Getting You Home and Community Care

South West Community Care Access Centre – 2013-2014 Annual Report to the community

Connecting you with care
Votre lien aux soins

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

Our dedicated team is guided by our vision and mission, and we strive to live our values each and every day.

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.

Values

We live the values of our compass each day in order to develop shared understanding, build trusting relationships and co-create ways to achieve outcomes.

Our values are to be:

- **C**lient-driven
- **A**ccountable and transparent
- **R**espectful of another
- **I**nnovative
- **N**urturing
- **G**reat at what we do

On the cover: South West Community Care Access Centre Care Coordinator Jennifer Morris regularly works with patient Joseph McCann to enable him to achieve his goals.

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

At the South West CCAC, our key strength is the passion we have for providing outstanding care to the people we serve. Every single member of our team has a steadfast commitment to providing the best possible care to patients each and every day. This past year the South West CCAC has worked harder than ever to improve the quality of care we provide to the residents of the South West.

With the support of the South West LHIN, and working together with hospitals and community partners, we successfully spread the Home First approach to care to every hospital in the region. We continued connecting with our primary care partners and now have an on-site presence with more than 620 physicians that enables us to provide better team care. We worked with community support service agencies to support patient access and ensure smooth transitions to services like adult day programs and supportive housing. Our Care Coordinators played a key role in the region's developing Health Links initiatives to support patients with the highest needs, and we helped keep more students in school through partnering our Mental Health and Addictions Nurses with regional school boards.

In addition to this ongoing work, we also participated in several discussions regarding the future of home and community care, and of the overall health-care system itself.

We must plan today for the health-care system of tomorrow and, as the Home and Community Care sector continues to evolve, we look forward to contributing to and informing any discussion that leads to a better system in the years to come.

Home and Community Care, as a sector, has never been more important to the health-care system than it is at this moment. It enables patients to stay at home, where they most want to be; it provides relief for patients' family members and caregivers; and it saves the Government and the health-care system valuable resources and taxpayer dollars. As our population continues to age, this importance will only continue to grow.

Every day the South West CCAC supports people who otherwise would go to hospital, stay in hospital longer or go to long-term care. We have a commitment to provide outstanding care to every patient, every day, and it is our distinct pleasure to care for more than 60,000 patients each year. The South West CCAC changes people's lives for the better every single day, and we thank all of our staff members, system partners, caregivers and the South West LHIN for helping us every step of the way.

Mary Lapaine, Board Chair

Sandra Coleman, CEO

Board of Directors

^ *Back row (left to right): Patricia Campbell, Dr. Carol McWilliam, Ferne Woolcott, Donald Keillor, Jean Peacock, Brian Hadley, Secretary, Tim Cronsberry, Evelyn Harris-Williams, Past Chair and Dr. Claude Lanfranconi, Treasurer. Seated (left to right): Sandra Coleman, CEO, Mary Lapaine, Board Chair and Linda Ballantyne, Vice Chair*

2013-2014 Highlights and Year in Review

Home First launched across South West region

(See story on page 8) Last year we supported more than 800 people each month at home instead of hospital or long-term care and reduced Alternative Level of Care (ALC) patients in hospital by more than half to the lowest level in Ontario. Home First saves more than $10 million in health system costs each year.

Increase in high-needs patients

The number of high-needs patients (complex, chronic and those in hospital) cared for reached the highest levels ever, accounting for 85 per cent of spending on patient care.

Intensive Home Care Team

40 Registered Nurses (RNs) and Nurse Practitioners (NPs) provided rapid-response nursing care to high-risk patients, patients with chronic conditions and to palliative patients approaching the end of life, improving health outcomes and reducing Emergency Department visits and hospital readmissions.

Connecting with primary care

(See story on page 9) We supported our primary care partners by having a Care Coordinator on site on a regular basis with more than 620 primary care physicians and practitioners in the region, enabling a team-based approach to care.

Access to Care

We became the single point of access to rehabilitation beds, adult day programs, assisted living and supportive housing for people in the South West. Supported by our eReferral technology (see page 12) the change enables a safe and secure transition to care for patients and helps to ensure care in the right place for each person.

Connecting with patients

Through a variety of new initiatives and the expansion of some teams' operating hours, we raised the percentage of live-answered calls to 98 per cent, all within existing resources and budget.

