Our **Community** Speaks

The South West CCAC Report to the Community 2011-2012

Connecting you with care
Votre lien aux soins

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

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CCAC CASC
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Centre d'accès aux soins communautaires
du Sud-Ouest

Our **Vision**

Outstanding care – every person, every day.

Our **Mission**

To deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

"Our families need access to care in the right place. For our seniors, the right place to receive care, whenever possible, is at home, in their community."

Deb Matthews, Minister of Health and Long-Term Care

Transforming Health Care

A Message from Mary Lapaine, Board Chair, and Sandra Coleman, CEO

Mary Lapaine,
Board Chair

Sandra Coleman,
CEO

Over the past year, many experts have talked about the importance of home and community care. There is growing recognition that a health system weighted toward acute care hospitals simply cannot be sustained. Care provided in the community is almost always preferred by patients and clients, is more effective and is less expensive.

Of course, home and community care is complex. The key to making it happen and to ensuring the best client experience and outcome is case management or system navigation.

Make no mistake: case management is not an administrative expense. It is a therapeutic intervention that helps clients stay well, get better, maintain their independence, and stay at home longer. It also saves the health system money.

Case managers at the South West Community Care Access Centre have been providing outstanding system navigation for years. During 2011-2012, we re-committed ourselves to excellence, innovation and Client-Driven Care. Through initiatives like Home First, we showed what fresh thinking can achieve. We worked collaboratively with our partners across the health care spectrum to improve the client experience by smoothing transitions and closing gaps. We found new ways to use technology and we implemented evidence-based best practices, producing better outcomes and significant cost savings.

This report reflects our achievements – through the voices of our clients and communities, and through numbers that measure both effectiveness and efficiency.

There is more to be done, and we are committed to doing it. The health system is at a turning point. We have an opportunity to help transform health care in the months and years ahead. We're ready to step up to ensure the best possible outcomes for our clients.

Board Members: Seated (left to right): Ed De Decker, Vice-Chair, Mary Lapaine, Board Chair and Sandra Coleman, CEO. Back row (left to right): Bonnie Monteith, Donald Keillor, Glen Elliott, Linda Ballantyne, Jean Peacock, Board Secretary, Brian Hadley, Evelyn Harris-Williams, Past Board Chair, Andy Werner and Dr. Claude P. Lanfranconi, Board Treasurer

Welcome to the South West Community Care Access Centre (CCAC)

The South West CCAC is one of 14 CCACs in Ontario. Funded by the Ontario Ministry of Health and Long-Term Care through the South West Local Health Integration Network, the South West CCAC is a "care connector." As system navigators, we help people find their way through the health care system, understand their options, and connect to high quality home care, services in the community, long-term care and other services. CCACs reduce the pressure on other parts of the health system by helping clients avoid hospital and long-term care, get home from hospital faster, and stay home longer.

During 2011-2012, the South West CCAC:

- Provided more than 2.2 million visits to more than 53,000 clients, up nearly 9% from the previous year
- Kept administration costs to 8.1% of total budget
- Employed more than 700 people
- Partnered with 19 hospital corporations, 12 service provider agencies, 76 long-term care homes, 19 Family Health Teams, six Health Units, five Community Health Centres, 60 Community Support Service Agencies, nine School Boards and thehealthline.ca.

The South West CCAC is committed to four strategic directions:

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

"Working together in an integrated fashion with their partners, CCACs are ensuring clients receive faster access to the care they need, when and where they need it."

Margaret Mottershead, CEO, Ontario Association of CCACs

"The South West CCAC gets it. The difference the CCAC has made in the last five years is visible everywhere."

Jeff Low, Board Chair, South West LHIN

"CCAC case managers can act as facilitators and connectors, especially when it comes to the transition from hospital to community."

Dr. Rob Annis, family doctor and Regional Primary Care Lead for the South West LHIN

First Things **First**

The CCAC is working in partnership with hospitals to help elderly patients get home before making big decisions about their future.

Cate lives alone. A few months ago, she fell and dislocated her shoulder, and wasn't found for 24 hours. After a stay in the hospital, she still needed lots of help with transfers, meal preparation and other activities of daily living. Her CCAC case manager arranged for 24-hour personal support so that Cate could recuperate at home. She also received physiotherapy and occupational therapy services.

