Supporting Our Staff

Erie St. Clair Community Care Access Centre

2009-2010 Annual Report to the Community

Partnering with Our Communities

Accountability and Transparency

Quality Client Services




Erie St. Clair
CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires d'Érié St-Clair

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Our Mission and Vision Statements

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 Vision:

Outstanding care – every person, every day

What is the Erie St. Clair Community Care Access Centre?

The Erie St. Clair Community Care Access Centre (CCAC) is one of 14 community-based, independent health care agencies funded by the Ministry of Health and Long-Term Care through the Erie St. Clair Local Health Integration Network.

We connect you with the health care you need. Our objective is to help you:

- Remain at home while managing your health
- Avoid hospital admission
- Access support upon discharge from hospital
- Explore Long-Term Care options when it becomes too difficult to live independently in your home.

Some of the services provided through the CCAC include case management, nursing, personal support, physiotherapy, occupational therapy, speech-language therapy, social work, and nutritional counselling.

Services are planned and coordinated by a CCAC Case Manager. Services that the CCAC provides to our residents in their homes are delivered by health providers who have successfully completed a rigorous quality review and are under contract to provide services to the public on behalf of the CCAC. As the primary resource for quality health care information, our Case Managers may also recommend other services such as meal programs, support groups and other resources available in the community. The CCAC considers itself a full community partner with the residents of our region, our local hospitals, other health care providers and the public we serve.

2009-2010 Year in Review: Key Messages from the Board Chair and CEO

The Erie St. Clair CCAC is a privileged organization. It has been well over a decade since our inception, and in that time we have grown as a trusted agency to provide care to our residents in their homes. As community needs consistently change, so has our agency to effectively meet these changes. The administration of the CCAC develops new programs on an on-going basis, which are then delivered by our front-line professionals. Sustainability and quality are the keys to the services we provide. By leveraging advances in our system, committing to integration, and improving access to the right health care services, we help to ensure that the health care needs of the residents of our region are being met. We work in collaboration with our local hospitals, community support agencies, and volunteer organizations in the tireless pursuit of sustainable, quality service.

In the last year, with the help of our service provider agency partners, we served nearly 34,000 individuals in their homes. This includes support provided by our staff to over 600 individuals and their families in their decisions to transition to a Long-Term Care home.

Our Palliative Care Consultation Team and our Geriatric Rapid Response Team enjoyed their first full year of operation, with notable outcomes. Several hundred individuals avoided hospital admission as a result of these initiatives. The interdisciplinary team, which is the hallmark of each of these programs, identifies effective treatment plans for patients while making the best use of our health care resources.

Community engagement and outreach were key attributes of our work this year.

We initiated work with civic leaders, resulting in a watershed Community Summit report intended to shape and guide conversations in our Tri-County area of Erie St. Clair on the importance of promoting healthy living, housing and community design options. Furthermore, we conducted a thorough public consultation for our Strategic Plan 2010-2013, while initiating a feedback process that enabled our participants to continually validate our work.

Continued on page 6

We want to thank the many individuals – staff, colleagues, clients, and families – who came forward with their ideas to further develop and improve service. These were opportunities to connect with the public and our community and hear their views on quality care and sustainability.

We have a volunteer, community-based Board of Directors who work with our administration to continually improve community care. One of our proudest moments this year occurred during the Provincial Knowledge and Inspiration Conference hosted by the Ontario Association of Community Care Access Centres. Dr. Gordon Simmons, Board Member, was honoured with the Citizenship Award for his years of dedication and contributions to the Sarnia-Lambton community. The OACCAC Citizenship Award recognizes commitment to making a difference in a community, demonstrated responsible mentorship and leadership, transfer of knowledge into action, and continuous collaboration in relationships.

In this 2009-2010 Annual Report to the Community, our goal is to provide relevant and useful information in response to the many inquiries, feedback, and requests we regularly receive from our engaged community. We truly appreciate your interest.

