Report to the Ministry of Health and Long-Term Care

2007-2008

South West Community Care Access Centre
CCAC
CASC Centre d'accès aux soins communautaires du Sud-Ouest

South West Community Case Access Centre
356 Oxford Street West, London ON N6H 1T3

Sandra Coleman, CEO
Evelyn Harris-Williams, Board Chair

Ontario

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Key Messages

INTRODUCTION

The past year at the South West CCAC has been busy, exciting and filled with significant achievements. We are grateful to those who made it all possible – our staff and care providers, our partners throughout the health care system, the dedicated people at the Ministry of Health and Long-Term Care and the South West Local Health Integration Network, and above all, our clients and their families and friends.

During the past year, community care has achieved a new profile in Ontario. Increasingly it is seen as an important component in an integrated health system. We have seen significant increases in funding and often heard from the Minister of Health and Long-Term Care about the importance of our sector.

With the health system facing the challenges of an aging population, we fully expect community care to grow in importance. The government is investing in more community services, through the Aging at Home project, Alternative Level of Care (ALC) initiatives, the new service maximums for personal care and other initiatives. We are committed to ensuring that the people of Ontario get the most benefit from these critical investments.

During 2007-2008, the South West CCAC conducted a community engagement process to introduce ourselves to our communities and hear from our clients and stakeholders. We hosted nine public sessions, as well as sessions with our staff, our service providers and our partners. We listened carefully to all those who attended, and incorporated their ideas into our strategic directions.

Among the issues raised:

- Increasing awareness of the South West CCAC
- Addressing transportation needs
- Providing more respite for caregivers
- Providing education for public and partners
- Having sufficient funding to meet needs
- Meeting our health human resource needs
- Providing client-driven care
- Managing expectations
- Establishing effective technology to support care
- Maintaining an effective community care team
- Developing strong partnerships across the health continuum
- Ensuring consistency and quality

With the help of our community partners we identified four key strategic directions:

- Providing effective, high quality Client-Driven Care
- Working well with partners
- Being a great place to work
- Using resources wisely

These strategic directions have helped to focus our day-to-day activities. They have also inspired special initiatives and projects that are making care better across the South West. This report reflects the progress we have made in pursuing each of these goals.

_____	_____
SIGNATURE	SIGNATURE
Sandra Coleman, CEO	Evelyn Harris-Williams, Board Chair

BACKGROUND

The South West Community Care Access Centre (CCAC) serves a population of nearly two million in a vast region stretching from Long Point in the south to Tobermory in the north. During 2007-2008, we supported nearly 50,000 clients, helping them to:

- Live at home safely and comfortably
- Get home from the hospital sooner
- Navigate the health system more easily
- Manage their chronic illness
- Make the transition into long-term care at the right time
- Find the health services information they need, when they need it
- Meet the challenges of raising children with severe disabilities

Our services include:

- Nursing
- Personal support (help with bathing, dressing, etc.)
- Physiotherapy
- Occupational therapy
- Speech-language therapy
- Social work
- Nutritional counselling
- Medical supplies and equipment

Our clients are at the heart of everything we do. They face the challenges of age, injury and disability with courage and spirit. They inspire us to do our very best for them. This Report reflects our commitment to provide the highest quality care and to be fully accountable for the resources entrusted to us.

Community Engagement

CEO AND BOARD OF DIRECTORS ORDER-IN-COUNCIL APPOINTMENT DATES

Ed De Decker	October 11, 2006
Glen Elliott	February 21, 2007
Deborah Fitzsimmons	December 6, 2006
Evelyn Harris-Williams	November 29, 2006
Donald Keillor	December 6, 2006
Dr. Claude Lanfranconi	February 21, 2007
Mary Lapaine	January 15, 2007
Bonnie Monteith	December 13, 2006
Ric Murray	October 11, 2006
Jean Peacock	December 29, 2007
Joy Warkentin	February 21, 2007
Sandra Coleman	September 25, 2006

OUR VISION

To be recognized across the country as Centres of Excellence for integrated community services and health information by 2017.

OUR MISSION

Our passion is health; our strength is our people and our partners; our promise is compassionate care.

On a day to day basis, we are:

- an easy to use gateway to information and high quality health services;
- an innovator seeking to optimize people's health, well being and autonomy;
- an integrator partnering with others to reduce the barriers to access, respect diversity and improve the care experience of people across the health care continuum;
- an employer of choice who believes in the remarkable capacity of our people to continuously learn and make a difference;
- an open communicator who promotes positive relationships; and
- a steward of public resources who is openly accountable and contributes to a sustainable health system.