Janet has severe arthritis and diabetes. Her husband, who is in his late 70s, has had a stroke. They live together in a retirement apartment. Last summer Janet fell and injured her leg. She was in hospital for some time and lost strength. A CCAC case manager arranged for a Hoyer lift to be installed in her apartment so that Janet could go home. She received 24/7 care while she settled in at home, and then transitioned to the Supports for Daily Living program.

GO!

For Cate's Story view the video at http://youtu.be/fTgl73zHyDk

GO!

For Janet's Story view the video at http://youtu.be/TZVcLeRdT8Y

Cate and Janet are two of the many people who have benefited from a new philosophy of care, Home First. At its heart is the idea that clients are better off returning home from hospital before making any life-altering decisions.

Hospitals, the CCAC and community partners are working together to bring this philosophy to life. The CCAC provides an intensive care plan that can include 24/7 care for up to four weeks. Once clients are settled in at home, they transition to another care plan, or move to a long-term care home or other accommodation. Home First has been implemented in London hospitals and at St. Thomas-Elgin General Hospital with great success. It has helped reduce the number of patients taking up hospital beds while waiting for placement in long-term care. More important, it has improved the quality of life for many clients. Home First will spread across the South West in the months and years ahead.

Helping Caregivers **Sleep** Soundly

Innovative eShift program provides overnight care for high-needs patients

Janis was deeply tired. Her beloved husband Gord had inoperable colon cancer. When his condition worsened, she had to check on him every hour all night long. Her CCAC case manager noticed that she was looking exhausted and suggested a solution — the eShift program.

GO!

For Gord's Story view the video at http://youtu.be/M6rSJYhYmLE

"I just can't say enough about the people helping us. We've got the cream of the crop, I know it."

Janis

With eShift, a specially trained Personal Support Worker (PSW) provides bedside overnight care, linked to a "delegating nurse" through an iPhone application. The nurse monitors the client's condition, discusses care issues as they arise, and if necessary, delegates appropriate interventions. The innovative program was recently recognized with a 2012 South West Local Health Integration Network (LHIN) Quality Award.

For the Janis and Gord, eShift meant that Gord could spend his final months at home. "Hospital is not the greatest place to be if you can avoid it," he says. "It's much better to be at home, especially when you've got a great partner like mine."

Janis remembers the relief she felt when the program was set up and she had her first night of interrupted sleep in weeks. "The next morning I felt like I could run a marathon!" And of course, a marathon is exactly what caregiving is.

"The impact of the South West CCAC is felt not just in South West Ontario but across this province. Your leadership on a number of initiatives has allowed us to understand how to deliver better care to people right across this province."

Deb Matthews, Minister of Health and Long-Term Care

"Jane looked after me very well, especially this past year when I was diagnosed with cancer. After a horrible time and having many problems with the healing, Jane was always there ready for the next problem."

Client nominating her case manager for a *Heroes in the Home* Caregiver Recognition Award

"Kim is more than a personal support worker – she is a bright light in our lives. She has made my wife's unbearable burden more bearable."

A CCAC client talking about a Personal Support Worker

"It was absolutely fantastic. I liked everything about it. I exercised at least three times a day, and I was looked after beautifully by all the staff."

A CCAC client talking about her experience at the Restorative Care Unit in Chesley

"As a family, we felt so supported and heard by all of you. Dad's dignity and wish to die at home was kept as promised. We could not have done it without any of you."

A family member talking about her South West CCAC experience

Providing safe, effective, high-quality **Client-Driven Care**

The philosophy of Client-Drive Care has informed our work since the CCAC was launched five years ago, and continues to be the foundation of our commitment to clients, staff and partners. We believe in building warm human relationships, developing shared understanding, and then co-creating ways to achieve outcomes. For many of our clients, CCAC case managers and provider partners nurses, therapists and personal support workers are lifelines and trusted friends. While numbers alone can't do justice to the caring relationships that develop between clients and their CCAC staff and care providers, the highlights listed here provide a window. We are always looking for new and better ways to deliver Client-Driven Care.

