Connecting you with care
Votre lien aux soins

CCAC Community Care Access Centre

CASC Centre d'accès aux soins communautaires

Annual Report

April 1, 2009 – March 31, 2010

North Simcoe Muskoka

Ontario

Introduction

The fiscal year, April 1, 2009 to March 31, 2010 was an exciting and challenging year for North Simcoe Muskoka CCAC.

Internally, we saw the end of the Order-in-Council process which enabled us to move to a full complement of well skilled and dedicated Board Members (shown on page 4). The long outstanding contract with the Ontario Nurses Association was ratified and all non-union and unionized staff moved to a more effective benefit plan that better met individual needs while being fiscally responsible. Processes continued to improve as a result of dedicated staff applying Lean Six Sigma (work flow improvement) protocols, National Quality Institute Standards, Accreditation Standards and additional quality standards based on clients, research and best practice. Enablers such as computerized technology and business intelligence have not only led to improvements in client care but also to improved work life. Our contracted providers continued to work on improving their systems and continually raised the bar on improved client care.

On an external front, we have continued to develop our partnership with North Simcoe Muskoka Local Health Integration Network (LHIN) in order to contribute our collective skills, resources and expertise to being able to work more effectively towards a system for health care based on client/patient/resident need in North Simcoe Muskoka. With our partners, we are standardizing wound care protocols based on research and best practice that will be adopted by all providers of wound care. We are also working with several of our partners to streamline the systems between hospitals and community by applying Lean Six Sigma in a collective effort to create the opportunity for people to be able to be looked after as much as possible in their own home and if a hospital stay is required to enable them to return home as soon as possible. Numerous studies clearly point out that most people would prefer to be treated in their own homes and should be in hospital only when the hospital is the only place that can meet their needs at that point in time. By focusing on the patient and applying research and best practice we will collectively provide a sustainable solution to the high number of people occupying hospital beds past their need to be in hospital – commonly referred to as the Alternate Level of Care (ALC) challenge.

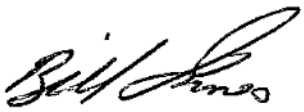
We strongly believe that by applying research and best practice to the needs of those we serve, in cooperation with our partners, that many of the challenges facing the health care system today can be resolved.

We are very proud of our entire dedicated team and our strong relationships with our partners. Together, we will create a sustainable health system that will meet our collective needs.

The accomplishments of our team and partners during the past year have been very significant and many are described in the body of this report. We encourage you to review the accomplishments and join with us in thanking the many dedicated people who devote their working lives towards helping you.

We are please to submit the North Simcoe Muskoka CCAC Annual Report, and look forward to another year of serving the people of North Simcoe Muskoka with integrity, commitment, accountability, respect and excellence.

Sincerely,



Dr. Al Scarth

Board Chair

Bill Innes

Chief Executive Officer

Mission, Vision, Values & Strategic Directions

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.

Vision - Outstanding care - every person, every day.

Values

I Integrity

C Commitment
A Accountablity
R Respect
E Excellence

Strategic Directions

Clients First – engaging clients and respecting diversity, to enable them to access services to meet their needs. Our focus:

- Client safety
- Client centered services

Our Team, Our Future – inspiring every member of our team to reach their potential. Our focus:

- Quality work life
- Employer of choice

Progress Through Partnership – collaborating with health and community partners, in concert with the Local Health Integration Network, to optimize clients' health, well-being and autonomy. Our focus:

- Integrating services
- Community relations
- Service provider relations

Accountability at All Levels – pursuing excellence by seeking opportunities for best practices, efficiencies and measureable outcomes while being financially responsible.

- Measurable outcomes
- Best practice
- Efficiency

Board Members

Al Scarth
Chair

Catherine MacDonald
Vice Chair

David Holmes
Treasurer

Robert Harris
Board Member

Neil Phasey
Board Member

Lynn Sharer
Board Member

Sharon Zwicker
Board Member

Jean Trimnell
Board Member

Elinor Caplan
Board Member

Summary of Achievements

This portion of the Annual Report summarizes the key achievements, aligned with our strategic directions, during the period of April 1, 2009 to March 31, 2010 at North Simcoe Muskoka CCAC.

