Central West
Community Care Access Centre
CCAC

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

2007/08
Annual Report

Ontario

Central West Community Care Access Centre
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A Message from the Executive Director and Chair

The Business Plan / Budget Request (BP/BR) is a foundational document upon which the activities of the Central West Community Care Access Centre will be based over the next fiscal year. It is based on a careful and thorough assessment of client needs, organizational capacity, and the potential impact of external forces on the Central West CCAC.

The Central West CCAC Business Plan for 2007/2008 creates a framework for:

- allocating resources to meet the needs of clients;
- ensuring fiscal responsibility and efficiency;
- identifying opportunities for collaboration and partnership;
- initiating both strategic and operational priorities; and
- improving performance based on results.

In the process of developing the BP/BR, the CW CCAC considered the many diverse external and internal forces that influence the organization's strategic and operational direction and priorities. Chief among the considerations were the CCAC's governing legislation, sector-specific Accountability Statements set by the Management Board, the Memorandum of Understanding between the Minister of Health and Long Term Care and the CW CCAC's Board of Directors, the CW LHIN's Integrated Health Service Plan (IHSP) and Annual Service Plan (ASP), and provincial strategic priorities and directions, as well as the strategic directions of the Ontario Association of Community Care Access Centres (OACCAC).

The strategic directions outlined in this plan will guide the CW CCAC moving forward. They adopt important thematic issues arising from these other documents of interest and will enable the organization to align its work with the evolving health care landscape in the Central West region. Mindful of internal capabilities, drives and constraints as well as the opportunities and challenges of the external environment the CW CCAC has set an ambitious, albeit realistic, plan for the upcoming fiscal year.

David Lehtovaara, Chair

Marina Ellinson, Executive Director

Central West CCAC Leadership

Our Board of Directors

(Order-in-Council Appointment Date)

David Lehtovaara, Chair (Nov. 15, 2006)
Mathew Alexander (October 11, 2006)
Carmine Domanico (March 21, 2007)
Gordon Gallaugher, Treasurer (Feb. 21, 2007)
Bhupinder Sharma (Oct. 11, 2006)
Mary Wheelwright (Dec, 13, 2006)

Our Leadership Team

Marina Ellinson, Executive Director
Dilys Haughton, Senior Director, Client Services
Allan Madden, Senior Director, Corporate Services and Human Resources
Christine Nuernberger, Senior Director, Strategic Planning & Integration

Adil Khalfan, Director, Quality
Todd Leach, Manager, Communications
Igor Orel, Director, Information Technology and Systems
Leanna Ringler, Director, Client Services
John Simpson, Director, Procurement and Facilities

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Our Vision, Mission & Values

Our Vision

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

Our Mission

Our passion is health; our strength is our people and our partners; and 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, wellbeing 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 that 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 that is openly accountable and contributes to a sustainable health system.

Our Values

Our clients come first. We demonstrate this commitment through active listening, showing compassion, encouraging independence, acting as advocates, and facilitating access to quality care.

Respect is critical to all good relationships. It underscores all our interactions with clients, staff and community partners.

Learning environments are empowering. We explore and adopt new ideas to improve our practice.

Diversity is an asset. It creates a richness of experience and an appreciation of other possibilities.

We are accountable. We strive for consistency, fairness, and optimal outcomes through the wise use of resources and the measurement of results.

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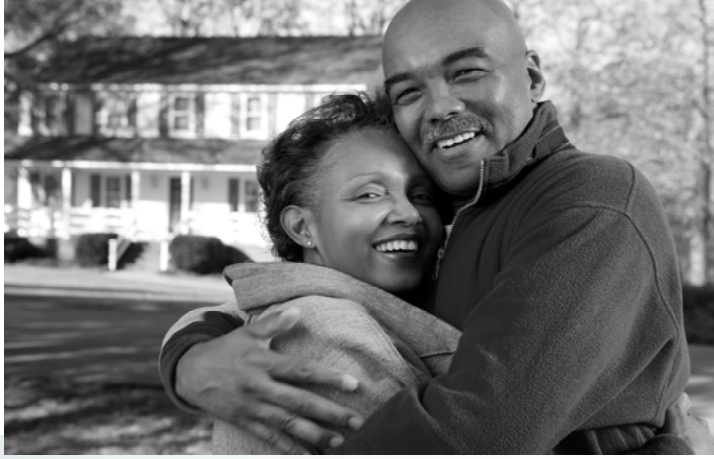

Our Clients & Community

The Central West CCAC helps thousands of people each year receive the care and support they need at home, at school or in the community following injury, illness or the complications of age or disability. The CCAC arranges for and coordinates the provision of nursing, rehabilitation and supportive care to people of all ages to help them live as independently as possible. The agency also facilitates access to long-term care homes so that those no longer able to live on their own can stay in their communities and receive the support and nursing care they require within a comfortable home-like environment. CCACs are also a reliable resource to help people navigate the healthcare system, acting as a vital link to health supports and information.

