Peterborough Community Access Centre

.... Linking you with Health Care Resources

2003/2004 ANNUAL REPORT

Board Chair: Sharon Lawes Executive Director: Stephen Kay

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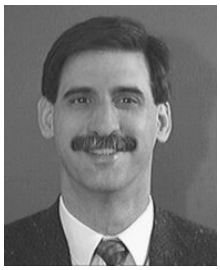
A Message from the Chair and Executive Director

Sharon Lawes
Board Chair



Stephen Kay
Executive Director

Each year since its inception in April 1997 the Peterborough Community Access Centre has undertaken a number of changes in programs and directions that has seen a continuous improvement in the services provided in the community. This year is no exception. Guided by the Mission and Philosophy statement of the organization a number of key initiatives are underway.

Although challenged by a funding short fall, the Access Centre has successfully implemented a resource allocation strategy ensuring that clients with the greatest need receive service. In addition, the Best Practice Program has identified several initiatives that have provided better coordinated accessible services. At the same time administrative costs continue to fall for the second straight year.

A newly implemented Quality Management Program measuring all aspects of the organization's effectiveness was implemented in 2003/04. This program is consistent with the Ministry Accountability Statements and ensures the best quality services are available to the residents of Peterborough County.

On the community side the development of a Community Advisory Council and a notable increase in the community partnerships is evident in this fiscal year. Most significant in those partnerships is the development of the Greater Peterborough Healthcare Alliance. PCAC continues to look for innovative practices and approaches to the provision of a more integrated health care service for the residents of Peterborough County. We fully expect the 2004/05 year to offer greater opportunity to create a more seamless system for the residents we serve.

Mission Statement

To coordinate the integration of community-based health services:

- ***By providing a single access point for individuals in need of community-based health services.***
- ***By collaborating with community partners in the creation of innovative strategies*** **and/or services that enhance or support health care needs within our community.**

Philosophy Statement

The Peterborough Community Access Centre, believing that all persons have a basic right to a life of quality, respects the fundamental integrity of the individual. Therefore, in all our endeavors when responding to health care needs of our community, we will be guided by the values of:

- ***Compassion***
- ***Collaboration***
- ***Accessibility***
- ***Accountability***
- ***Quality of Service***
- ***Consumer Empowerment***
- ***Honesty***
- ***Openness***

Introduction

The Peterborough Community Access Centre is known within our community as an integral component of the health care system. All services provided by the Access Centre are fully funded by the Ministry of Health and Long Term Care . Over the past year the Board and staff have continued to take a leadership role in both local and provincial initiatives intended to improve services to the community. Some of these activities are detailed in this report. We would also like to thank those whose donations to the Access Centre have helped to further our commitment to excellence in service. We coordinate access to health care services provided in the home, school, admission to long-term care facilities, adult day programs, and access to health information and support services in our community.

Back row: Don Benninger, Bob Allen, Tom Philips; Ann MacLeod; Ren Mann; Heather Stelzer
Front Row: Brian Fitzgerald; Sharon Lawes, Stephen Kay
Missing: Beverly Gilmour & Pat Knapp

OIC Appointments

NAME	***Date***
Board	
Sharon Lawes (Chair)	*Feb. 16/03*
Don Benninger	*Feb 16/03*
Robert Allen	*Feb. 16/03*
Brian Fitzgerald	*Feb. 16/03*
Beverley Gilmour	*Feb. 16/03*
Patricia Knapp	*Feb. 16/03*
Ann MacLeod	*Feb. 16/03*
Renwick Mann	*Feb. 16/03*
Tom Phillips	*Feb. 16/03*
Heather Stelzer	*Feb. 16/03*
Executive Director	
Stephen Kay	*Feb.6/04*

The Board over the past year has worked on the strategic directions ensuring that those directions are consistent with the Ministry of Health and Long Term Care Goals and Objectives for services in the community. Most particularly the Board has undertaken an evaluation initiative within the organization ensuring that a strong quality management is integral to the organization. Of particular emphasis this year for the Board was ensuring that the Access Centre met its financial obligations and working with the Ministry were able to balance the budget while eliminating the prior year deficit. This puts the Access Centre in a better position to ensure that services are offered and available to clients within our community.