92% Percentage of clients rating our service as good/excellent

.94 Number of adverse events per 1,000 clients

84% Percentage of eShift clients able to die at home, potentially saving more than 6,200 hospital days

71% Percentage drop in Alternate Level of Care/Long-Term Care new designations per month at London Health Sciences Centre due to Home First (an average of 40 clients per month down to 12 clients)

59 Number of high-risk clients able to go home after hospitalization due to the Intensive Hospital to Home transition program

148 Number of clients receiving service from Grey Bruce Falls Prevention and Intervention Program Home Support Exercise Program and Comprehensive Assessment

635 Number of clients who were able to stay home rather than going to long-term care through the High Risk Seniors program

99% Percentage of very high need nursing clients who received their first visit within 24 hours

94% Percentage of very high need personal support clients who received their first visit within 24 hours

93% Percentage of very high need therapy clients who received their first visit within 48 hours

"There's a very important symbiotic relationship between the CCAC and primary care. They need one another and benefit from one another."

Dr. Joshua Shadd, palliative care specialist and professor, Schulich School of Medicine and Dentistry

"Whether someone is living with a chronic disease, recovering from a visit to a hospital or simply accomplishing the activities of daily living, the CCAC is helping people stay within their communities."

Michael Barrett, CEO, South West LHIN

Working Well with **Partners**

Can the health system really operate as a system? Yes, if we all work collaboratively to provide a seamless experience for clients and patients. The CCAC values and respects its many system partners – hospitals, long-term care homes, care provider agencies, community support service agencies and others. Through innovation, we help reduce pressures in other parts of the health system. During 2011-2012, we worked with our partners to implement the CCAC's new role as the coordinated point of access for complex continuing care, rehabilitation, adult day programs, and assisted living/supportive housing services. Clients and families are honoured partners, too. Partnership creates better care experiences and makes the health system more efficient.

The South West CCAC was thrilled to receive the St. Joseph's Health Care London Community Partner of Distinction Award in June 2011, a recognition of our shared passion for improving the client/patient experience.

20% Increase in clients referred to us from hospital needing support to transition home or to another destination

600 + Number of consultations by Nurse Practitioners with long-term care residents to prevent unnecessary emergency department and hospital visits, with more than 500 avoiding hospital

66% Patients going home from Parkwood Hospital's Transitional Care Unit, rather than remaining in hospital or going to long-term care

200 + Number of clients and caregivers who have attended *Living a Healthy Life with Chronic Conditions* self-management workshops, helping them manage their chronic conditions better

90 Primary care practices in which a CCAC case manager works regularly to connect patients with the care and supports they need. One hundred percent of physicians involved in the Partnerships for Health initiative said that having a CCAC case manager involved in the practice improved patient care.

15,000 + Total number of "orphan patients" matched with family physicians through the South West CCAC's Health Care Connect program

70 + Number of videos profiling long-term care homes produced by the CCAC and made available through thehealthline.ca

2,391 Stakeholders who worked with the Diabetes Regional Coordination Centre, including 224 physicians and 10 endocrinologists

"At the end of the day, I go home energized, knowing that I've been able to make a real difference in the lives of my clients."

Heather McCallum, CCAC Intensive Case Manager

"Knowing that you're keeping people in their homes is so rewarding."

Shelley Bryson, CCAC Client Services Assistant

"My clients just give me the sense that I've done my job for the day, that I've touched somebody's life."

Melody Williams, CCAC Case Manager

Being a **Great Place** to Work

CCAC staff members should all wear T-shirts emblazoned with the words, "Change is the only constant"! Over the past year, and indeed the past five years, the pace of change has been unrelenting. Staff members have risen to the challenge with grace, always working to make care better for clients and caregivers. Working in cohesive teams, we treat one another with respect and caring. Our senior leaders share information, invite input and welcome ideas. The spirit of collaboration and caring was abundantly clear after the Goderich tornado, when CCAC leaders and frontline staff in Huron County went above and beyond to ensure that our clients were safe and comfortable. The South West CCAC is indeed a great place to work, and we continue to make it even better.

88% Percentage of staff agreeing that "my work environment is safe"

100% Participants from long-term care home who ranked as good or excellent the June 2011 all-staff meeting focusing on long-term care

10 Number of Community Grand Rounds conducted, attended by 400 service providers and 149 CCAC staff

20,000 + Number of hours of full staff orientation sessions

35 Wellness sessions offered across the South West focusing on mental health, balancing work and home, managing stress and conflict resolution

450 Number of staff members who completed surveys during the data-gathering phase of accreditation

10 Number of formal research studies in which CCAC was a partner

1.94% Staff turnover

65 Number of staff members involved in Quality Improvement Leadership Teams at each site, leading quality improvement and preparation for accreditation

114 Number of Years of Service awards and Client-Driven Care Awards of Distinction presented to dedicated CCAC staff members

450 + Number of caregivers and care providers recognized at *Heroes in the Home* Caregiver Recognition Awards ceremonies

600 Employees mask fit tested to keep staff safe and prevent exposure to infectious diseases

2 New 3-year agreements collectively negotiated with the Ontario Nurses Association and the Canadian Union of Public Employees

"Sherri is reliable, professional, knowledgeable, and very observant, especially when it comes to any changes in our condition. You cannot help but feel better when Sherri leaves because of her positive attitude."