Summary of Achievements

Summary of Key Successes

- **Providing Client-Driven Care**

Client-Driven Care is a unique approach to working with clients, their families and other community care team members. It involves working in partnership to build on strengths and together create ways to reach better health outcomes.

Client-Driven Care is a cornerstone of the South West CCAC. It's part of our culture of learning, empowerment, healthy relationships and quality improvement. Rigorous research has shown that Client-Driven Care improves the quality of care for clients and the quality of work life for South West CCAC staff and care providers.

Throughout 2007-2008 the South West CCAC focused on bringing the concept of Client-Driven Care to life. We provided education to staff and providers, supported research, and incorporated the principles of Client-Driven Care into everyday practice.

Early in 2007 the Client Services Team took shape under the leadership of Donna Ladouceur, Senior Director. On February 27, 2007, staff and service providers gathered in London to take the first step in establishing Client-Driven Care as a central theme for the new South West CCAC. The workshop heard results from Phase I of a Participatory Action Research Project funded by the Canadian Institutes of Health Research (CIHR) with lead researcher Dr. Carol McWilliam. Participants then identified further strategies for implementing Client-Driven Care.

Teams composed of staff from the South West CCAC and provider agencies were formed at each site. The teams developed and piloted their action strategies from March to November, then met in late 2007 to share the results.

Among the projects were:

- Enhancements to the South West CCAC's Record in the Home
- Guidelines for when and how to hold case conferences
- An orientation program to introduce new providers to the concepts of Client-Driven Care
- Strategies to improve communication between case managers and personal support workers (PSWs)
- A communication aid to help clients understand who does what on their care team
- Measures to help recruit and retain community health professionals
- Consistent service delivery models in Children's Services, Geriatrics, Supportive Care, Placement, Personal Support/Homemaking/Respite and Information and Referral, all based on best practices

The projects were shared with staff from across the region at an event on March 27, 2008.

Representatives of each team presented their projects in a talk-show format, with former TV personality Julie Simpson as host. “Even though the groups were widely dispersed geographically,” says Anita Cole, Regional Client Services Manager, “their work was interconnected, and the client was always at the centre.”

Role plays, case scenarios and videos have been developed to support the implementation of Client-Driven Care. The next step is a study using “guided conversation” – scripts to help case managers and providers establish strong partnerships with their clients.

How do we know that Client-Driven Care has moved beyond theory and is an integral part of how we provide care? Our success is reflected in our stellar client satisfaction results from February 2008: 98.75% of clients rated satisfaction with their outcomes as good or excellent, and 97% rated satisfaction with service as good or excellent.

- **Working Well with Partners (see below)**
- **Creating a Great Place to Work**

In January 2007 the South West CCAC faced a challenge: bringing together six predecessor organizations, each with unique cultures, and forging a strong and united new organization. During 2007-2008 we got to know one another and began building a new culture of respect and collaboration across our vast region.

The first step in creating a positive work culture was the creation of a province-wide Mission and Vision statement. “These are bold statements that capture an exciting vision of the future for community care in this province,” said Executive Director Sandra Coleman in introducing them to staff. “They also give us a compelling reason to get up each morning and come to work!” Also important was the development of a Statement of Values and Ethics – principles that guide our behaviors as we carry out the work of the South West CCAC and move towards our Vision.

During 2007-2008 two strong teams took shape to focus on people issues within the South West CCAC – the Performance Management and Accountability team, led by Gordon Milak, and the Human Resources Team, led by Megan Allen-Lamb.

A key initiative during 2007-2008 was the creation of the Staff Quality Council with representation from across the region. Among the projects undertaken by this active group:

- Development of a Work-Life Model with a focus on wellness and staff appreciation
- Launch of the region-wide Heroes in the Home program to recognize exceptional informal caregivers and professional care providers
- Development of an Organizational Learning Plan to promote a learning organization

Regular all-staff meetings have become an integral part of the south West CCAC culture. In the spring of 2008, buses brought staff members from across the region to a special face-to-face event in Stratford. Learning sessions focused on different thinking and communication styles and how to improve team communication and decision-making. Also on the agenda: inspirational speaker Susan Minns, a CCAC client who “couldn’t manage on her own without CCAC support”, service awards, and the presentation of the Client-Driven Care Award of Distinction.

Several staff focus groups were held during the first year of the South West CCAC to gather input. In early 2008 the South West CCAC participated in a province-wide employee engagement survey. The results were very encouraging: we received the second highest overall employee engagement rating in Ontario.