Physician hotline

To make it easier than ever for physicians to contact us, we launched the physician hotline – a direct phone line available 8 a.m. to 8 p.m. – to answer questions, build on relationships and further improve physician understanding of the South West CCAC.

Focused on quality

Through the South West Quality and Value in Home Care (QVHC) Project, we worked with care provider agencies to improve care by strengthening partnerships, creating efficiencies and enhancing Client-Driven Care for provider and CCAC staff.

Inaugural Quality Improvement Plan (QIP)

Launched in March 2014, our QIP is a formal, documented set of organizational priorities focused on quality and quality improvement.

Mental Health and Addictions Nurses

Now working in schools across the South West, our nurses are helping children with mental health issues to stay in school by getting the help they need, as quickly and effectively as possible.

Supporting physiotherapy changes

We conducted more than 2,400 patient assessments in 100 different retirement homes in order to support provincial changes to in-home physiotherapy.

Heroes in the Home

Our annual caregiver celebrations were held across the South West in the fall. With nearly 500 people receiving award certificates, it was our biggest year yet for the event.

eHealth enablers

Our innovative technology enabled more timely, safe sharing of information across multiple transition points and multiple health-care providers than ever before, and our electronic information and referral resource, thehealthline.ca, was launched province-wide.

Award winning organization

We are proud to have been honoured this past year by the South West LHIN for working with our partners at the Owen Sound Family Health Team on their diabetes strategy, and by the OACCAC for our eShift approach to care, and for helping to spread thehealthline.ca information network province-wide.

Providing Safe, Effective, High-Quality Client-Driven Care

Helping Joseph Stay at Home – Care Coordinator partners with patient to achieve his goals

^ *Care Coordinator Jennifer Morris and patient Joseph McCann share a laugh.*

Joseph McCann wanted to stay living at home with his mother. The 30-year-old Londoner has Cerebral Palsy and needs daily care from a variety of professionals. Last year, when the challenges of staying at home began to accumulate, South West CCAC Care Coordinator Jennifer Morris stepped in to help make sure that home was exactly where Joseph was able to stay.

"Joseph wanted to be with his family," said Morris. "We can all relate to that, so I helped them put in place everything necessary for him to be able to stay where he most wanted to be."

Morris worked with an occupational therapist and McCann's mother, Marion, to make the McCann home more wheelchair-friendly. "They put in a track lift, renovated the bedroom and put in a whole new bathroom," said Morris. "Then I worked with Joseph, his mom, an occupational therapist and a personal support worker to develop a solid care plan."

"Jennifer helped me give Joseph independence," said Marion McCann. "He can stay at home now when I go to work and I know he's being taken care of, and that he's safe. She knew that was my biggest concern and helped make it happen. She was wonderful."

Care Coordinators are highly-skilled professionals who play a critical role in the lives of the people for whom they help provide care. Capable of providing unique support to patients in all stages of health, a Care Coordinator is a patient's very own dedicated home and community care expert. "We're familiar with, and connected to, every community, every service and every part of the health-care system," said Morris. "No matter what type of care or support our patients need, we can get it for them."

As regulated health professionals, Care Coordinators work directly with

Continued on page 7.

Continued from page 6.

patients in hospitals, doctors' offices, communities, schools and in patients' homes. "Regardless of what setting we're in, we always approach the model of care collaboratively to develop a shared understanding and co-create ways to achieve outcomes," said Morris. "We understand our patients' needs, listen to what they want to achieve and help ensure they meet their objectives."

Joseph is a great example of what Care Coordinators do every day, said Morris. "Joseph wanted to stay living at home. I simply worked with him and his family to make it easier for that to happen."

Each month, South West Care Coordinators:

- help more than 3,200 patients get from hospital to home
- help more than 250 patients find long-term care accommodations
- receive more than 3,500 referrals for home care
- provide services to more than 25,000 patients

Focusing on quality

The South West CCAC holds the highest possible rating from Accreditation Canada – "accreditation with exemplary standing." By meeting more than 97% of the requirements of the accreditation program, we are considered a top performer in health care.

Similarly, we expect our partners to be top performers. We insist that, in addition to successfully passing our own rigorous quality review, each of our valued service provider partners must also be fully accredited.

We work in partnership every day with the following accredited service providers to get our patients safe, effective, high-quality client-driven care.