Strategic Direction

Undertake a governance review and develop board policies and processes that focus on key objectives

Ensure that the Access Centre pursue new and innovative service opportunities consistent with its Mandate and that meet the identified needs of the community

Undertake an evaluation initiative within the organization, based on the principles within the mission and philosophy statements

Develop a long-term public communications plan

Through the Community Advisory Council take a lead in client and sector based planning activities

Undertake resource development strategies

Community Partnerships in Action

Greater Peterborough Heath Care Alliance - In partnership with the Peterborough Regional Health Centre, Peterborough County-City Health Unit, and Peterborough Medical Society, the Access Centre has been a founding member of a proposed Primary Care Network for Peterborough County. The Access Centre is fully committed to the development of a more complete integrated community and primary care healthcare system. We believe that by working in partnership a more seamless system of service can be created. The model calls for family physicians, nurse practitioners , case managers and Allied Health professionals to work together to provide improved community and home based services. Access Centre Staff, as part of the primary care team, will enhance the role of the family physician creating easier access and availability of services. It is the intention of the Alliance to be able to begin offering this improved healthcare system within Peterborough County in the 2004/05 fiscal year. Access Centre expertise in case management, procurement and provision of nursing, personal support and Allied Health professional services and information technology are expected to be used within the new primary care model.

Community Meeting - Winter 2004

Collaborative Continuum of Care Task Force. - PCAC and Ptbo Regional Health Centre have come together to form this task force to:

- ensure the continuum of care as people transition between hospital & community
- affect positive, timely health outcomes
- support and promote Best Practices across the continuum of care
- ensure that care is provided in the most cost effective environment and
- ensure equitable care management for all residents

4 County Wound Care – This cross sectional group's purpose is to develop and maintain locally accepted clinical guidelines for wound care treatment. The Committee hosted an excellent conference in February 2004- "Challenges in Wound Care". Topics included treatment of malignant wounds, skin related complications in ostomy care wounds associated with altered renal functions, nutrition management and would healing. 120 people from across many disciplines attended.

Long Term Care Educators Network – meet to share resources, provide educational opportunities and network. This past year focused on the implementation of the PIECES training and continuation with elder abuse awareness. In March, the Access Centre hosted a workshop on Brain Behaviour and Behavioral Changes in the LTC Setting. The success of this workshop has resulted in a request for an annual workshop on behaviour and aging as well as focus with the younger-older resident in long term care.

Abuse Prevention of Older Adults Network – co-sponsored by the Access Centre, the group's mandate is to raise community awareness of abuse and prevention of abuse making our community a safe, respectful, and supportive place for older adults. Work continues with a committee to develop a coordinated community response to elder abuse. Membership includes representatives from older adults, various social and health related agencies, faith communities, legal and education communities.

" It is a welcome relief that when a person comes home from hospital after surgery and requires medical care it is there from the Access Centre - keep up the excellent service."

Partners in Aging Coalition- Prevent Falls Amongst Older Adults Co-sponsored by the Access Centre, their mandate is to educate the older community about falls and reducing the incidence of falls in those +65 age. The Network is comprised of members from the health sector, fitness and older adults. Currently the Network is introducing "Smart Moves" to the population.

4 County Supportive Care Network – the Access Centre partners with Hospice Peterborough, the Regional Health Centre , HNV CCAC, Cancer Care Ontario and various health care service providers to identify needs for supportive care and develop strategies to address those needs.