Betty Kuchta

Chief Executive Officer

Rose Scott

Chair, Board of Directors

Board of Directors and Committees of the Board

The Board is responsible for succession planning and continually recruits members from the community. Board meetings are open to the public, and meeting dates and times are posted on our website at **www.esc.ccac-ont.ca**.

Board of Directors

Rose Scott, Chair
William Baker, Vice Chair
Barbara Bjarneson
Jeewen Gill, Treasurer (April-Sept. '09)
James Greenway
Eleanor Groh (*) *(resigned Jan '10)*
Heather Haines
Martha Knight (*)
Catherine Luxton (*)
Scholastica Lyanga
Esdras Ngenzi
Gordon Simmons, Treasurer (effective Sept. '09)

Those noted as (*) were elected to the Board as of September 2009..

Committees

Audit

Jeewen Gill, Chair
James Greenway
Catherine Luxton
Scholastica Lyanga
Rose Scott *

Finance

Gordon Simmons, Chair
William Baker
Jeewen Gill
James Greenway
Scholastica Lyanga
Esdras Ngenzi
Rose Scott *

Governance

William Baker, Chair
Barbara Bjarneson
Heather Haines
Martha Knight
Rose Scott *
Gord Simmons

Quality

Barbara Bjarneson, Chair
Mary Lou Braekevelt **
Anna Maria DeCia **
Heather Haines
Catherine Luxton
Martha Knight
Rose Scott *

* Ex-Officio
** Community Representatives

Quality Client Services

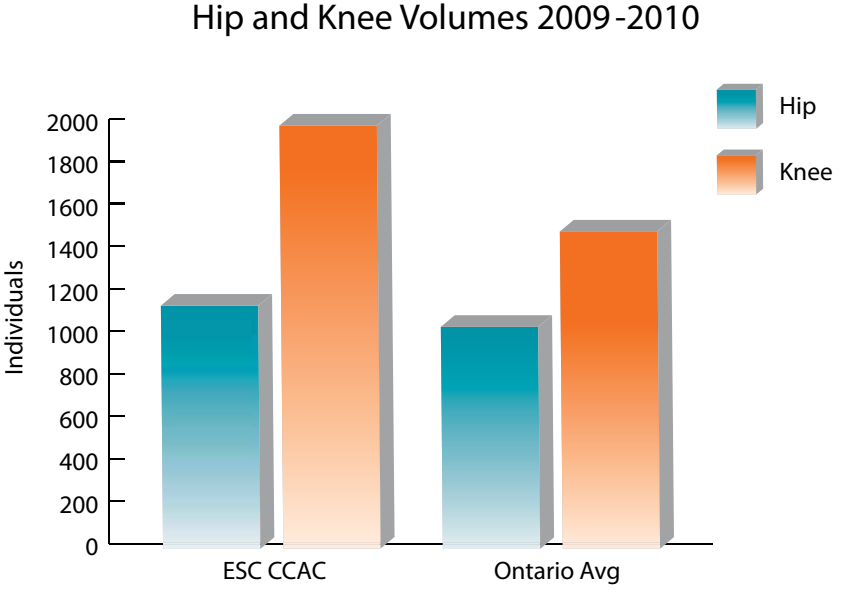
Quality is central to the Erie St. Clair CCAC. Each year our CCAC presents to the public a snapshot of the standard of service we are providing in Erie St. Clair. Our Second Annual Report on Quality highlighting the 2009-2010 year is available at **www.esc.ccac-ont.ca**.

The following examples are an excellent illustration of the quality of care we are providing in the community.

Joint Replacement Services

We are funded to provide post-surgical joint replacement in-home services. These are primarily nursing and therapy services provided to individuals returning home after joint replacement surgery.

In 2009-2010, we provided in-home support to 1,143 individuals who had hip replacement surgery and 2,033 who had knee surgery. This is above the provincial average of 1,050 for hip surgery and 1,519 for knee surgery. This program demonstrates collaboration among health care professionals and is representative of what can be accomplished with a focus on evidence-based practice, patient education, and smooth care transitions.