- CBI Health Group
- Closing the Gap Healthcare Group
- McNiece T.E.N.S. Inc.
- Medigas, Praxair Canada Inc.
- One Care Home and Community Support Services
- ParaMed Home Health Care
- Red Cross Care Partners
- Revera Health Services Inc.
- Saint Elizabeth Health Care
- Thames Valley Children's Centre
- VHA Home Healthcare
- Victorian Order of Nurses
- Yurek Pharmacy Ltd.

Working Well With Partners

Home First spreads to all South West hospitals

Eighty-six-year-old Helena Schoemaker was one of hundreds of people who returned home from hospital last year, thanks to the Home First approach to care. "When she came home that first morning both of us were really overwhelmed and emotional," said Helena's daughter, Marjorie Schoemaker. "She'd been in the hospital so long, and considering her age and her being highly medicated most of the time, I think she had almost forgotten she had a home."

With support from the South West LHIN, the South West CCAC in conjunction with its hospital and community partners has now launched Home First in every hospital in the South West, meaning more patients than ever before can return to the comfort of their own homes. Based on the idea that every effort should be made to help patients return home from hospital upon discharge, Home First has been getting patients home since it was first implemented in 2011.

Since implementation, Home First has:

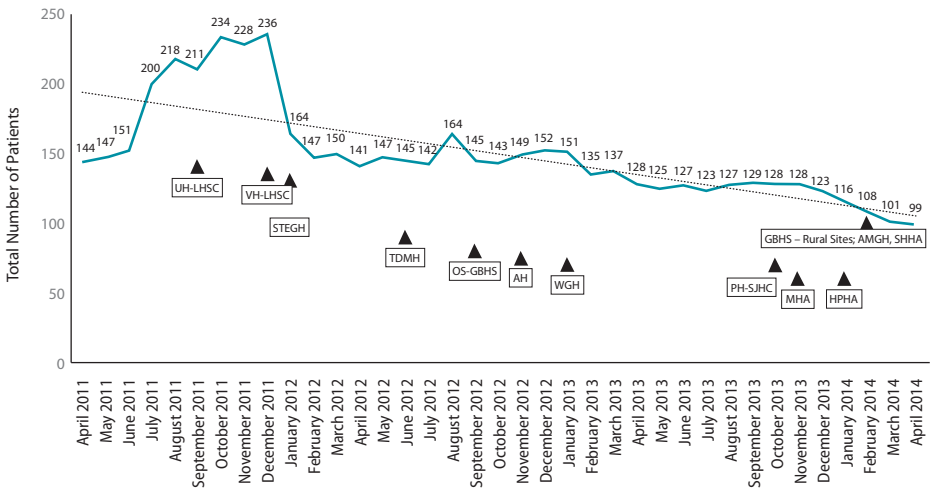
- reduced the number of people waiting in hospital for a spot in long-term care by more than 50 per cent
- enabled more than 800 people with complex needs to stay in their own homes each month
- saved the health-care system more than $10 million a year

"Having Mom at home has been incredible," said Schoemaker. "She's happy and doesn't feel a lot of pain anymore. I can't say enough about how wonderful Home First has been for her, and for us."

^ *Goderich resident Helena Schoemaker recently returned home, where she lives comfortably with the help of her daughter Marjorie and a robust Home First service plan.*

> *Since implementing Home First, the number of ALC patients in South West hospitals has been cut in half, falling to the lowest level in the province.*

Number of Alternate Level of Care (ALC) Patients Waiting for Long-Term Care



< Dr. Cathy Faulds, physician with the London Family Health Team and South West CCAC Care Coordinator Suzana Krstic.

Connecting with Primary Care

It takes solid, meaningful connections and concrete relationships to provide the best possible care to patients. As such, the South West CCAC has made a concerted effort to have a dedicated Care Coordinator regularly on site with every primary care practitioner in the region. Right now more than 90 per cent of South West primary care practitioners have a regular, on-site presence by Care Coordinators; more than 620 physicians in all.

Care Coordinators act as a single point of contact to the CCAC for primary care. They are experts at developing collaborative patient care plans that involve multiple partners including primary care, contracted service providers and other community and health system supports.

"Care Coordinators bring critical experience to the table," said Dr. Cathy Faulds, a physician with the London Family Health Team. Faulds has been working with South West CCAC Care Coordinator Suzana Krstic for the past two years. "When devising care plans for patients, Suzana is thinking about occupational therapy and physical therapy, about wound care, about transportation needs and meal requirements. She thinks about all these different things and then makes them happen."

