Peterborough Community Access Centre

.... Linking you with Health Care Resources

2004/05 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

The 2004/05 fiscal year has been an eventful one for the Peterborough Community Access Centre. The Ministry of Health and Long Term Care renewal agenda that creates a more collaborative , cooperative health care system with an emphasis on community and home based service has made a significant difference in the services provided by the Access Centre. This year we have been involved in a number of collaborative partnerships with our local hospital, Peterborough Regional Health Centre, and are actively involved in the planning and support of our local Family Health Team Initiatives.

Guided by our Mission and Philosophy Statement and in particular the emphasis on integration and collaboration we directed significant new funding to assist with the renewal agenda. Particular emphasis was placed on helping the hospital reduce length of stay, avoid hospital admissions where possible and create new collaborative programs between the two organizations.

Within the new proposed Local Health Integration Network (LHIN) boundaries the 4 CCACs have had discussions about increased cooperation and collaboration both on the administrative and client care side.

We believe that the development of the LHINs as organizations that will be able to plan and coordinate services and programs will create improvement and services available across the whole LHIN area. This development will increase the potential for cooperation and collaboration.

The Board is excited about the potential future that the Peterborough Community Access Centre can play in a transformed health care system. New partnerships both locally and across the district will create new opportunities. We also have taken a leadership in a number of provincial initiatives. On the staff side a professional development system, an emphasis on wellness and the initiation of a long term service award program illustrate commitment to staff and their importance in our organization.

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 considered by 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 homes, adult day programs, and access to health information and support services in our community.

2004/05 Board of Directors

Back row: Don Benninger, Tom Philips, *(term ended Jul 05)* Ann MacLeod, Heather Stelzer
Front Row: Bob Allen, Brian Fitzgerald, Sharon Lawes, Stephen Kay, Ren Mann
Missing: Beverly Gilmour & Pat Knapp *(term ended Jul 05)*

OIC Appointments

NAME	Date Term Began
Board	
Sharon Lawes (Chair)	*Feb. 16/03*
Don Benninger	*Feb. 16/05*
Robert Allen	*Feb. 16/05*
Brian Fitzgerald	*Feb. 16/05*
Beverley Gilmour	*Feb. 16/05*
Pat Knapp	*(term ended Jul 05)*
Ann MacLeod	*Feb. 16/03*
Renwick Mann	*Feb. 16/03*
Tom Phillips	*(term ended Jul 05)*
Heather Stelzer	*Feb. 16/03*
Executive Director	
Stephen Kay	*Feb. 16/04*

The Board continues the progress on the Access Centre's 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.

The Board established strategies to ensure that clients with the highest need would receive service and that priorities be developed for the provision of services to all clients. In 2004 specific efforts were made to improve the communication between the Access Centre and family physicians with a number of initiatives directed in that regard.

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

Peterborough Family Health Team Network In April 2005 Minister Smitherman announced the creation of a network of Family Health Teams (FHTs) in Peterborough. The Peterborough Network of FHTs will be made up of the Peterborough Clinic FHT, Peterborough Medical Centre FHT, Peterborough Palliative Plus FHT, the VON Havelock-Belmont-Methuen FHT, and the Greater Peterborough FHT (Chemong) . The network will include a group of approximately 65 physicians working with nurse practitioners and registered nurses. In addition, local health care providers and the community are proposing to include other health care professionals such as nutritionists, pharmacists, and physiotherapists. The FHTs will work closely with the Access Centre, the local hospital and other local health care agencies to ensure that local residents receive the best care possible.

HKPR End-of Life Network—Peterborough Community Care Access Centre is part of the HKPR (Haliburton Kawartha and Pine Ridge End-Of-Life Network. The EOL Network is part of the Ministry's strategy to enhance end of life care resulting in 6,000 more palliative clients receiving care at home by 2008. HNV and PCAC have hired a facilitator to assist the network in achieving its goals who is facilitating the work of the network. The facilitator also holds a similar position with the Durham E-O-L Network which allows for sharing of ideas across the Central East LHIN area.

Helping clients in the Peterborough Community

HKPR EOL Network has approximately 27 members representing the two CCACs, Long Term Care Homes, Hospices, Physicians, service provider agencies, pharmacists, palliative care units, and hospitals.

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

This project is intended to transition hospital based programs to the community over the next few months.

Abuse Prevention of Older Adults Network (APOAN) - The Access Centre's ongoing commitment to addressing and educating the community about elder abuse continues with this program. The Access Centre has been the lead agency for a federal grant from National Crime Prevention Strategy. The Access Centre, a member agency of the APOAN has provided administration and office support for the grant.

The result is a coordinated community response that includes approximately 40 agencies and services that have educated their staff and various sectors of the community about elder abuse.

" The nurses who have treated me for my condition were excellent. I would recommend them to family members and friends."

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.

Worked with the hospital to develop an idle bed policy to deal with ALC patients occupying hospital beds .