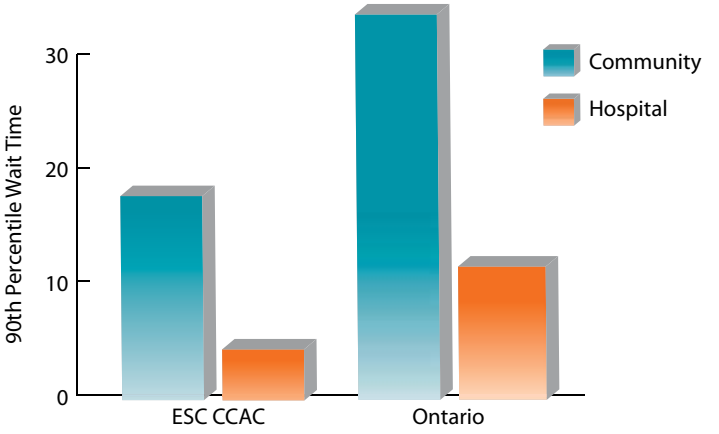
Quality Client Services

Wait Times

The Erie St. Clair CCAC had the lowest total wait time for community and hospital referrals for 2009-2010. Of those clients referred from the community to the CCAC, the wait time was 17 days, compared to the Ontario average of 35 days. Of those clients referred from the hospital, the wait time was 5 days compared to the Ontario average of 11 days.*

* Access to community care services through Community Care Access Centres (CCAC) is measured using wait time "from application to first assessment" and "from assessment to first service".

Application to First Service Wait Time
– 90th Percentile – 2009-2010



Community Nursing Clinics

Community Nursing Clinics were introduced in 2009-2010. These clinics have allowed the CCAC to provide mobile clients with a convenient means of receiving services.

Clients have largely responded positively to this type of service model. The nursing clinics allow clients to manage their own time and schedule. Feedback has included suggestions for improvement, and we are continually incorporating improvements as we enter the second full year of operation for our clinics.

As noted in the table below, in the last year we have served thousands of residents across our service area in each of our clinics.

Location	Number of Visits
Windsor-Essex	21,095
Chatham-Kent	9,768
Sarnia-Lambton	12,132

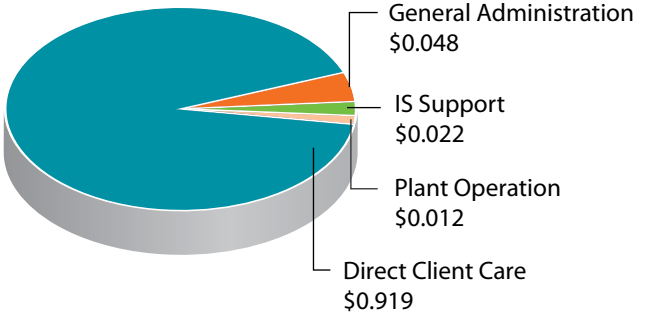
Quality Client Services

Client Care

Every dollar counts at the Erie St. Clair CCAC, and it is our goal to ensure that as much of each dollar as possible is dedicated to direct client care.

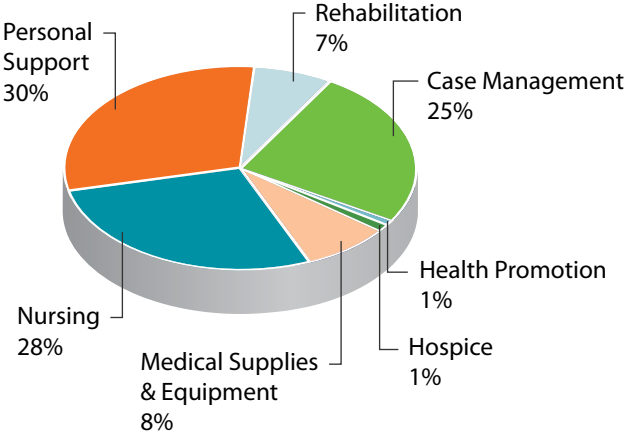
As the chart on the right demonstrates, nearly $0.92 of every dollar in our budget is committed to providing care for the residents of Erie St. Clair.