"It's definitely an excellent relationship," agreed Krstic. "We work as one team and regularly review all of the patients we have in common. Everything is coordinated and we end up with faster, superior care for patients."

Work on developing quality relationships with primary care in the region will continue in the coming year.

More than 90 per cent of South West primary care practitioners have a regular, on-site presence by Care Coordinators; more than 620 physicians in all.

Being a Great Place to Work

Engaging our staff

What would the CCAC look like if profiled on the cover of a magazine as a great place to work?

It's a question that was put to South West CCAC staff members this past year. After a series of joint working sessions between staff and leadership, the answers to the question were compiled into the South West CCAC's new Employee Engagement Action Plan. Launched in February, and also based on feedback from a recent employee engagement survey, the plan outlines where the CCAC wants to go as an organization and the ways in which it can get there.

"Our employee survey showed that staff members are engaged," said Organizational Development Lead Kim Timleck. "But we knew we could do better; we wanted to keep challenging ourselves to find new ways to make the South West CCAC a great place to work."

The CCAC welcomed, and actively sought, employee involvement in developing the engagement plan via the Quality Improvement Leadership Teams (QILT) – a series of four teams from across the South West with members from all teams within the CCAC. "It made you feel like you could really make a difference," said Care Coordinator Diane Dodge, one of many staff members who helped contribute to the engagement plan. "The fact the CCAC enabled us to share our opinions and really listened to what we said showed that as staff members, we really counted for something."

^ *South West CCAC staff members continued to be engaged in 2013 - 2014.*

Months of hard work were compiled into the final Employee Engagement Action Plan, which has a comprehensive list of key initiatives to accomplish over the next three years. "The great thing is, these initiatives and goals were developed jointly with our entire staff," said Timleck. "We've listened to staff feedback and we're committed to going in the direction they want to go."

The South West CCAC continued to be a great place to work this past year. In 2013-2014:

- We hired 103 new staff members
- Filled an additional 254 positions through internal postings
- Our average years of service rose to 7.8 years
- Our voluntary turnover remained low, at less than 6%

Award-winning work

^ *Left to right: Michael Barrett, CEO, South West LHIN; Margo Hunsberger, RN, Owen Sound Family Health Team (OSFHT); Dr. Don Hunsberger, OSFHT; Debbie Kean, IT Support and Communication, OSFHT and Gillian Kean (RN), OSFHT; Andrea McInerney, PFQ; Mary Lapaine, Board Chair, South West CCAC; Jeff Low, Board Chair, South West LHIN and Sandra Coleman, CEO, South West CCAC.*

For the third year in a row the South West CCAC was honoured with an award at the South West LHIN's Quality Awards program. This year's award went to the CCAC's Partnering for Quality (PFQ) Team for supporting the Owen Sound Family Health Team (FHT) and Diabetes Grey Bruce on their joint diabetes strategy. The work led to better patient care and education for individuals with diabetes in Grey Bruce.

"Partnering for Quality was almost like a mediator for our two teams," said Debbie Kean, IT Support and Communications for the Owen Sound Family Health team. "They learned both sides of our processes and showed us how we could better link them together to care for patients."

PFQ supports primary care in the South West in improving chronic disease prevention and management by helping them better utilize their electronic medical records (EMR), and by helping find efficiencies through simplifying internal processes. Currently there are more than 350 physicians and stakeholders accessing the services of the PFQ team. Ultimately, PFQ hopes to improve patient care across the entire region by instilling these types of skills and techniques into every primary care practice in the South West.

More than 350 physicians and stakeholders are accessing the services of the PFQ team.

A tradition of excellence

This year's LHIN Quality award continues a tradition of excellence. The South West CCAC has previously won LHIN Quality Awards in 2013 for working with regional hospitals on the Home First approach to care, and for helping reduce Emergency Department wait times at St. Thomas Elgin General Hospital. In 2012, the inaugural year for the awards, the South West won awards for their role in the eShift approach to care for-end-of life patients, and for their work on the Regional Hip Fracture Project.