Fast Facts About Central West CCAC:

- Central West LHIN population: 772,973
- Central West CCAC serves northern Etobicoke and Malton, to Brampton, Caledon, west Woodbridge, Orangeville, Shelburne and surrounding communities.
- Operating budget for 07/08: $66.9 million
- Created in January 2007 from minority of four previous CCACs: Peel, York Region, Dufferin-Wellington and Etobicoke-York
- 19,000 clients served annually:
  - 44% seniors
  - 31% adults
  - 25% children
- Number of employees (full-time equivalents): 217
- Number of long-term care homes in Central West area: 23
- Number of long-term care beds in Central West area: 3,440
- Number of hospitals in Central West area: 2 (4 sites)

Source: *Integrated Health Services Plan, Central West LHIN, October 2006*

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Growth in Central West

Central West population by resident age

Life Stage	2006 Population	2009 Population	2014 Population	2019 Population	Percent Growth 2006 to 2019
Age 0	9,947	9,947	10,727	11,532	15.9%
Ages 1 to 17	184,312	193,164	203,782	211,444	14.7%
Ages 18 to 64	515,160	554,119	617,572	675,369	31.1%
Ages 65+	69,787	79,511	100,850	123,043	76.3%
Central West Total	**779,206**	**836,741**	**932,931**	**1,021,388**	**31.1%**
Ontario	**12,686,952**	**13,093,901**	**13,920,968**	**14,733,042**	**16.1%**

The Central West area is experiencing dramatic growth. From 1994 to 2004, the population grew by 3.4 percent each year. The annual growth rate for Central West is approximately 2.07 percent, which is significantly greater than the provincial rate of 1.18 percent.

Fast Facts:

- By 2016, the Central West population is expected to reach 943,935, an increase of 44.4 percent.
- More than half of the population of Central West resides in the City of Brampton, with other densely populated areas including Malton, Rexdale, Orangeville, Shelburne and Woodbridge.
- Between 1996 and 2001, Brampton experienced a population increase of 21.3 percent. Between 2001 and 2006, this number grew again by 33 percent.
- The City of Brampton has the second highest growth rate in Ontario. By 2030, its population will have more than doubled.

Source: *Integrated Health Services Plan, Central West LHIN, October 2006*

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A Dynamic Community

Cultural Diversity

Central West is rich in cultural diversity. The percent of the population in Central West who are visible minorities is 38.8 percent, which is considerably higher than the provincial rate of 19.1 per cent.

Fast Facts:

- In Malton, Brampton, and Rexdale, visible minorities represent 40 percent of the population.
- In Dufferin County and Woodbridge, visible minorities only comprise of four percent of the population.
- Of those who have immigrated to Ontario in the last five years, 7.4 percent of the total will now live in the Central West. This number is comparably higher the provincial average of 4.8 percent.
- Higher numbers of visible minorities are found in Central West's more urban communities of Malton (16.1%), Rexdale (13.3%) and Brampton (6.4%). This trend is expected to continue, with one in four recent immigrants coming from India.

Remote Communities

Ten percent of the Central West CCAC's client base resides in the northern part of the LHIN in small, remote communities. The availability of professional services to service these clients is limited and, as a result, the associated service costs are higher.

Population Health: Challenges

- The overall Central West population has a high level of physical inactivity.
- Childhood obesity rates in Central West rest slightly higher than the provincial average.
- Central West's higher rate of low birth weight babies and infant mortality are also significant.
- The generally-noted low level of compliance with provincial disease screening programs and preventative care protocols is another distinguishing characteristic of Central West's population health status.

Source: *Integrated Health Services Plan, Central West LHIN, October 2006*

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Fast Facts About Central West

Fast Facts: Paediatrics

- The CW LHIN is the fastest-growing LHIN in Ontario.
- Between 2001 and 2006, the segment of the population aged 0 to 18 grew dramatically faster in CW than anywhere else in the province.
- Children represent 19.7% of the population in the CW area, compared to 6.63% provincially.
- The birth rate in the Central West LHIN is the highest in the province.