Cost Breakdown per Dollar Spent



Client Care Costs make up over 90% of our budget. The chart on the right outlines that the distribution of client care costs is based on client need, as determined by health care assessments. These assessments are conducted by CCAC Case Managers. As the chart on the right demonstrates, the majority of client care costs are committed to providing support in the home through nursing and personal support services.

Client Care Costs



Accountability and Transparency

Complaints and Appeals Process

Access to problem resolution is readily available. Clients receive information on the complaint and appeals processes available for the resolution of concerns regarding CCAC care. In all cases, 100% of the time, verbal mention of the process is accompanied by written information and provided when a health care assessment is completed and a treatment plan is initiated.

Open Board Meetings

The Board of Directors receives quarterly reports on organizational performance and quality metrics. Board Minutes are posted on our website in English and French. Board meetings are open to the public; they occur the last Thursday of each month, except for December, when the meeting occurs the second Thursday before Christmas Day, and a summer recess during July and August.

It is important for us to be able to communicate the results of our work in the community.

The Erie St. Clair Board of Directors and Our Quality Agenda

The Committee invites patients and their families to talk about their health care experiences and, in particular, their experiences with our Erie St. Clair CCAC, so that we can understand what works well and what needs improvement. The Committee heard three individual client stories this year representing the residents in Windsor-Essex, Chatham-Kent and Sarnia-Lambton.

Our Board commits a minimum of 25% of its time to reviewing quality data and discussing the organization's quality improvement efforts.

Accountability and Transparency

Serving Our Diverse Communities

Erie St. Clair is home to a number of diverse communities. Our agency Fact Sheets are translated and distributed in 14 different languages and are fully accessible online at **www.esc.ccac-ont.ca**.

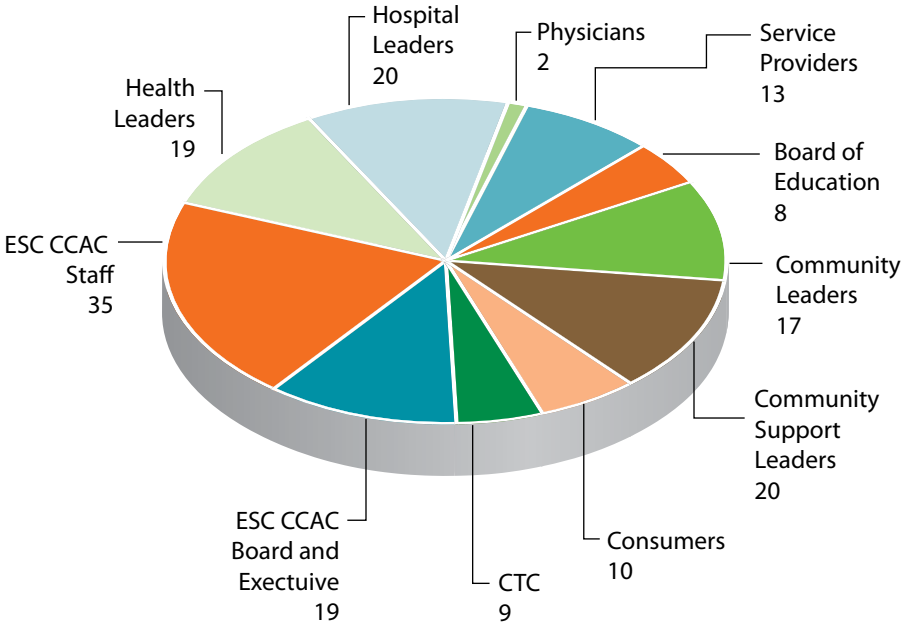
Community Engagement and Strategic Planning

Community engagement was robust in 2009-2010, achieved through two vehicles: regular community engagement events and the development of our Strategic Plan 2010-2013.