Using Resources Wisely

eHealth enablers

The South West CCAC thrives on technology and innovation, and utilizes a multitude of electronic resources on a day-to-day basis to enable timely, safe sharing of information across multiple transition points and multiple health-care providers. Our electronic resources include:

eScreener

This hospital-based electronic screening tool identifies patients at risk of a complex discharge from hospital and/or at risk of becoming an Alternative Level of Care (ALC) patient, and automatically generates an electronic referral to the South West CCAC for care assessment.

eReferral

eReferral enables electronic referral from hospital to the CCAC and from the CCAC to community support services, long-term care, and post-acute hospital services in a fast, safe and secure manner. It ensures patients can access the services and programs they need without unnecessary delay.

eNotification

This electronic resource notifies both hospital staff and the CCAC when a CCAC patient presents in the Emergency Department (ED) or is admitted to hospital. The tool helps keep all members of an individual's care team up to date.

eShift

Winner of the OACCAC's 2014 System Partnership Award for Excellence, eShift uses technology to connect off-site Registered Nurses to specially trained Personal Support Workers (PSWs) in palliative patients' homes. PSWs carry out activities as directed by the nurse, enabling one nurse to care for up to four patients at once.

thehealthline.ca

This innovative website provides users a wealth of accurate and up-to-date health services information from a single provincial database of more than 40,000 health-service provider profiles. For the provincial implementation of thehealthline.ca, thehealthline.ca deployment team won the OACCAC's 2014 Sector Innovation Award.

Client Health and Related Information System (CHRIS) and Health Partner Gateway (HPG)

CHRIS is the CCAC's Electronic Medical Record platform for the confidential and secure storage of patient health information. The Health Partner Gateway (HPG) is the electronic solution through which information stored in CHRIS is safely and securely exchanged between the South West CCAC and its partners.

^ *Top: Members of thehealthline.ca Deployment Team accept their OACCAC Sector Innovation Award for Excellence.*

^ *Above: Members of the eShift project team accept their OACCAC Award for Excellence.*

Facts and Figures

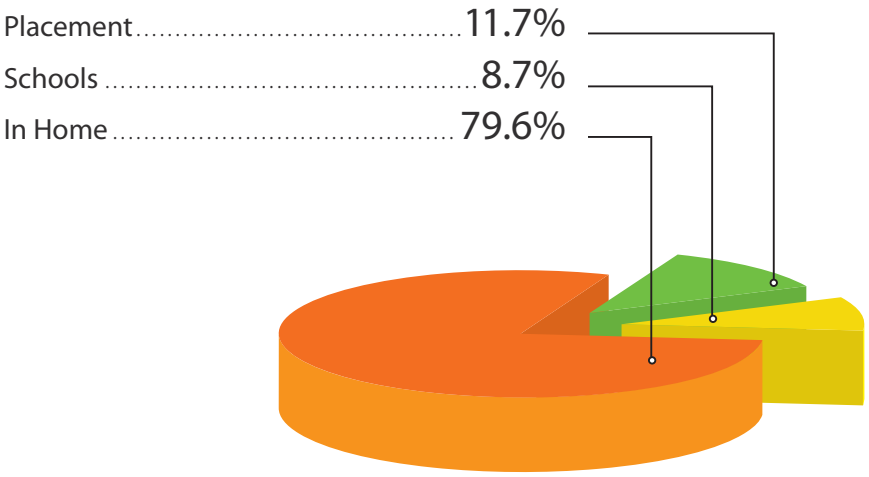
South West CCAC by the numbers

- 60,000 patients are cared for every year, or 1 in every 17 people in the region
- more than 2.5 million in-home visits are made by the South West CCAC
- 94% of CCAC patients are satisfied or very satisfied with their care
- Used increased funding to increase care provided to patients by more than 11% in 2013 -2014
- Less than 4% of our budget is spent on administration, with another 4% on IT and facilities, for less than 8% overall
- 95% of all patients discharged from hospital get their first nursing visit within 5 days and 90% get their first PSW visit within 5 days