Fast Facts: Aging

- Compared to the rest of Ontario, the population of the Central West area is young and relatively healthy, with a low rate of hospitalization and visitation to emergency departments.
- Presently, Central West has the lowest proportion of seniors (people 65 years of age and over) in the province. This, however, will change dramatically in less than a decade.
- By 2016, the population of seniors is expected to grow by 90.6 percent. This will place Central West's senior population among the highest in 14 LHINs, at a level almost 20 percent higher than the provincial average.

Source: *Integrated Health Services Plan, Central West LHIN, October 2006*

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Strategic Directions

The Central West CCAC is dedicated to the provision of quality services to our clients and to meeting the ongoing health care-related needs of our community. To that end, our strategic directions reflect a commitment by the entire staff and board at CW CCAC to achieving those goals.

To guide the work of the CW CCAC over the next three years, the following have been identified as strategic directions for the organization:

1) Our client-centred approach to service and care will be guided by our values, driven by evidence, and measured for quality.

2) Energized, empowered and engaged staff will transform the organization and its ability to lead.

3) We are accountable to our clients and our funders for ensuring that our resources are appropriately allocated, well-managed and fully optimized.

4) The CW CCAC will actively participate in the process to establish an integrated, seamless system of health care for the Central West.

5) We will build awareness and rapport through community engagement with clients, partners and communities served.

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Alternate Level of Care

" Our client-centred approach to service and care will be guided by our values, driven by evidence, and measured for quality."

The Central West CCAC plays a vital role in helping to reduce Alternate Level of Care (ALC) days in the health care system. A number of initiatives are underway that focus on either reducing ALCs and improving patient flow through the health system, or enabling our efforts to provide the right care, at the right place, at the right time, through local activities involving health system partners. In 2007-2008, we focused on working with our hospital partners to implement the following initiatives:

1) Care at Home

New Model of Care

The Central West CCAC has implemented a new Model of Care. The new model is strengthening our ability to respond to pressures, including a greater emphasis on long-term care placement, improved hospital-based case management, new information & referral specialists, new areas of specialization such as palliative care, and the expansion of primary care case management.

2) Improved System Flow

Flo Collaborative

In September 2007, staff at CW CCAC and William Osler Health Centre embarked on an 18-month pilot project to reduce the number of alternate level of care (ALC) days for hospital patients. By February 2008, the average time to place WOHC patients into long-term care homes had fallen significantly. This truly "collaborative" effort resulted in a streamlined process for patient discharge and improved patient flow from acute care to long-term care and other destinations.

A Long-Term Care Network for Central West

In 2007-2008, CW CCAC created a Long-Term Care (LTC) Network which included administrators from all LTC homes in the Central West LHIN, as well as hospital partners and CCAC staff. The purpose of the network was to facilitate system-wide planning, coordination and improvement of services.

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Alternate Level of Care

"Our client-centred approach to service and care will be guided by our values, driven by evidence, and measured for quality."

2) Improved System Flow — cont.

Inpatient Flow and Access Committee

This committee has been established between Central West CCAC and William Osler Health Centre, CW CCAC's largest hospital partner. The goal of the committee is to find ways to improve the flow of hospital inpatients to their communities, be it to long-term care, rehabilitation, convalescent care or home.

Improved Utilization of Long-Term Care Homes and Convalescent Care

In 2007-2008, the CW CCAC long-term care (LTC) team worked with system partners to improve the utilization of long-term care homes in our LHIN. The joint focus on improved occupancy resulted in an improved use of LTC beds across the Central West region. The CW CCAC also made a variety of community resources available to clients to support their timely discharge from the hospital, resulting in improved utilization of convalescent care and short stay beds.

3) Hospital Avoidance

Community Referral by Emergency Medical Services (CREMS)

Community Referral by Emergency Medical Services is a joint initiative between regional EMS teams and the Central West, Mississauga Halton and Hamilton Niagara Haldimand Brant CCACs. The initiative allows EMS personnel to initiate a referral to a CCAC for patients whom they determine need community-based health and support services to help them manage chronic conditions that often lead them to emergency departments.

Nurse Practitioner Rapid Response

The CCAC, through local partnerships, has enhanced clinical support to long-term care homes to provide enhanced nursing skills and education for staff. This effort builds capacity within long-term care homes to admit more clinically complex clients from hospitals and avoid unnecessary hospitalization for long-term care residents.