Community Partners Network - the group provides a forum for agencies involved in health care to meet, collaborate and respond to the changing needs of the community

PCAC Involvement in the Community

Staff members participate in a variety of community activities on an ongoing basis. They are:

- Joint Service Providers Network
- 4 County Dementia Network
- Placement Services Network
- Children's Case Coordination Advisory Committee
- Five Counties Children Centre—Program & Services Advisory Committee
- Adult Day Program
- Aphasia Centre Steering Committee
- Centennial Place Special Service Advisory Committee
- Ptbo Supportive Care Area Network
- Palliative Pain & Symptom Mngmt
- HKPR District Health Council
- Regional Advisory Committee
- Palliative Partnership Council
- Palliative Network
- Peterborough Regional Health Centre
  - Medical Units
  - Surgical Unit
  - Emergency
  - Professional Practice
  - Acute Care Practice Committee
  - PASE Advisory Committee
  - Community Advisory Coordinating Committee
  - Schizophrenia Advisory Committee
- 211 Committee
- Regional Information & Referral
- Fleming College Health Information Systems Advisory Committee
- Institute for Healthy Aging Advisory Committee
- St. Joseph's Care Foundation
- Canadian Cancer Society Supportive Care Network
- Central East Committees
  - Contract Management
  - Manager's Group
  - Pediatric Managers Committee
  - Placement Service Group
  - Finance Committee
  - Human Resource Committee
  - Education Committees
  - Client Services Managers Group

PCAC Staff

PCAC Services to the Community

Our Staff

The staff of the Access Centre participate in a variety of internal and external committees and organizations which support the Mission and Philosophy of the Access Centre. This year the staff have been involved in over 50 agencies and organizational partnerships. Internal activities include the Staff Advisory Committee , United Way Campaign, Food Drive and Daffodil for Cancer Drive, Social Committee.

Numerous student placements are provided by the Access Centre to a variety of educational institutions i.e. Queen's and Fleming College. Most significantly are the clinical experiences provided to therapy and nursing students.

Educational activities remain a high priority for the Access Centre staff with regular monthly inservices and a variety of educational opportunities available to all staff.

Eight Team Assistants, on their own time, recently graduated from the Ward Clerk Certificate program at Fleming College. Many of our staff have participated in the new Assessment Tool training with all of our Case Managers now fully skilled in this new standardized Assessment Tool.

Dr. Tom Bell
Medical Advisor

"Your service has certainly helped my son. I want to thank you for your help."

Our Service Providers

Personal Support / Homemaking Services

Community Health Services–Canadian Red Cross
ProHome Kawartha Quality Care
Nightingale Nursing Registry
ParaMed

Medical Equipment

Coram
KCI Medical Canada
Medi-Chair
Medigas
Shopper's Home Health Care
VitalAire

Nursing Agencies

Nightingale Nursing Registry
Pro-Home Kawartha Quality Care
Victorian Order of Nurses
TLC Nursing

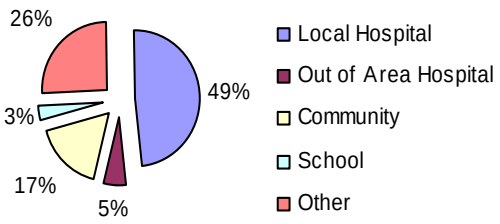
Other Service Providers

Five Counties Children's Centre
Kawartha Therapy Services
Gamma-DYNA Care
MDS Laboratories
Community Care Peterborough
Peterborough Regional Health Centre
Pryor Lindor and Associates
Therapacc

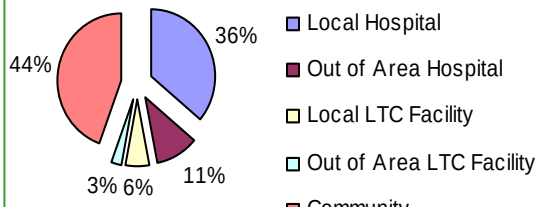
Business Overview

The pie charts on this page illustrate the services and dollars provided to clients the past year. There has been a continued shift toward referral from hospital and acute services while personal support clients and services have decreased.

Home Care Referral Sources



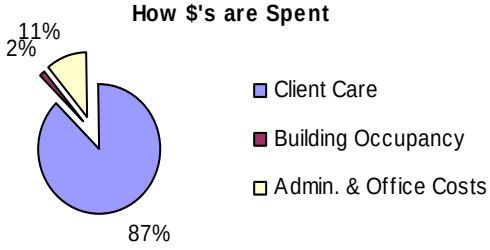
Placement Referral Source



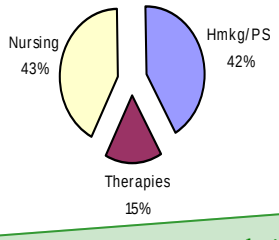
Overall hospitals account for 54% of all home care and 47% of all placement referrals. Nursing Services continue to make up the bulk of the services provided.