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
- 4 County Wound Care Committee
- 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
- HKPR End-of-Life Care Network
- 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

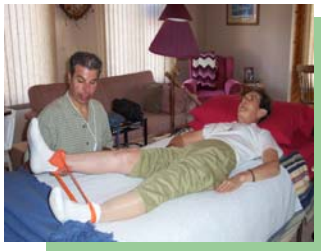
Our Staff

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 approximately 55 partnerships. Internal activities include the Staff Advisory Committee , United Way Campaign, Food Drive, Social Committee and newly struck Wellness Committee. This committee is intended to deal with the overall health and wellness of the staff.

Numerous student placements are provided by the Access Centre to a variety of educational institutions i.e. Queen's and Fleming College. Most significant 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.

This year saw the implementation of a Professional Development System (PDS) with input from staff. PDS focuses on employee growth and development and consists of assessment of competencies and development of an Employee Learning Plan.



Khoshrow Yazdani *(Physiotherapist)* helps Lois with exercises

"That Access Centre, they sent these angels up to me, and gave me things to do. And the hope they give me, and the help they give me is just unbelievable. I could not honestly thank them enough for the help they give me."

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

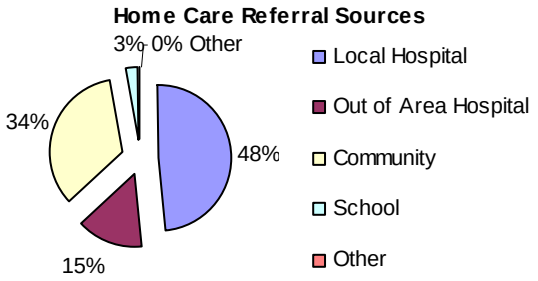
Nightingale Nursing Registry
Pro-Home Kawartha Quality Care
Victorian Order of Nurses
TLC Nursing

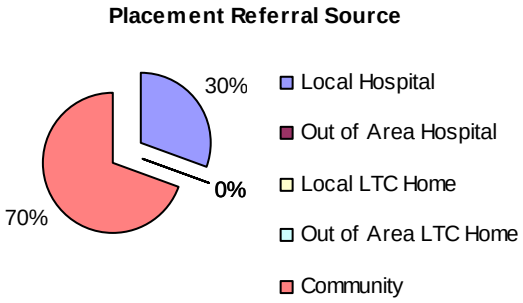
Other Service Providers

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

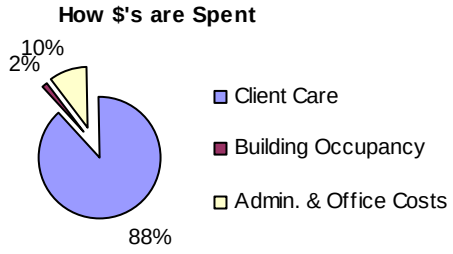
The pie charts on this page illustrate the services and dollars provided to clients in the past year. There has been a continued shift toward referral from hospital and acute services while personal support clients and services have decreased.

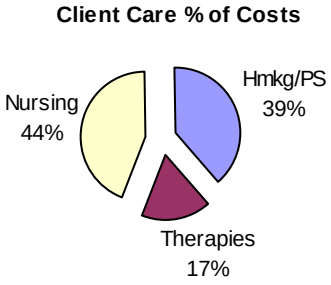




Overall hospital referrals account for 63% of all home care and 30% of all placement referrals. Nursing services continue to make up the bulk of the services provided.

The dollars spent on client care continue to increase as a portion of the dollars spent, with administrative costs decreasing for the third year as a % of total costs. 88% of the total budget is spent on client care.





Community Advisory Council

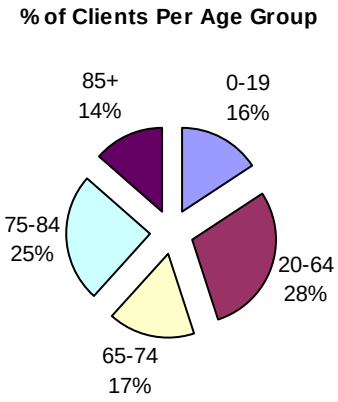
The Access Centre has well established communication and consultative processes with clients, the community, and service providers. The Community Advisory Council (CAC) has provided a vehicle to ensure a more collaborative cooperative approach.

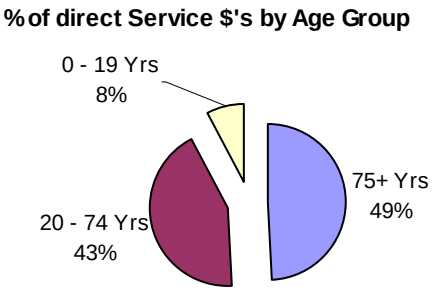
This year the CAC of PCAC along with the CAC of HNV Access Centre hosted a 1 day planning symposium which used the DHKPR District Health Council 10 enablers for long term care as a guide. A set of priorities were developed which will be used by the CAC to develop collaborative planning for the community.