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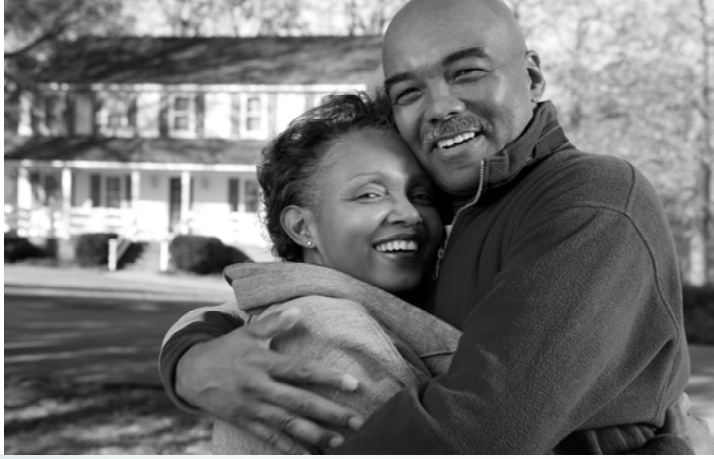

A Transformative Organization

"Energized, empowered and engaged staff will transform the organization and its ability to lead."

January 2007: Central West CCAC is Born!

Following the provincial realignment of CCACs in January 2007, the Central West CCAC underwent significant efforts to safely and efficiently separate shared infrastructure with Mississauga Halton CCAC. Termed "Marvida," this seven-month project concluded successfully in November, following the last major staff and client-information data transitions between the two organizations.

Central West Budget Remediation Process

For Central West, realignment brought a challenge to match the utilization of services to best practices while continuing to meet our clients' needs. To help address this challenge, best practices were applied to our management of resources and staff conducted a fulsome review of the services provided to CW CCAC clients.

CCAC Partnership Enabled Successful Hospital Transition

William Osler Health Centre's new hospital – state-of-the-art Brampton Civic Hospital – opened as planned on October 28, 2007, and CW CCAC staff, including managers and office, intake and hospital case management employees, helped make it happen. Moving nearly 200 patients and securing home and community care for more than 100 was no small feat and necessitated the efforts of every facet of the organization.

Value Statements Developed

The 2007-2008 fiscal year also marked a milestone in the development of the Central West culture: staff developed, and the Board of Directors subsequently approved, four value statements for the organization (see page four for the statements and their related descriptors). These values will guide our process moving forward, and rightly place clients where they belong — at the forefront of our organization.

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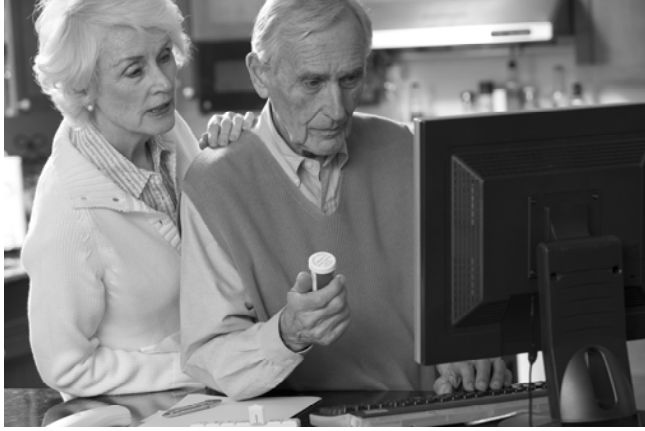
A Transformative Organization



"The CW CCAC will actively participate in the process to establish an integrated, seamless system of health care for the Central West."

Leadership Development Program Launched

The CW CCAC launched a leadership development program in November 2007. The six-month program was designed to develop the leadership competencies and skills of managers and of front-line staff who were interested in pursuing management opportunities. Sessions focused on three areas: managing people, managing resources, and quality and leadership. A combination of classroom sessions, e-learning, on-the-job training and mentoring, and a 360 degree evaluation supported the learning cycle, and 35 hours of classroom training was offered on 13 different topics.

Central West Leads Creation of New Palliative Care Network

Palliative and End of Life Care was one of the components of the Central West LHIN's Integrated Health Service Plan (IHSP, October 2006). As such, it was decided that an interdisciplinary group be formed within the CW LHIN. Membership includes local hospitals, hospices, the Halton-Peel Palliative Care Network, and CW CCAC. The new network will work to develop better coordination of services for those living with life-threatening illnesses and their families, as well as education and support for healthcare practitioners working in this field.

Health Partner Gateway

Health Provider Gateway (HPG) enables CCACs to electronically send information to our service providers and health partners such as long-term care homes. Our partners are able to electronically retrieve important client information, replacing the current faxing process while improving efficiency and accuracy.

Common Intake and Assessment Tool (CIAT)

CIAT is an automated intake assessment tool for use by all CCAC intake staff throughout the province. It is intended to standardize and streamline the intake and assessment process from CCAC to CCAC. Among its many benefits, CIAT will capture essential client health data using standard definitions, reduce practice variations in the province, enable electronic transfer of health information, reduce duplication and repetition (clients need only provide their information once), support province-wide quality improvement, and position the CCACs for future e-health growth. CIAT is now implemented at Central West CCAC.