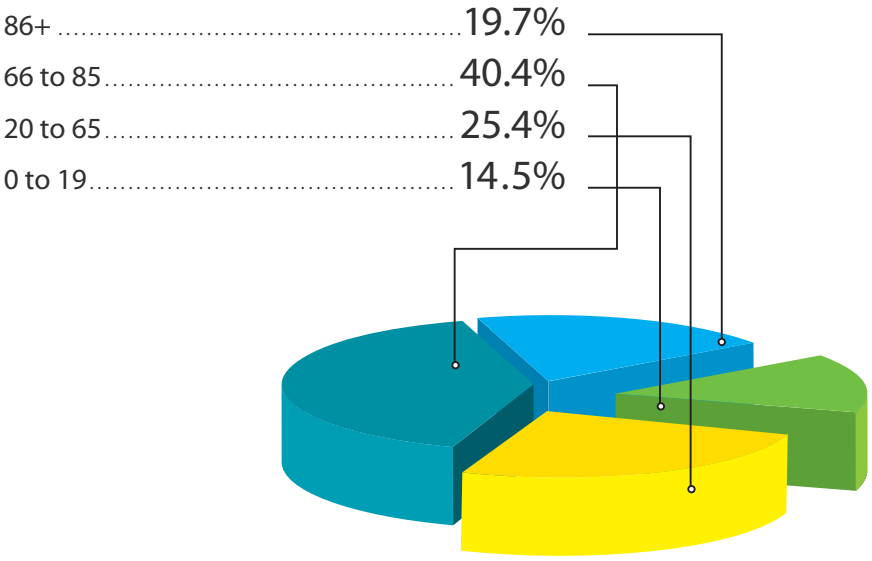
Patient statistics

The South West CCAC develops trust, meaning and a shared understanding with patients, families and our partners to provide outstanding care to patients of all ages where they need it most.

Patients by Location



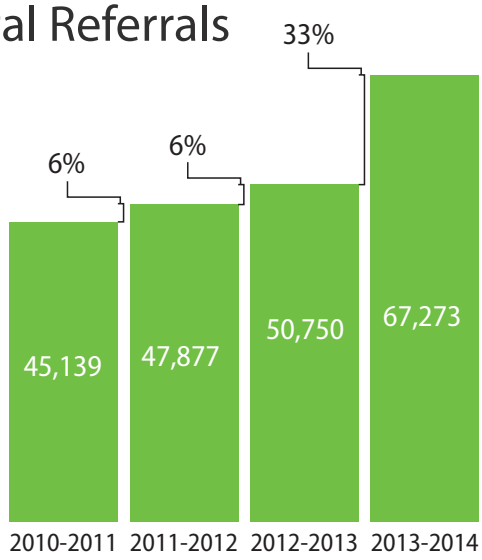
Patients Cared for by Age Group



Patient Care

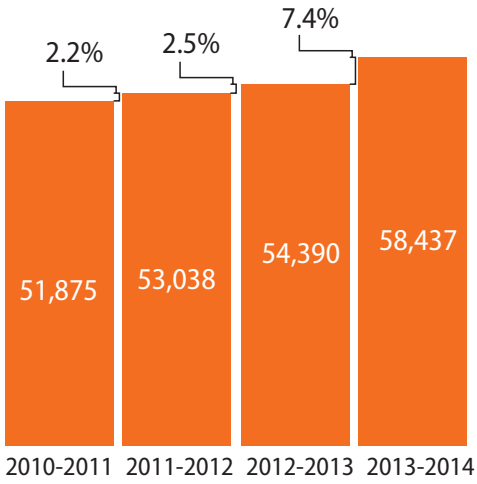
How the South West CCAC is accountable in getting people the care they need to stay well, heal at home and stay safely in their homes longer.

Total Referrals



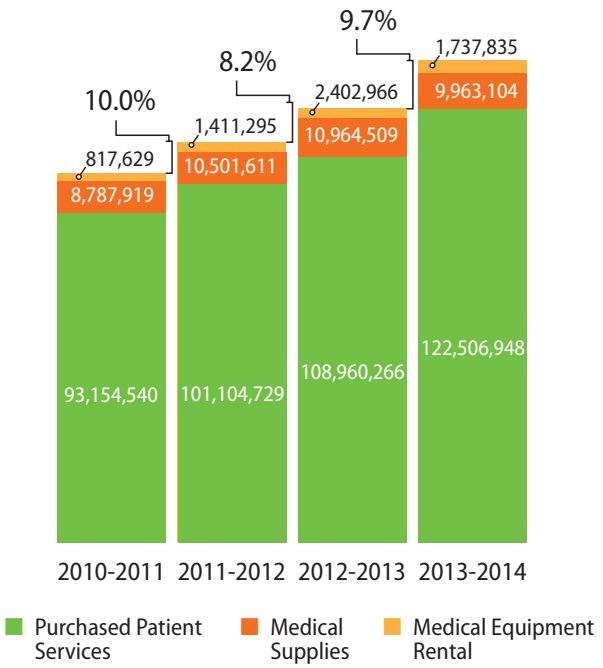
After moderate growth in referrals in the previous two fiscal years, referrals in 2013-2014 grew by more than 30 per cent.

