, to adapt this meeting on a quarterly basis to fit the mandate of the Community Advisory Council which is chaired by Mary Bazeley from the Durham Access To Care Board. This has allowed for an efficient meeting schedule and has the advantage of including other important partners such as the District Health Council, the Ministry and the Health Department in our deliberations. We are currently in the process of evaluating our work and planning the agenda for the coming year.

Cancer Care Ontario

We are working closely with the new Cancer Centre for Durham Region as Lakeridge Health moves ahead in the establishment of a regional centre for Durham and neighbouring communities. The topic of our upcoming Community Health Forum will focus on "Creating an integrated system of care for clients with cancer".

Frail Elderly Alliance of Durham Region & The Palliative Care Alliance

We are proud to be participants in both these Alliances which are building a system of care for the frail elderly and palliative clients in the region.

University of Ontario Institute of Technology (UOIT)

We have established relationships with UOIT to consider health human resources and research initiatives. We are pleased to be partners with them on both of these important initiatives.

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COMMUNITY INITIATIVES

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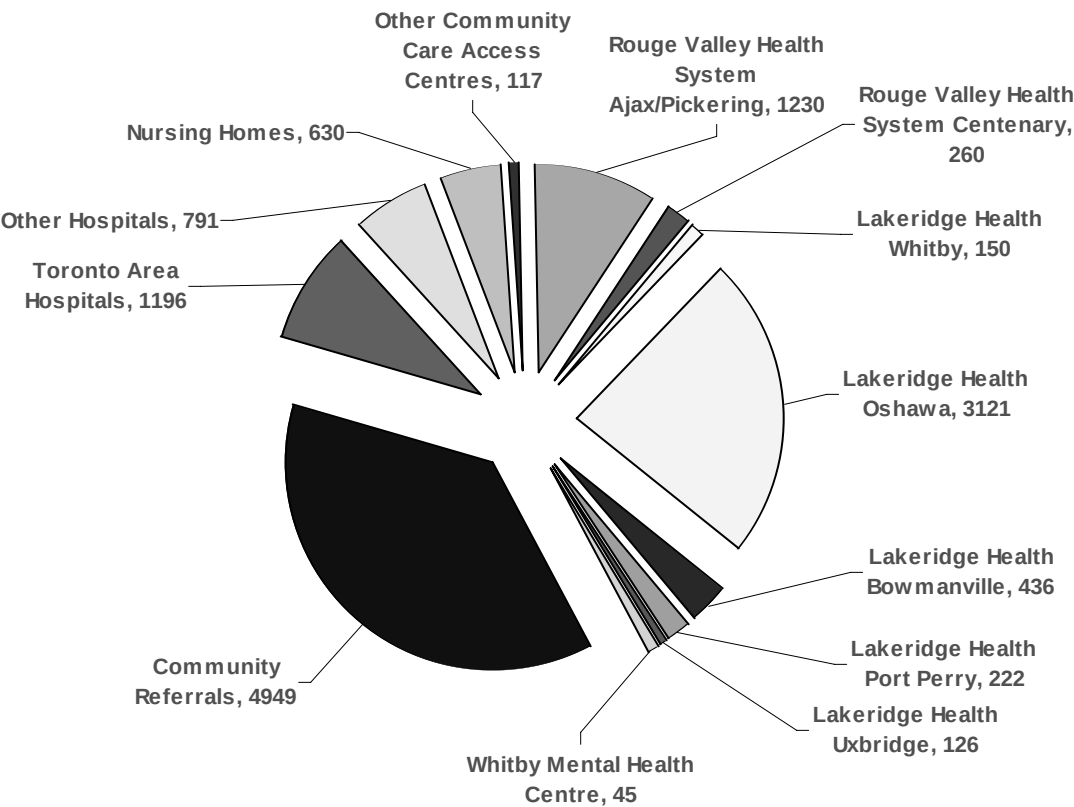
Durham Access
To Care is a
leader in the
health care
community.

Hume Martin,
CEO
Rouge Valley
Health System

The District Health Council (DHC) Acute Care Study

The DHC has engaged a number of Durham partners including Durham Access To Care in a series of expert review panels on high volume "Health Clusters" such as Pediatrics, Obstetrics, Cancer, Cardiac, Respiratory and Orthopedics. These panels will inform the integrated service review process in Durham and will provide valuable assistance in the planning process for all health care providers.

Where Our Clients Came From
April 1 2003 - March 31 2004



SERVICE PROVISION TEAM

Our Staff

The strength of a team rests in its members. We have a strong team that shares a common goal; providing our clients with the right services by the right person at the right time.

Executive Director: Janet Harris

Director, Quality, Contracts, Research & Organizational Development:
Jennie Pickard

Director, Client Services: Sally Davis

Director, Corporate Services: David Stringer

Managers, Client Services: Marilyn Brown, Lisa Burden, Tamra Laughlin,
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

The results of a randomized sample of 1000 clients have been very positive.

Our Service Providers for 2003-2004

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

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 Communication Services and Integrated Rehab Professionals

Medical Equipment & I.V. Supplies & Equipment

Coram Healthcare Ltd., Medigas

Laboratory Services

Gamma Dynacare