CLIENTS FIRST

- We developed a Quality Council with membership including the Chief Executive Officer, Senior Directors, Senior Client Services Managers, Privacy Officer, Manager of Business Intelligence, Manager of Contracts, Improvement Specialists and Chairs of the committees and sub committees of the Quality Council. The Quality Council is responsible for ensuring the delivery of high quality services, consistent with the vision, mission, values and strategic plan of the North Simcoe Muskoka CCAC. The Quality Council reports directly to the Board of Directors through the Client Services & Quality Committee of the Board.

- The McGuinty government launched online registration for Health Care Connect. The online registration tool provides round-the-clock access to online registration, options to register more than one patient, registration that will connect patients to a Care Connector and security features to protect the privacy of your personal health information.

In this photo – Health Care Connect Care Connectors, Kelly Miller (left) and Kathryn McCloskey (right).

- Through the Care for the Caregiver program, we were able to provide approximately 79 Caregivers with $300 each. We continue to seek donations for the Care for the Caregiver program and aspire to raise enough funds to support many more Caregivers in upcoming years.

- In response to the Accessibility for Ontarians with Disabilities Act, we are now compliant with the Accessible Customer Service Standard. The standard addresses business practices and training needed to provide better customer service to people with disabilities. It challenges organizations to remove barriers to accessibility including architectural or structural barriers, information and communication barriers, technological barriers, and systemic and attitudinal barriers.

- The Telephone system “front door” call flows were redesigned to simplify access for clients and provide a direct path to live answer for those who choose not to self-direct.

- New brochures were developed for North Simcoe Muskoka CCAC clients, outlining various services and programs offered throughout our geographical areas. These brochures are available in print version as well as on our website at www.nsm.ccac-ont.ca.

- Our Client Care Coordinators continue to play a key role as system navigators. This is important as more focus is directed on the needs of individuals in the community as well as individuals with chronic illnesses.

OUR TEAM, OUR FUTURE

- An e-learning application called the Learning Management System (LMS) was launched. This is an exciting online learning system with 414 individual built in courses which are available to all CCAC staff.

- A Safe Driving Campaign was developed and shared with our staff members. This campaign included 12 weeks of informative articles in our internal newsletter regarding safe driving. Coinciding with this campaign was the launch of a Safe Driving Program Policy developed to increase employees awareness of the risks associated with work-related driving.

- Our internal newsletter, News Simply Matters, continues to be our main source of information for staff members, board members, and the North Simcoe Muskoka Local Health Integration Network. This year, News Simply Matters took on a new, interactive format and is posted on our homepage on SharePoint for increased accessibility for our staff.

- Through the Reward & Recognition Program initiated last year, two Board of Director Bursaries were given out; one for eligible staff and one for an eligible child of a staff member. Awards were also given out for:
    - Employees Recognizing Employees – this award went to staff members who exemplify the organizational values, “I CARE”.
    - Wellness – this award went to an individual who has actively worked to improve his/her own health.

- The Pirates of the CCAC (a team of North Simcoe Muskoka CCAC staff) won the Silver Division consolation plaque in the Dragon Boat races held on Kempenfelt Bay. This team held various fundraising initiatives throughout the Dragon Boating season and managed to raise $1,424.36 for the North Simcoe Muskoka CCAC Care Fund.

In this photo – Our Dragon Boat team on the waters of Kempenfelt Bay.

- We hosted a staff barbeque in June and a Staff & Board Recognition Day (spread over two days this year to accommodate more staff) at Geneva Park in Orillia on October 6th & 8th with a theme of "Trusted Quality Care Connector". At this event, Long Service Awards were given out to staff members who have been with our organization for 5, 10 and 15 years.

- We participated in Take Our Kids to Work Day. Numerous Grade 9 students were kept busy with health and safety information in order to prepare them for their first job.