So, is the South West CCAC developing a cohesive culture and becoming a great place to work? Consider this story. Employees at the Walkerton site had to spend a month working in Owen Sound while their new offices were finished – an inconvenience for both teams. On the first day, the Walkerton team was greeted by a welcome sign, goodies and a cake. A few days later the two staffs joined in a potluck lunch. As the theme of our All-Staff meeting put it, "We are One!"

- **Using Resources Wisely**

The South West CCAC is funded by the people of Ontario. We take seriously our responsibility to be fully accountable for the resources entrusted to us and to use them to provide the best possible care to our clients. Community care has a critical role to play in our health care system. We are committed to exploring new models of care that help clients stay at home and make the health system more sustainable.

The people of the South West CCAC are innovators, always looking for ways to improve care while controlling costs. FlexClinics are good examples. Most CCAC care is provided in clients' homes. Clinics can serve those who are mobile, saving travel time. In smaller centres and rural communities, however, there may not be enough mobile CCAC clients to keep a permanent clinic busy. FlexClinics operate as long as there are enough clients to make them worthwhile, often in "borrowed" no-cost space. The introduction of FlexClinics increased nursing capacity by 43% while reducing costs by 23%.

The South West CCAC enthusiastically supported province-wide initiatives to avoid or reduce hospital stays for special patient groups. For example, additional community services helped people who had hip or knee replacement surgery get home from the hospital sooner. Support for patients on peritoneal dialysis in the home reduced the strain on hospital dialysis facilities. Other forms of "hospital avoidance" were also successful. Enhanced community services for those who choose to spend their final days at home eased the pressure on hospitals, hospices and long-term care homes. The South West CCAC exceeded our Ministry targets in each of these four areas.

As part of Ontario's three-year, $700 million Aging at Home strategy, the South West CCAC is playing a central role in several innovative projects, including:

- Home at Last, designed to help seniors move more safely and quickly between hospital and home
- Grey Bruce Falls Prevention, a risk screening tool to identify clients who may be at risk of falling and indicate the need to put services in place to prevent falls
- Safe at Home, designed to provide additional community services to at-risk clients including the addition of nurse practitioners (NPs) to our team

During 2007-2008, standardized workflows and service delivery models for end-of-life, geriatric and pediatric care and personal support were developed. Improvements to region-wide information and communication technology also helped increase efficiency, giving staff more time to focus on client needs.

When the Ontario government announced an increase in service maximums for personal supports in early spring 2008, the challenge was to ensure that the additional hours were equitably distributed. The CCAC developed a system based on information collected in the Resident Assessment Instrument, correlating priority levels for long-term care placement with client need.

Although numbers can't tell the whole story, we are proud of what these measures represent:

- Total budget spent on direct client service – 93%
- Clients who die in location of choice – 79%
- High risk incidents – 0.02%
- Goals met on discharge – 94.3%

Perhaps most important from the perspective of sustainability, during 2007-2008 we served almost 50,000 clients across a huge region and ended the year with a balanced budget.

Summary of Planned Activities

In 2008-2009, the South West CCAC will continue to find innovative ways to achieve our four strategic goals: providing effective, high quality Client-Driven Care, working well with our health system partners, being a great place to work, and using resources wisely.

We will continue to create connections for people by developing, coordinating and maintaining links across the health care system, and with people by walking with our clients on their journey. We will set and maintain the highest standards of quality and support our staff and care providers to achieve them. We will listen to our partners and work collaboratively with them. We will support our clients to remain in their own homes and communities, and when the time is right, to make the transition to long-term care. We will ensure that they get reliable information, compassionate care, and equitable access to service. We will continue to be leaders in community care.

Among special initiatives in the year ahead:

- Expanded Advanced Home Care Team
- Enhanced services through Safe at Home, Waiting at Home, and other Aging at Home projects
- Expanded Flex clinics
- Ongoing support to Partnerships for Health
- Expansion of thehealthline.ca and support for development of 310-CCAC
- Establishment of Quality Improvement Leadership Teams (QILTs)
- More hospital-CCAC collaborations
- Development of regional framework for wound care
- Focus on recruitment and retention of outstanding health professionals
- Implementation of Performance Management framework
- Enhanced relationships with care provider agencies

Community Partnerships

The best partnerships build on the strengths of each partner to achieve a whole that is greater than the sum of its parts. At the South West CCAC, our partners – the South West LHIN, contracted service providers, hospitals, long-term care homes, primary care providers and others – work side by side with us to provide the highest quality care to our clients. Clients and their family members, friends and neighbors are partners, too. Together, we are the community care team, a powerful force in your community.