Over the course of the last year, the Erie St. Clair CCAC was invited to speak at or attend 32 separate events. These are vital opportunities to learn a great deal about our community and engage with our residents in a face-to-face, unfiltered approach.

The Strategic Plan 2010-2013 consultation occurred over an 8 month period. We held 18 separate sessions and met with over 172 individuals representing 56 organizations in their roles as staff, patients, families, and agencies across Erie St. Clair to gather input. As our data demonstrates, the diversity of our consultation was robust.

Summary of Participants by Sector



> A healthy community care system is not the work of a single agency, but the result of a community working together. The CCAC strives to create lasting partnerships as we strengthen current programs and develop new ones.

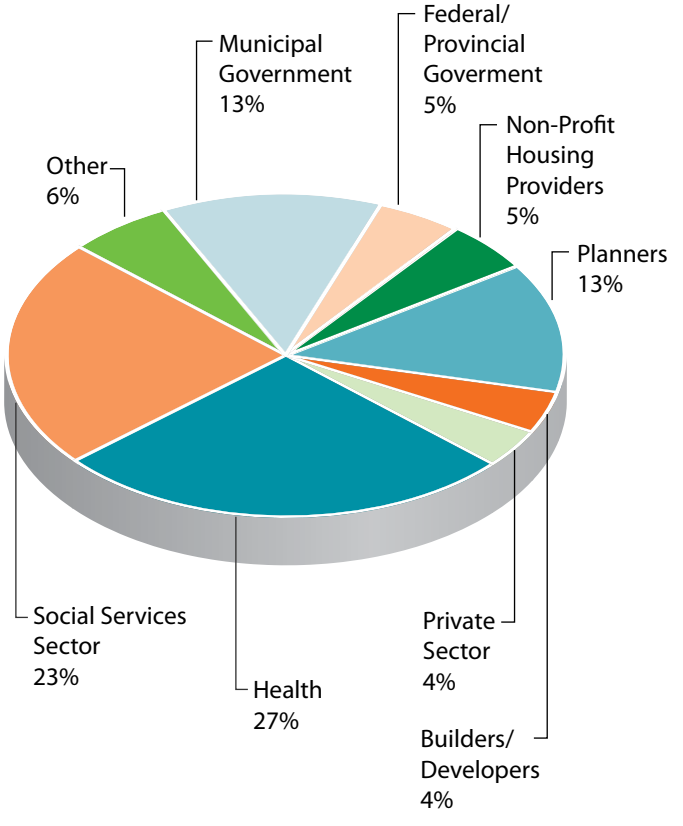
Partnering with Our Communities

Community Summit

More than 140 planners, health professionals, administrators, business-people, government officials, and community members came together at the two-day Community Summit held in Chatham, Ontario on October 8th and November 19th, 2009. The Summit was designed to bring together a range of stakeholders across various disciplines to collaborate on the principles of healthy communities and to work collectively toward their development in Chatham-Kent, Sarnia-Lambton, and Windsor-Essex (referred to as the Tri-Counties area).

The purpose of the Summit was to support urban and rural community planning and development by providing an opportunity for learning and dialogue with key community leaders. Topics included the essential components for creating liveable and healthy communities that will facilitate active aging in place. Our civic partners appreciated the leadership taken by our CCAC, given our expertise in working with the public in their homes and in community settings.