- In spirit of the 2010 Vancouver Winter Olympics, we hosted our very own Olympics. This event encouraged staff members to get out with their friends and families and enjoy the winter season just in time for the Family Day holiday.

- A 3 year collective agreement was successfully negotiated with the Ontario Nurses' Association (ONA).

- A Job Evaluation process with non-union staff was implemented and completed, indicating we have met our pay equity obligations.

- The number of staff operating out of home offices this year has doubled; this brings us to a total of 55 as of March 31, 2010.

In this photo – Two staff members go skating on their lunch hour while participating in the North Simcoe Muskoka CCAC Olympics.

- Awareness of Wellness events and information was provided throughout the year to our staff via News Simply Matters. Additional information and facts were provided to staff on Dietician Month, Heart Month, Cancer Month, and Non-Smoking Week. Staff members were also offered discount rates for Horseshoe Resort skiing and golf memberships, as well as discounted tickets for Toronto Blue Jays baseball games and admission to Canada's Wonderland.

ACCOUNTABILITY AT ALL LEVELS

- As of April 1, 2009, the Order-In-Council (OIC) Appointment Process was eliminated. We are no longer a Statutory Corporation – we are a public Charitable Corporation. We no longer require that Board Members be appointed through OIC; we can elect our own Board Members. Executive Directors are no longer OIC appointed – the Board can select its own Chief Executive Officer.

- Changes to the regulations directing CCAC practice allows CCACs to provide services in ambulatory centres (clinics).
    - We opened two Ambulatory Care Centres (ACC) at the offices of Bayshore and Saint Elizabeth Healthcare in Barrie. Clients living in the city of Barrie and the town of Midhurst who have surgical wounds, or require intravenous antibiotics, injections or central line care will receive their nursing care at these centres. Supplies are located at the ACCs thus reducing same day delivery costs and supply wastage.

- We implemented many improvements in tools and processes as a result of feedback received through our Improvement Advisors and OACCAC surveys. Examples of improvements include:
    - Sound enabled through remote desktop to support online training tools for remote staff.
    - Improving communication and self-serve access to information through newsletter weekly tips and the IT page on the Intranet.
    - Enabling remote desktop printing.
    - Improving Fax File Monitor (FFM) background processes and automated monitoring and response to failed processes.
    - Initiating "My Job" site work tool that brings together all policies, processes, guidelines, tools, and other resources required by our staff to complete their work on a daily basis. The "My Job" site has resulted in an average decrease in "search for information" time from 3 minutes to 20 seconds. The "My Job" site has proved to be particularly useful during the orientation of new staff.

- We deployed Microsoft Office 2007 software to all staff, accompanied by training provided by our Education Team and the Learning Management System (LMS).

- Amendments to our regulations expanded services to include respiratory therapy, social service work and pharmacy. They also enabled CCACs to manage the placement of clients into adult day programs, supportive housing programs, chronic care beds and rehabilitation beds. The changes provided CCACs with the ability to provide congregate or group care for all professional services except pharmacy services, and they enabled the delivery of care by therapy aides and assistants. The amendment clarified the eligibility for all services and added health and safety eligibility criteria, allows new services in Long-Term Care Homes such as Nurse Led Long-Term Care Outreach Teams, and expanded the list of Community Support Services. Finally, they indicated that supplies and equipment must be "necessary" for nurses, occupational therapists, physiotherapists, speech-language pathologists and dieticians to provide their services.

- Our Finance Team implemented the accounts receivable module of the Great Plains application. This application means staff no longer has to prepare invoices in Excel and then key them into Great Plains. The system creates automatic accounts receivable aging reports.

- Various telecommunication system improvements were implemented, such as:
    - The Voicemail server was upgraded to more robust hardware and software version to enable features such as voicemail to email.
    - The Teleworker server was upgraded to more robust hardware and we simplified the upstream/downstream configuration to improve security and network manageability.
    - The Teleworker server moved to eHealth Ontario internet service to enable increased capacity and robustness to support Home Office growth, and cost savings for our organization by eliminating a third-party internet connection.