At the South West CCAC, we embrace every opportunity to get to know and work more closely with our partners throughout the system. Among many examples of partnership at its best during 2007-2008:

- Interagency Leadership Partnership (IALP)
  South West CCAC staff and representatives from provider agencies meet on a monthly basis to solve problems and share innovative ways to provide care. The IALP organized two Service Provider Summits during 2007-2008. Says Gordon Milak, Senior Director, Performance Management and Accountability, "You have to invest in any relationship and the relationship between the South West CCAC and our service providers is critical."

- Hospital discharge planning
  We are working with all of our hospitals across the region to develop and implement ways to smooth the transition from hospital to home. In many sites, an integrated model of discharge planning has reduced gaps and increased efficiency.

- Partnerships for Health
  Partnerships for Health brings together key health care providers in an integrated approach to prevent and manage adult diabetes. At the centre of the project is a partnership between primary care providers, diabetes educators and CCAC case managers to ensure patients get the best possible care early in the disease process.

- thehealthline.ca
  An innovative website hosted by the South West CCAC, thehealthline.ca provides reliable, easy-to-use information about health and social services. During 2007-2008 thehealthline.ca hired three new Regional Community Partnership Coordinators to strengthen partnerships with health organizations by working proactively within communities.

- Geriatric Resource Team
  A dynamic integrated model for care, the Team includes representatives from the South West CCAC, Geriatric Services of London, Regional Mental Health, Alzheimer Strategy Initiatives, the Ministry of Health and Long-Term Care, and Southwestern Ontario Geriatric Assessment Network.

- Flo Collaborative
  South West CCAC teams have achieved excellent results with their work on the Flo Collaborative, an Ontario-wide quality improvement initiative involving hospitals and community care. At Grey Bruce Health Services' Owen Sound Hospital and St. Thomas Elgin General Hospital, initiatives included patient whiteboards, bullet

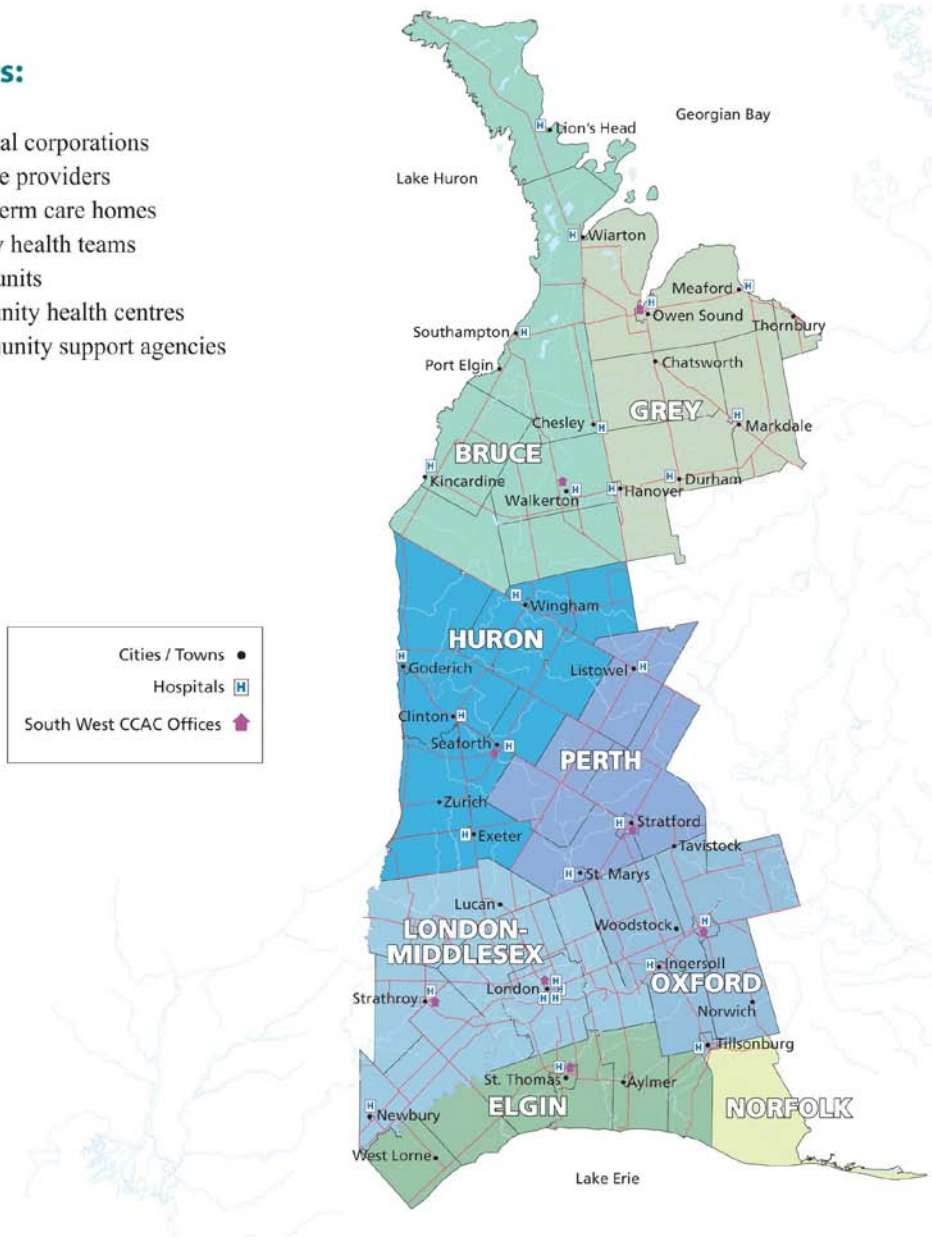
rounds, and a new comprehensive assessment and risk form. In both units, length of stay was reduced by approximately two days.