The dollars spent on client care continue to increase as a portion of the dollars spent, with administrative costs decreasing for the second year in a row. 87% of the total budget is spent on client care.

How $'s are Spent



Client Care % of Costs

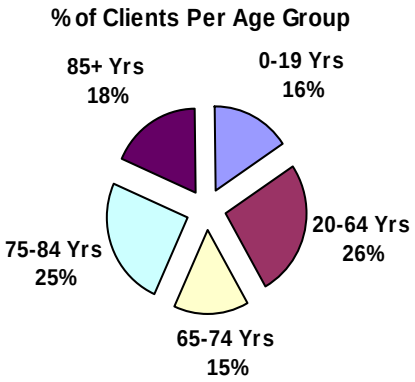


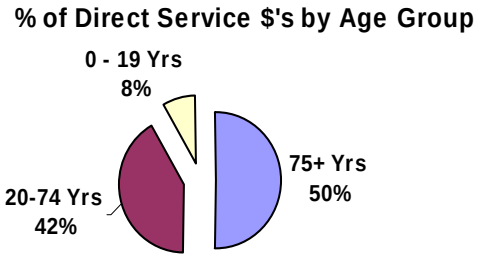
Community Advisory Council

2003/04 represent s the first full year of operation for the Council. Members of the council are selected from a specific set of community partners whose mandate is *"to improve the delivery and coordination of services to people requiring care as they move from one part of the health and community support services system to another."* This year was a building year for the Council since it was necessary to develop the Terms of Reference which included establishing the roles and relationships of the Council to community partners and the Board of the Access Centre. It is expected that 2004/05 will be an exciting year for the Council, the recent release of the District Health Council report on Long Term Care and the expected system changes that will occur to community based healthcare will challenge the council to identify new and innovative practices to improve the delivery of community based health care services.

Approximately 3600 individuals each day who require health care in their homes or long term care placement are served by the Peterborough Community Access Centre.

Peterborough County is an older community. 43% of our caseload is 75+ years and consume 50% of our nursing and personal support budget. Clients aged 20 years to 74 years represent 41% of our caseload and receive 42% of our nursing and personal support budget. Clients aged 0-19 years represent 16% of our caseload and receive 8% of our nursing and personal support budget.





* Based on Actual Nursing and Personal Support Direct Service

" You have provided a valuable service. I don't think I would have been able to stay in my home without this service."

Client Care Services	03/04 # of clients	03/04 Units of Service*
Caseload	6,294	36,780
Nursing	3,878	97,772
Homemaking/Personal Support	**1,791	***230,476
Physiotherapy	1,431	4,834
Occupational Therapy	1,676	5,479
Social Work	206	1,848
Speech-Language Therapy	545	3,064
Nutrition	359	1,066
Placement Services		
Average Waiting Lists		349
Average Monthly Caseload		515
Number of Completed Cases		1,369

* Units of Service refers to # of visits by service providers, except for Homemaking/Personal Support Services where units of service refers to the number of hours.

** Personal Support Waitlists commenced June 2003. Statistic does not include clients waiting for PSW service only

*** Due to Personal Support Waitlists, statistic does not reflect our community's requirements.

Key Successes

Quality Management Program

2003/2004 saw the implementation of an ongoing client survey process. As well CCACs in Central East Region agreed to a common question on surveys for benchmarking purposes. Clients are asked "Overall how would you rate the services you received from the Access Centre?" PCAC is pleased to report that on our most recent survey 90% of our clients rated our services as *excellent* or *good*.

PCAC adopted a new occurrence reporting process in November 2003 and will be sharing comparative results with its service provider agencies starting July 2004.

"The treatment and support I receive from PCAC has made a significant contribution to improving my overall quality of life at home."