- Over 100 staff members and managers participated in a "Quality Fitness Test" where we assessed how the organization is doing against the National Quality Institute's (NQI) Progressive Excellence Program (PEP) Level 2 Criteria in preparation for our Level 2 submission; we submitted our application for Level 2 at the end of this year.

- A Message Broadcast System (MBS) was implemented to automate the process of calling and notifying staff at home in the event of an emergency situation. The MBS replaced the manual "fan-out" calling of staff for the distribution of emergency information outside of regular business hours.

- The Ontario Health Quality Council (OHQC) launched public reporting on the quality of home care services provided by all 14 CCACs. All 14 CCACs continue to work with the OHQC to evolve the performance indicators to include other client groups and to ensure that the information reported is meaningful. The reports are refreshed quarterly and are available on our website and on the OHQC's website.

- We moved to a clustered Microsoft Hyper-V server environment and migrated all physical servers into this environment wherever possible. This enabled enhanced flexibility and manageability in the use of hardware and storage resources, hardware fault tolerance, and maximizes utilization of hardware investment, while enabling savings through avoidance of hardware, electricity and cooling that would have been required in a non-virtualized environment.

- We developed and implemented standards for content organization and structure within the Intranet. We moved all remaining content from the old Intranet to the new SharePoint based system and standard content structure.

- Connectivity at Hospital sites was improved by:
    - Completing the transition of all hospital network connections from eWAN to multi-tenant for improved reliability and bandwidth.
    - Implementing wireless network access and remote access to hospital information systems wherever possible.
    - Deploying new or upgraded fax/scan hardware at all hospital sites.

- The Occurrence Report Tracking System (ORTS) software was installed and configured to support tracking of Events in conjunction with Performance Management & Accountabilities Event Reporting Framework and associated policies.

- We are a beta site for the Integrated Contact Assessment Project. The overall goal of this project is to implement a common, consistent intake assessment that is integrated with CHRIS and is used by all CCACs to assess all adult clients at intake and is in accordance with the Ministry of Health & Long-Term Care (MOHLTC) request for a common, comprehensive reporting mechanism for benchmarking and comparability.

- The Client Health Information Network system was linked to Client Health and Related Information System (CHRIS) and re-deployed to our Long-Term Care Homes to provide them with self-serve access to their waitlists and client assessments.

- We began developing plans for conducting our first provincial Client & Caregiver Experience Evaluation survey. Letters were sent to approximately 1,300 randomly selected in-home clients during in preparation for the survey taking place in April/March 2010.

- In March, we began deployment of Lean Six Sigma throughout the organization. This includes training for the Executive Leadership & Management Team as well as the development of identified staff to achieve their Green Belt/Black Belt certification in Lean Six Sigma. These staff will provide leadership to their teams and across the organization in leading projects and will be champions in the pursuit of a quality organization. March 10, 2010 concluded the final day of Six Sigma training for the Executive Leadership and Management Teams of North Simcoe Muskoka CCAC and North Simcoe Muskoka LHIN. The next step is the Green Belt Training; this will take place over 15 days in a 3 month period beginning May 10, 2010.

In this photo: The Executive Leadership & Management Teams of North Simcoe Muskoka CCAC & North Simcoe Muskoka LHIN finish their Six Sigma training.

- The Balance of Care Initiative, funded by the supportive housing stream of Aging at Home, is currently supporting 13 clients in the Barrie area. The goal of this program is to divert clients, who might otherwise be placed in Long-Term Care from Hospital, back to the community with services provided by Professional Health and Community Support Agencies. The Client Care Coordinator is able to use Balance of Care dollars to provide community supports such as transportation, meals on wheels, in home respite and emergency response systems. The provision and coordination of these services by the Client Care Coordinator allows these clients to leave hospital, remain in their own homes and not have to access Long-Term-Care. We look forward to expanding the program in the

In this photo – Balance of Care Coordinator, Pam Steingard.

coming year to initiate support for clients in hospital and in the community.