- Adult Day Programs
  The CCAC increased referrals and capacity for adult day programs, a very important community service, by fostering regional cooperation.

In March 2008, we surveyed our partners, with very positive results. Eighty-six per cent of our contracted service providers said they were satisfied or very satisfied with our partnership. For hospitals and long-term care homes, satisfaction was at 73% and 70% respectively.

Partners:

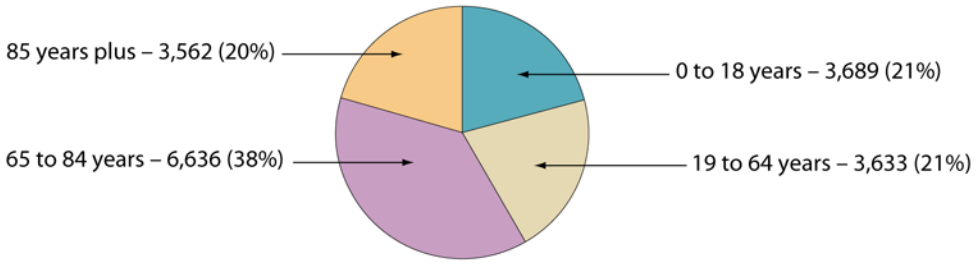
- 20 hospital corporations
- 67 service providers
- 74 long-term care homes
- 16 family health teams
- 6 health units
- 2 community health centres
- 80 community support agencies



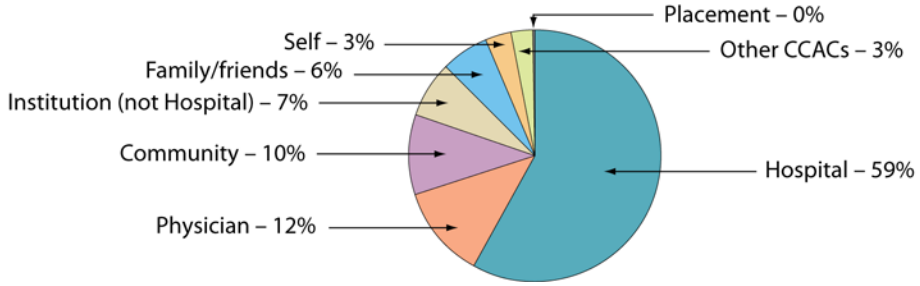
Financial/Statistical Information

Individual clients receiving home care in 2007-2008	38,778
Clients assessed and assisted with system navigation	9,224
Admissions	29,901
Discharges	29,903
Total visits / hours	2,126,074
Number of clients placed in long-term care homes	2,400
Number of staff	640
Total budget	$144 million

Age of active clients in early 2008



South West Referral Sources 2007-2008



Breakdown of service expenditures and clients served 2007/08

	Costs	Units	Clients
Nursing	$32,853,855	650,379	23,451
PSW/Homemaking/Respite	$35,171,302	1,299,900	20,657
Physiotherapy	$5,033,233	47,297	9,750
Occupational Therapy	$5,358,298	43,982	12,837
Speech	$2,163,182	16,993	2,230
Social Work	$892,348	6,556	1,467
Nutrition	$772,014	5,831	1,749
Medical Supplies	$9,075,319		