Summary of Participants by Sector

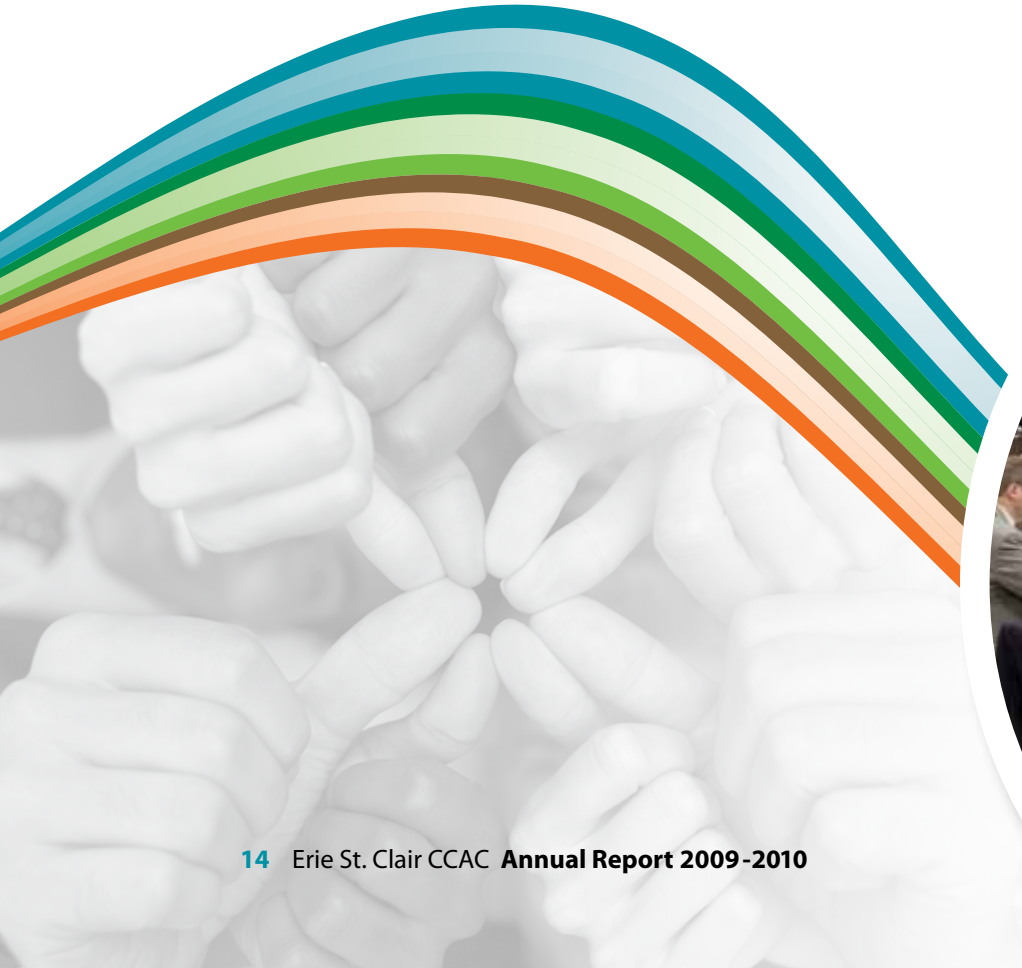


Partnering with Our Communities

Partnering with Our Providers

On a daily basis, we value the work of our providers. We work with them to develop effective treatment plans for our clients and to ensure that the provision of care in the community is collaborative and team-based.

We have continued our record of collaborative education with our service provider agencies. Together we have supported the training and education of frontline staff in evidence-based practices such as wound and skin care and pain and symptom management. As we improve our practices and quality of care, we do so in partnership with our providers.