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An Accountable Budget

"We are accountable to our clients and our funders for ensuring that our resources are appropriately allocated, well-managed and fully optimized."

Measure 10.2: Funds are used as intended.	2007/08 Budget as submitted ($)	2007/08 Projections ($)	2008/09 Projections Based on Available Funding ($)
Funding	65,689,400	68,015,411	70,991,877
Revenues and recoveries	315,000	670,000	398,600
Total Revenue	**66,004,400**	**68,685,411**	**71,390,477**
Salaries	12,816,368	12,832,194	13,667,940
Benefits	3,424,062	3,424,037	4,413,272
Total Salaries and benefits	16,240,430	16,256,231	18,081,212
Medical supplies and equipment	5,525,000	5,845,329	6,436,050
Supplies and other expenses	1,945,520	1,463,892	1,817,830
Contracted Out Expenses	40,111,970	44,039,915	43,146,755
Hospice	0	0	0
Equipment	256,480	542,975	376,903
Building and grounds	925,000	1,171,987	966,404
One time costs	1,000,000	1,200,000	565,323
Total Service Costs	49,763,970	54,264,098	53,309,265
Total expenses	**66,004,400**	**70,033,477**	**71,609,527**
Net Surplus (deficit)	**0**	**(1,834,918)**	**0**

Note: Surplus in 08/09 Budget represents dollars for Hospice Caledon.
Note: Audited financial statements for 07/08 include amortization

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Engaging our Community

"We will build awareness and rapport through community engagement with clients, partners and communities served."

For Central West CCAC, much of community engagement in 2007-2008 was devoted to formal and informal relationship building with our clients, partners, and colleagues at other organizations. Moving forward, we will continue to engage these key stakeholders and communicate with them regarding the myriad of services and supports the CCAC can offer.

Key highlights include:

Participation in LHIN Initiatives

In 2007-2008, the Central West CCAC worked collaboratively with the Central West LHIN on a number of initiatives developed to meet local needs. These initiatives included Aging at Home strategies, the creation of a Health System Plan, and core action groups focussed on LHIN Integrated Health Service Plan priorities such as the Maternal-Child program and services for seniors.

Client Satisfaction Survey

Mindful of our need to engage CCAC clients across the province, in 2007-2008 the CW CCAC participated in a province-wide examination of our client satisfaction survey. When complete, this work will result in a sector-wide tool to consistently measure client satisfaction across Ontario, enabling CCACs to better connect with the people we serve.

Connecting with our Community

Throughout 2007-2008, CW CCAC staff attended a number of community events to answer questions and provide information about CCAC services. In 2007-2008, these organizations included the Region of Peel and African Community Services of Peel.

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Future Directions

The following initiatives have been identified as priorities for 2008-2009:

Aging at Home

This year, the Central West CCAC successfully applied for funding through the Aging at Home strategy to conduct Balance of Care research with Dr. Paul Williams. CW CCAC also received funding to support the promotion of a "seniors' hotline" in Central West, a priority identified by our LHIN as a key deliverable moving forward. The funding will be used in 2008-2009 to help support Central West seniors.

Accountability Framework System

In 2008-2009, the Central West CCAC will embark on the development of an Accountability Framework System to help align all staff activities, as well as the direction and initiatives of the organization, in support of a common vision. The framework will serve as the basis for aligning our efforts with our corporate vision and identified success factors.

Emergency Room—Alternate Level of Care (ER-ALC) Initiatives

In response to the Minister of Health's announcement in May 2008, the Central West CCAC is committed to reducing the number of patient days spent in alternate level of care (ALC) beds as a major priority for all health system partners, the Ministry of Health and Long-Term Care, and Local Health Integration Networks. The CW CCAC looks forward to being part of the solution and has begun planning for a number of initiatives which will roll out in 2008-2009 with the goal of reducing the number of days ALC patients spend in hospital beds.

Quality Framework

The coming year will see CW CCAC develop a quality framework to ensure that appropriate organizational structures, processes and resources are in place to monitor, manage and improve the safety of client care and the quality of the service delivery environment.

Decision Support

In 2008-2009, CW CCAC will enhance its decision support capacity by establishing processes to verify data and ensure that data is accurate, useful, and meaningful to the service planning process. The resulting data improvements will also greatly assist in ensuring that rigorous information systems are in place to identify, monitor, and respond to risks and important aspects of client care.

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