Patients Served



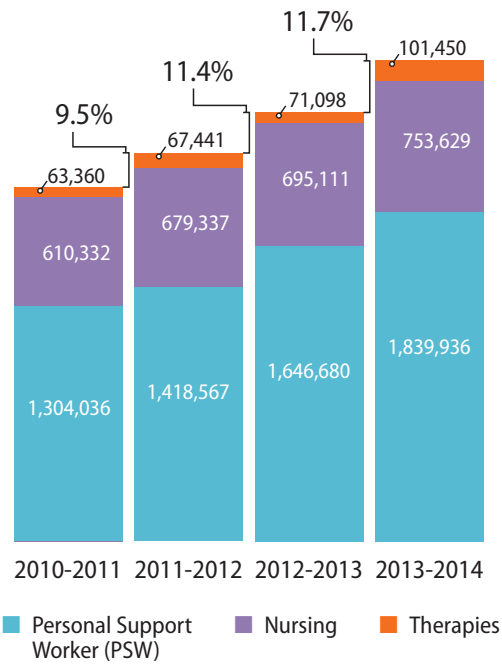
The South West CCAC increased the number of patients served last fiscal year by 7.4 per cent, to nearly 60,000 individuals.

Spending on Patient Care



Spending on patient care rose 9.7 per cent – more than $11 million – in 2013-2014.

Home Visits Provided to Patients



With increased funding in 2013-2014, the South West CCAC increased the number of visits to patients by nearly 11.7 per cent to nearly 2.7 million visits.

Statement of Operations Year ended March 31, 2014

Revenue	Ontario Ministry of Health and Long-Term Care grant		202,220,609
	Other revenue		2,446,800
	Donation revenue		16,613
	Hospice revenue		2,518,621
	Total revenue		**207,202,643**
Expenditures	Patient Care		133,099,143
	Purchased patient services	122,543,315	
	Medical supplies	9,448,250	
	Medical equipment rental	1,107,578	
	Salaries and benefits		58,101,796
	Supplies and sundry		7,735,044
	Building and ground		2,344,056
	Depreciation		1,682,012
	Equipment		618,243
	Capital write offs		195,651
	Hospice		2,503,013
	Total expenditures		**206,278,958**
	Excess of revenue over expenditures for the year (*see supplementary information below*)		923,685
	Due to Ontario Ministry of Health and Long-Term Care		(923,685)

Statement of Financial Position Year ended March 31, 2014

Current Assets	Cash	19,221,388
	Restricted cash	–
	Accounts Receivable	1,122,966
	Prepaid expenses	459,112
		20,803,466
	Rental, security and benefit deposits	130,548
	Capital assets	6,239,432
	Total assets	**27,173,446**
Current Liabilities	Accounts payable and accrued liabilities	18,254,618
	Non-vesting sick pay obligation	481,661
	Due to Ontario Ministry of Health and Long-Term Care	2,702,887
	Current portion of capital lease obligations	128,756
	Current portion of deferred contributions for capital expenditures	1,115,127
		22,683,049
	Commitments and contingencies	
	Long-term capital lease obligations	177,811
	Long-term deferred contributions for capital expenditures	4,794,247
	Total	27,655,107
	Accumulated non vesting sick pay	(481,661)
	Total liabilities	**27,173,446**

How to contact us

Call 1-800-811-5146.

Visit our website at www.healthcareathome.ca/southwest

Drop in to one of our office locations across the South West.

London (Head Office)
356 Oxford Street West
London ON N6H 1T3

Owen Sound
1415 1st Avenue West
Suite 3009
Owen Sound ON N4K 4K8

St. Thomas
Unit 70, 1063 Talbot Street
St. Thomas ON N5P 1G4

Seaforth
PO Box 580, 32 Centennial Drive
Seaforth ON N0K 1W0

Stratford
65 Lorne Avenue East
Stratford ON N5A 6S4

Strathroy
395 Carrie Street
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RR 2, 15 Ontario Road
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1147 Dundas Street, Unit 5
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