A CCAC client talking about a Personal Support Worker

"Who wouldn't want to be at home? I'm my own boss. I don't have to spend all my time in bed, and I can come and go as I like."

Janet, CCAC Home First client

"It's better to come here and then it's done. You get out and do things and walk about, so it's beneficial."

Gordon, FlexClinic client

Using **Resources** Wisely

Resources for health care – financial and human – will always be finite. That means that choices must be made. At the CCAC our goal is to ensure that those who need care most, receive it. Sounds simple, but it's far from it. We must manage the resources entrusted to us carefully, always working to find new ways to deliver care efficiently, effectively and compassionately. The CCAC is not an island: the choices we make and the innovations we introduce have a positive impact on the client experience and costs across the health system.

1,229 Number of hospital days saved by 59 clients who have gone home on the new Intensive Hospital to Home bridge plan, with up to 24/7 support

55,452 Number of long-term care and hospital days prevented by Safe@Home

5,685 Number of long-term care and hospital days prevented by Wait@Home

$3,900,000 Amount saved over the last two years by implementing quality improvements that require fewer nursing visits and speed healing times

$430,642 Amount saved through use of FlexClinics, nursing clinics located in several communities across the South West that offer a convenient alternative to home care for ambulatory clients

11.8% Decrease in executive office expense

$35,000 Amount saved by selecting vendor of record for office supplies

<0.40% Surplus on total budget

The Year in Review

2007 • 5TH ANNIVERSARY • 2012
South West CCAC
Connecting you with care

Photos (clockwise from top left): 2011 Heroes in the Home recipient, Rehabilitation Services client with care providers, eShift client, presentation of London Health Sciences Centre 2011 Community Partner of Distinction Award to the South West CCAC, staff members at the South West CCAC's 5th Anniversary celebrations, FlexClinic nurse with client, Adult Day Program participant and coordinator, Home First client with Deb Matthews, Minister of Health and Long-Term Care

Statement of Financial Position Year ended March 31, 2012

Revenue

Ontario Ministry of Health and Long-Term Care grant		177,793,408
Other revenue		1,949,311
Donation revenue		17,066
Total revenue		179,759,785

Expenditures

Client Care		165,513,364
Purchased client services	101,258,903	
Salaries and benefits	52,828,067	
Medical supplies	10,070,231	
Medical equipment rental	1,356,163	
Supplies and sundry		9,350,775
Building and ground		2,112,439
Depreciation		1,441,159
Equipment		613,638
Total expenditures		179,031,375

Excess of revenue over expenditures for the year (see supplementary information below)	728,310
Due to from Ontario Ministry of Health and Long-Term Care	(728,310)
	–

Note: Hospice expenses and revenue have not been included.

Statement of Operations Year ended March 31, 2012

Assets

Current assets

Cash	17,197,230
Restricted cash	–
Accounts receivable	2,131,015
Prepaid expenses	392,039
	19,720,284
Rental, security and benefit deposits	120,154
Capital assets	7,578,964
	27,419,402