- Throughout the year, we replaced (updated) 42 desktop computers, 98 laptops, 19 printers, 14 network switches and one firewall with current models.

- Our Pandemic Plan was updated based on the Ontario Plan for an Influenza Pandemic and the Simcoe Muskoka Health Sector Emergency Planning Committee's Pandemic Influenza Plan. We also held an Influenza Pandemic Tabletop Exercise with our staff and contracted service providers and vendors to test our plan.

- We completed a hazard identification and risk assessment as part of the G8 Summit Planning.

- We developed a Project Management toolkit in order to assist staff involved in small and large projects to better manage, document and report on project activities in a consistent manner.

- The End of Life (EOL) functional committee is analyzing the utilization of services for EOL clients and developing pathways in order to have more consistency in case management of EOL clients. In turn, this will reduce the overall utilization cost for EOL clients.

PROGRESS THROUGH PARTNERSHIP

- The new CCAC brand was officially launched on April 6, 2009. The CCAC sectors provincial website was updated to reflect the new brand. The launch also included the implementation of our new vision and mission.

- Coinciding with the brand launch was the public launch of the 310-CCAC service. The 310-CCAC website (www.310ccac.ca) contains information about health and community support organizations across Ontario. All residents of Ontario can dial 310-CCAC to speak to a live person about CCAC services.

- We continued to distribute our quarterly e-newsletter, Partners, to a broad section of the health care community. This newsletter is designed to share useful information to the health community in their efforts to work together for the benefit of North Simcoe Muskoka residents.

Shown above is our external newsletter entitled Partners. Current and previous editions can be found at www.nsm.ccac-ont.ca.

- We agreed to participate in the Ontario Case Costing Initiative. The CCAC was approached by the Ministry of Health and Long-Term Care in August to find out whether it was interested in becoming an early adopter of the case costing tool. North Simcoe Muskoka CCAC was one of three CCACs to implement this application by end of fiscal 2009-2010.

- As senior leaders in transforming the health care system in our region of North Simcoe Muskoka, both the executive leadership team of the North Simcoe Muskoka Local Health Integration Network (LHIN) and the senior leadership team of North Simcoe Muskoka CCAC met on November 11, 2009 (shown on right) for the first monthly Leadership Forum. The purpose of the forum is to promote joint leadership training and development. The initial session provided an opportunity to explore leadership theory and styles and to identify the topics for future sessions.

In this photo: (back row, left to right) Karen Taillefer, Rodney Burns (NSM LHIN), Trevor Clark, Jill Tettman (NSM LHIN), Bill Innes, Tim Berry (NSM LHIN), Jan McGarry. (front row, left to right), Susan French (NSM LHIN), Debbie Roberts, Bernie Blais (NSM LHIN), Brenda MacPherson, Tammy McLennan (NSM LHIN).

- Through the hard work of many of our staff and Saint Elizabeth Healthcare, who is providing the hands on care through a contract with North Simcoe Muskoka CCAC, Hospice Simcoe accepted its first resident on December 3, 2009.

- In February, we seconded one of our staff members to the North Simcoe Muskoka LHIN in the role of Strategy Project Manager in response to the North Simcoe Muskoka LHIN requiring a comprehensive wound care strategy that can be easily implemented in acute care, home care, and long-term care. This staff member is working with Health Outcomes Worldwide to develop a standardized approach to evidence based care and consistent monitoring and evaluation of key wound care outcomes across North Simcoe Muskoka LHIN.

- Our United Way Committee raised an impressive $3,373.21 though fundraising activities and payroll deductions. These funds were forwarded to the United Way to help those in need in our community.

- We contributed 130 lbs of non-perishable food during the holiday season. Our support not only helps families and individuals during the holidays, it allows the Barrie Food Bank to replenish their supplies throughout the winter months.