Approximately 3400 individuals who require health care in their homes or long term care placement are served by the Peterborough Community Access Centre each month.

Peterborough County is an older community. 47% of our caseload is 75+ years and consume 49% of our nursing and personal support budget.

Clients aged 20 years to 74 years represent 45% of our caseload and receive 43% 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.





" Excellent care and compassion. I don't know where I would be without your care."

Client Care Services	04/05 # of clients	04/05 Actual Units of Service*
Caseload	6,610	16,336
Nursing	4,151	100,276
Homemaking/Personal Support	2,060	216,421
Physiotherapy	1,558	5,727
Occupational Therapy	1,733	5,676
Social Work	226	2,004
Speech-Language Therapy	628	3,644
Nutrition Therapy	382	1,017
Placement Services		
Average Waiting Lists		263
Average Monthly Caseload		514
Number of Completed Cases		835

* 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. For Caseload, the units of service refers to Case Manager and Placement visits.

Performance Report

In 2004/05 the Access Centre took a lead role in a number of provincial activities. These included pilot site for

- RAI-HC Permanent Solution
- Pilot for migration to the SSHA-CCAC Enterprise email solution
- WEB PMI Software Testing
- Pilot for Microsoft Windows Server

In addition internal changes included:

- Implementation of an IT Help Desk
- Reorganization of work flow in the Accounting department
- Establishment of a Wellness Committee
- Initiation of a Professional Developed System

Access Centre services help Barbara to maintain her independence in her home

"We were overwhelmed by the kindness and support shown to us by your staff."

Collaborative Continuum of Care Project

"Focusing on Wellness" The best place to learn how to manage your health is in the community where you live.

The Peterborough Community Access Centre and the Peterborough Regional Health Centre began meetings in April 2004 to identify opportunities to reduce hospital length of stay by facilitating a coordinated care plan and transfer to the homecare services of the Peterborough Community Access Centre in a timely manner.

The two organizations agreed that the following principles would guide the development of any programs.

1. To reduce hospital admission or length of stay there by increasing access to acute care beds.

2. To promote best practice.

3. To maximize the coordination of the continuum of care.

4. To maximize health care resources by providing the appropriate level of care in the appropriate setting.

5. To facilitate the fastest possible return to the patient's premorbidity environment.

In addition the selection of services appropriate for transfer to the community are based on the following:

- Both PRHC and PCAC agree that the service may be appropriately and safely provided in a community setting;

- Patients are residents of Peterborough City or Peterborough County;

- Clinical conditions are primarily chronic or are stabilized mild to moderately acute;

- PRHC will support training in the community, through the provision of clinical educators, when identified as a requirement by PCAC to facilitate dissemination of currently hospital-based skills;

- PRCH will continue to provide hospital-based back up service in the event that the clinical condition of the patients becomes unstable or moderately to severely acute.

- Transfer of service requires (at most) limited, one-time capital expenditures.

All transferred services will be formally re-assessed at 6 and 12 months after transition to the community to determine what, if any, unanticipated consequences have arisen from the transition process.

To date two projects have been initiated and were in place by November 2004. They are:

Total Hips and Knees (Joint Replacement Surgery) - In late winter PCAC and the Peterborough Regional Health Centre came together to consider ways to improve client outcomes as well as hospital length of stay for those undergoing total joint replacement surgery. PCAC case management and physiotherapy services are now initiated prior to surgery as well as at the pre anaesthetic clinic.

"You are a great team. People could not do without you and your help."

(Continued from page 9)

Amputations – This task team reviewed the current management of amputations with a view to significantly reduce hospital length of stay by developing a continuum of care path which will allow the patient to return home for their convalescence and utilize hospital services on an outpatient basis during this period. Team members include nursing, physiotherapy, occupation therapy as well as a prosthetic manufacturer from the community.

Other initiatives continue to be reviewed and considered with partnerships that include Peterborough Regional Health Centre, community agencies and the Ministry of Health and Long Term Care.

Jill Edwards *(Occupational Therapist)* chats with Andrew

Quality Management Program

The Peterborough Community Access Centre will continue to track client satisfaction as well as service related occurrences and complaints. The Access Centre works closely with service providers to address common issues and individually to address occurrences that could jeopardize client well being or the reputation of those involved.

In 2004/05 Peterborough Community Access Centre and Peterborough Regional Health Centre surveyed clients post joint replacement surgery. Initial indications are that clients are extremely satisfied with this venture.

"I would not have survived my at home recovery without the help from the Access Centre."

Dimensions of Quality based on Ministry's Accountability Statements

• satisfaction • partnerships **Client/Community Focus** • information	• goal achievement • incidents/occurrences **System Competency** • variances • standards achievement
• timelines • availability **Responsiveness** • equity • accessibility	• innovations • attendance **Work-life** • performance development