Annette McCaul (Speech Language Pathologist) chats with Maddy

Dimensions of Quality based on Ministry's Accountability Statements

Client/Community Focus
- satisfaction
- partnerships
- information

System Competency
- goal achievement
- incidents/occurrences
- variances
- standards achievement

Responsiveness
- timelines
- availability
- equity
- accessibility

Work-life
- innovations
- attendance
- performance development

Performance Report

Waitlist Management

The PCAC successfully implemented Personal Support waitlists as a means to balance the budget in May 2003. Clients were assessed and prioritized based on their acuity. This process allowed PCAC to manage admission to Personal Support care and most importantly allowed for a balanced year end budget.

Care Coordination and Case Management Organization

In order to coordinate client care management and ensure the intended implementation of the MDS RAI-HC, PCAC reorganized case management functions. Short term (acute) clients and clients residing in Long Term Care facilities/Retirement Homes are managed by dedicated Case Managers allowing for the remaining "Area" Case Managers to visit long term supportive, maintenance and rehab clients in a timely manner. To date we have been able to complete MDS assessments according to the Ministry's standards better than 83% of the time.

"We are happy to receive the care my wife gets. It makes life more bearable."

C3 Project—MDS-HC

The MDS-HC is a new province wide assessment tool for 'long stay' clients. This tool ensures that clients are assessed consistently across Ontario and guides Case Managers in the development of service plans. The MDS-HC is completed every 6 months to ensure service plans continue to meet each client needs.

Management Information System

The Finance Department developed a new chart of accounts to ensure our financial and statistical data reporting complies with the Management Information System Guides. This will enable the Access Centre to provide information to better manage the organizations using definitions consistent with all other facilities within the Ontario Healthcare Reporting system.

Placement Services

Placement Staff coordinated the closure of 60 Interim LTC beds at PRHC in July 2003 with the opening of Centennial Place in Millbrook. PCAC Case Mangers began completing functional assessments using the MDS-HC Tool for hospital patients requiring direct admission to LTC facilities. Participation in the plans for closure of Anson House and opening of St. Joseph's at Fleming began.

Other Key Initiatives

- Launched new Client Information Welcome Packages for distribution to all new admissions
- Developed "Guide to Long Term Care Planning"
- Report card on the Community Advisory Committee
- Evaluated the impact of waitlist for personal support/respite

Best Practice

The PCAC embarked upon several Best Practice initiatives during 03/04. The following is an example of one initiative we are particularly proud of.

In October 2003 the Peterborough Community Care Access Centre and its nursing service provider agencies altered the practice of home visiting clients returning from hospital for same day surgical procedures.

Instead, the nurse would telephone the client to assess his/her health status and provide telephone consultation regarding post surgical protocols.

This is followed up by home visits 1 or 2 days post op as per visiting nursing protocol.

If during the telephone assessment the nurse determined the need for a same day home visit, he/she would proceed to the client's home.

This practice was evaluated 5 months following initiation via chart audit (outcomes) and client telephone interview. The results of both evaluations overwhelmingly supported this practice for all same day surgeries with the exception of breast surgery. PCAC will continue to monitor to ensure outcomes remain consistent.

Helping clients keep their independence

Research

PCAC was proud to participate in two research endeavors this past year. In November we were one of 10 CCACs to participate in the *RAI-HC Workload Study*. This study examined the total time to prepare, conduct, and complete all related RAI-HC activities in order to generate a client service plan. The purpose of the study was to increase understanding with respect to issues that affect the time required to complete the assessment/reassessment and subsequent service plan. The Peterborough results were very consistent with the group results and reinforced that our undertakings to accommodate the new process were successful.

In March PCAC was one of five CCACs to participate in the trial of the Triage Short Term Assessment Tool. Hospital and Community Case Managers completed 83 assessments. This trial was the first stage in determining what assessment parameters are required for this type of client.

Lastly, we have been invited to be one of three CCACs who will participate in a research project undertaken by the Workflow Integrity Network on behalf of OACCAC to demonstrate the value of case management.