- Currently we have five Client Care Coordinators (each representing a specific geographic area) that are actively involved with the LHIN Integrated Regional Falls Program. These staff members are working with the Integrated Regional Falls Program members to support seniors who have fallen or who are at risk of falling. The five Client Care Coordinators will educate, support and be a resource to their peers. These members are also representatives of the Quality Council Falls Safety Committee, and will be responsible for developing a Falls Prevention initiative for our organization. This committee, chaired by Sue Groom will ensure that falls safety prevention is a priority within North Simcoe Muskoka CCAC.

- We developed a Community IT Partnership Initiative. This initiative involved doing assessments, making recommendations, and sourcing and purchasing hardware and software for the nine CSS organizations that participate in the CCAC back office services.

- Members of our Board, Management Team and staff provided leadership within the health care sector via presentations, conference addresses, consultation, and involvement at numerous regional and provincial forums.

- We actively utilized our Speakers Bureau throughout the community to provide quality presentations and information to partners and organizations seeking further information. These speaking engagements improved the community and general public's awareness and understanding of the variety of services we offer, and the variety of services available throughout the community. We participated in approximatley 25 speakng engagements and wellness fairs this year.

In this photo – Jeanette Hillier (left) and Michelle Fitzpatrick-Dorion (right) representing North Simcoe Muskoka CCAC at an event in Midhurst.

- We participated in the North Simcoe Muskoka LHIN wide response to the Influenza Pandemic H1N1, including service planning and influenza vaccinations. As part of the community response to the Influenza Pandemic H1N1, we participated in the development of a Pandemic Assessment Treatment Centre.

- Infection Control Education sessions were held twice throughout the year through the North Simcoe Muskoka Infection Control Network.

- In preparation for the G8 Summit planned for summer 2010, we participated in the Ministry of Health and Long-Term Care G8 Coordinating Committee to coordinate health care sector planning within the North Simcoe Muskoka LHIN. Regular meetings with our contracted service providers and vendor staff were held in order to do joint planning in preparation for the G8 Summit.

- We provided back office Information Technology support to Hospice Simcoe as they began operations at their Barrie facility. We also entered into an ongoing IT support agreement with the Alzheimer's Society.

- Business Review Canada magazine featured our organization in their March 2010 edition. This five page article discussed healthcare through partnership and highlighted the work of our employees and the strength in working together.

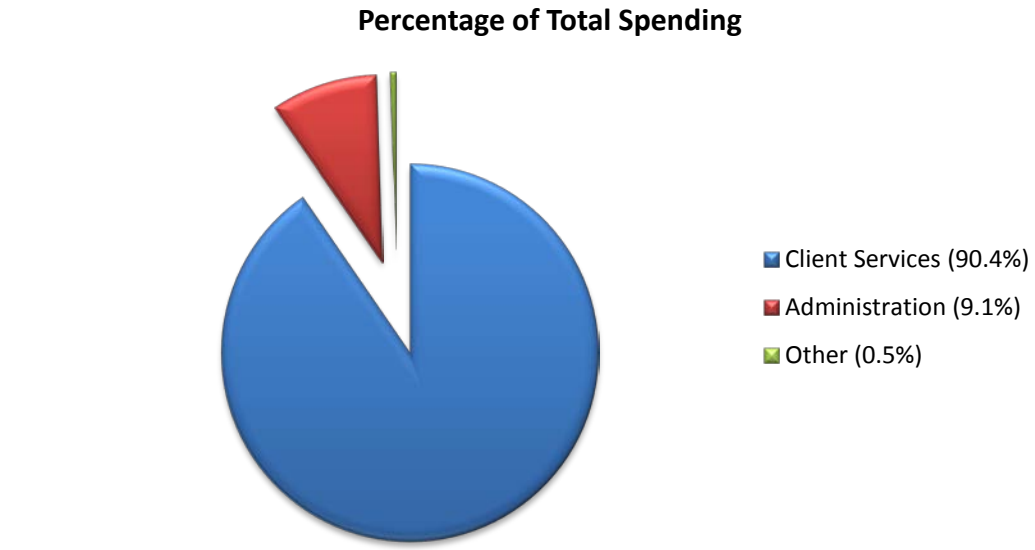
Shown above is the March edition of Business Review Canada, available for reading online at www.businessreviewcanada.ca.