Liabilities

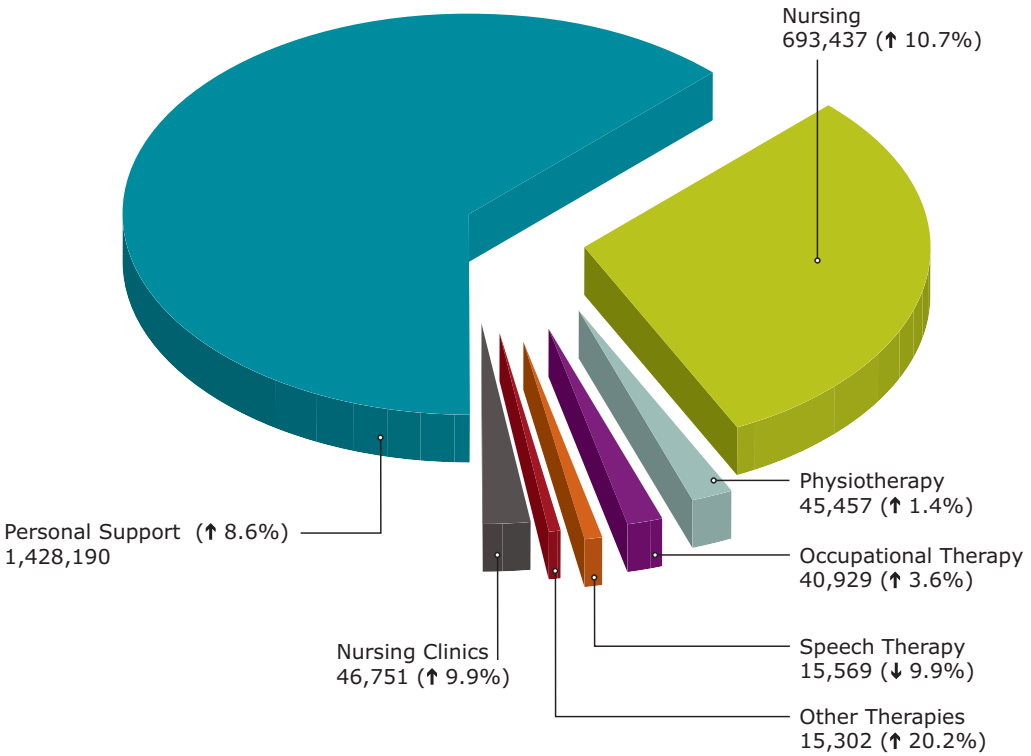
Current liabilities

Accounts payable and accrued liabilities	15,503,402
Due to Ontario Ministry of Health and Long-Term Care	3,935,574
Current portion of capital lease obligations	520,270
Current portion of deferred contributions for capital expenditures	1,315,955
	21,275,201
Commitments and contingencies	
Long-term capital lease obligations	476,096
Long-term deferred contributions for capital expenditures	5,668,105
	27,419,402

2011-2012 Services

Services Purchased to
Provide Care to Clients
by Number of Visits/Hours

For the twelve months ending
March 31, 2012



Number of Clients who
Received CCAC Services

Service Class	2010-2011	2011-2012	% change from 2010/2011
All Programs	51,889	53,038	↑ 2.2%
In Home	45,310	46,756	↑ 1.0%
Schools	4,938	4,838	↓ 2.0%
Nursing Clinics	3,858	4,192	↑ 8.6%
Clients Placed in Long-Term Care Homes	7,756	7,291	↓ 6.0%

A Look **Ahead**

We face the year ahead with both realism and optimism.

We know there will be challenges. We also know that we have the right people, the right leadership, and the right vision to meet those challenges. We move forward knowing that community care is recognized as a critical part of a transformed health system. Indeed, we believe that 2012-2013 will be the Year of Community Care!

Among our priorities in the coming months:

- The staged roll-out of Home First across the South West
- The implementation of our expanded role as the single point of access for Assisted Living and Supportive Housing, Adult Day Programs, Rehabilitation and Complex Continuing Care
- The implementation of a population-based model of care, with specialized teams of case managers focused on client populations, based on their care needs
- The development of stronger collaborative relationships with primary care
- The ongoing development of a strong and positive relationship with the South West Local Health Integration Network
- Preparations for the Accreditation Canada on-site survey in October

The South West CCAC will continue to:

- Provide Client-Driven Care
- Excel at system navigation
- Implement best practices, ensuring that we are providing the system with outstanding value for money
- Practice continuous quality improvement and innovation
- Find ways to help our clients stay safely at home

As always, we will listen carefully when our communities speak, and respond to the best of our abilities.

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South West CCAC / CASC

Community Care Access Centre

Centre d'accès aux soins communautaires du Sud-Ouest

London (Head Office)

519 473 2222 1 800 811 5146

Owen Sound/Walkerton

519 371 2112 1 888 371 2112

Seaforth

519 527 0000 1 800 267 0535

Stratford

519 273 2222 1 800 269 3683

St. Thomas

519 631 9907 1 800 563 3098

Woodstock

519 539 1284 1 800 561 5490

For more information visit www.sw.ccac-ont.ca. For information about health and social services across the South West visit www.thehealthline.ca.