- The Acquired Brain Injury (ABI) functional committee continues to work with therapy agencies to develop one ABI Cognitive Assessment Summary OT Report to be used by both agencies.

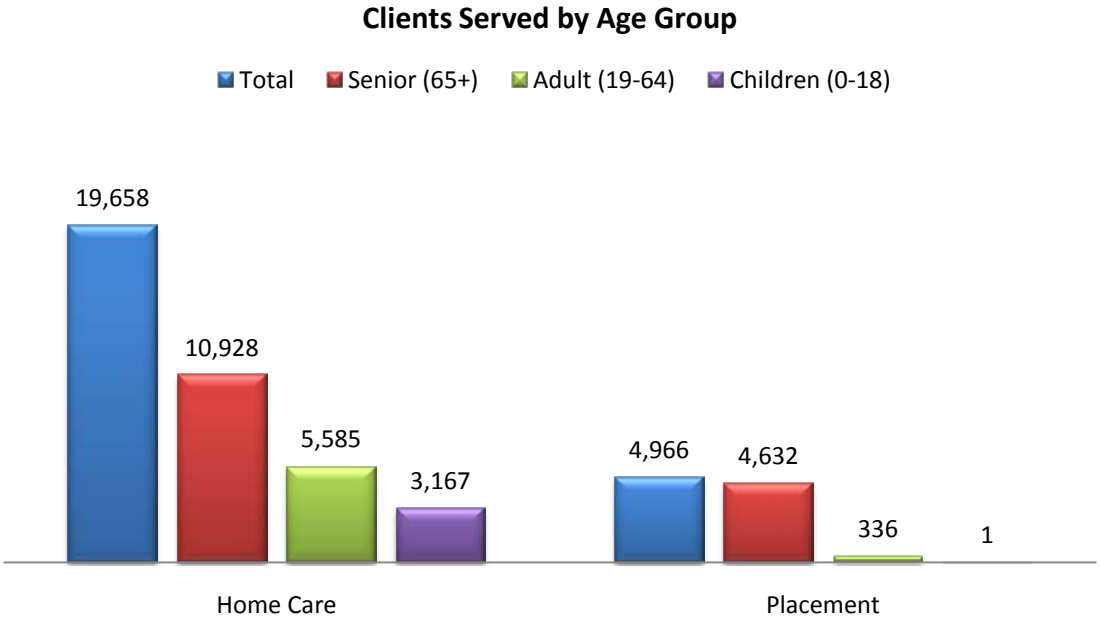
- One of our Integrators and Senior Manager of the Midland Team worked in partnership with the North Simcoe Muskoka Family Health Team (NSFHT) to setup a pharmacy service for CCAC clients belonging to the NSFHT. Client Care Coordinators (CCCs) are now able to refer clients with medication related issues and who may benefit from a medication review. The NSFHT Pharmacists will visit the client, review all the medications and provide a report to the CCC and physician with findings and recommendations.

- We are currently providing back office support/services to various organizations including Hospice Huronia, Meals on Wheels, Children's Treatment Network and many more. This initiative is designed to enable community health care organizations to leverage CCAC expertise in finance & MIS guidelines through a shared service model. This initiative is enabling small organizations to meet provincial reporting requirements. We are ultimately helping these organizations manage their business more effectively by providing timely and accurate reporting and alleviating day-to-day administration pressures, thereby, enabling them to focus on their client care mandate, rather than financial pressures.

The pie chart below outlines the percentage of our spending; total spending is approximately $70.1 million.



The following chart outlines the number of clients served (by age group) separated between Home Care and Placement services.



Illustrated below are two charts highlighting the number of units of service purchased and the number of clients receiving the purchased service.