Partnering with Our Communities

Our Contracted Service Providers

Nursing

- Bayshore HealthCare
- ComCare Health Services
- ParaMed Home Health Care
- Saint Elizabeth Health Care
- VHA Rehab Solutions
- Victorian Order of Nurses

Occupational Therapy

- Community Care Therapy
- John McGivney Children's Centre
- Physical Relief Health Care Services
- Sunnyside Rehabilitation Services
- Susan Schaafsma
- Victorian Order of Nurses

Speech/Language Therapy

- Community Care Therapy
- John McGivney Children's Centre
- Karine Pepin
- Physical Relief Health Care Services

Personal Support and Homemaking

- Bayshore HealthCare
- Canadian Red Cross
- ComCare Health Services
- ParaMed Home Health Care
- Saint Elizabeth Health Care
- Victorian Order of Nurses
- Walpole Island First Nations – Home and Community Care Program

Partnering with Our Communities

Our Contracted Service Providers

Physiotherapy

- Community Care Therapy
- John McGivney Children's Centre
- Physical Relief Health Care Services
- Sarnia-Lambton Physiotherapy

Social Work

- Hospice of Windsor and Essex County
- Physical Relief Health Care Services

Medical Supplies & Equipment

- ConvaTec
- KCI Medical Canada
- Shoppers Home Health Care

Infusion Therapy

- Rexall Specialty Pharmacy
- Hogan's Pharmacy

Nutritional Counselling

- Nutritional Management Services

Supporting Our Staff

We consult with our staff in a variety of ways. Our focus is to leverage our 'Staff as Consultants'. We know that our frontline staff, who work directly with clients and families, have the greatest wealth of experience and knowledge of community health needs, protocols, and processes. They are our greatest asset in the delivery of quality care and are vital to creating an agency that provides service that is relevant to the needs of the community.

We consulted with staff on the development of our Strategic Plan 2010-2013. Region-wide all-staff meetings occur monthly and are a forum for process improvement suggestions, questions, and open dialogue. Additionally, respecting the sensitive nature of staff feedback, our digital comment board has been re-launched and is a forum for suggestions, areas for improvement, and compliments. Finally, in response to our Employee Engagement Survey of 2008, the Workplace Trust and Communication Improvement Committee was created to improve trust issues between staff and management, as well as resolve more immediate communication problems.

Supporting Our Staff

From a training, education, and skills development perspective, we provide resources and opportunities to staff for self-improvement. Regular education is provided to support ongoing process changes. Elective educational opportunities are available. Annually, staff at all levels of the organization are selected to attend the Ontario Association of Community Care Access Centre's Annual Knowledge and Inspiration Conference, to learn about community care practices in other communities and to establish contact with colleagues for ongoing knowledge exchange.

During the June 2009 Annual Conference, staff from the Erie St. Clair CCAC provided five presentations to showcase a variety of best practices and innovations in our own Erie St. Clair CCAC.

Focus on Continuous Improvement and Innovation

For the Erie St. Clair CCAC, improvement and innovation are based on positive outcomes for our clients and residents. The following are several examples of leading-edge programs led by the Erie St. Clair CCAC that have translated into tangible results for our clients and our community.

Aging-at-Home Initiatives

The Erie St. Clair CCAC continues to be a key partner and sponsor for a number of aging-at-home initiatives, including GRRT, PCCT, ROHO Cushion, ER Case management, and Community Nurse Practitioners. These programs offer increased access for the public to our services through interdisciplinary expert teams, forging new relationships with our hospital and community partners. The programs maximize the skills and expertise of allied health professionals in a collaborative, inter-professional model to deliver the best results for clients quickly and efficiently.

These new methods of delivering service allow the CCAC to be significant health system contributors to the reduction of Alternate Level Care rates in our area.

* Alternate Level Care refers to hospital beds being used by patients who no longer require acute services and are waiting to be discharged to a setting more appropriate to their needs.

Focus on Continuous Improvement and Innovation

Health Care Connect

Health Care Connect is a program launched by the Ministry of Health and Long-Term Care in February 2009. The purpose of this program is to help any resident of Ontario with a valid health card access primary care, that is, find a Nurse Practitioner or Family Doctor. The program is administered locally by each CCAC, who employ Care Connectors who will assist in the registration of individuals, the promotion of the program, and directly connect residents with care.

In the fall of 2009, the Erie St. Clair CCAC and Local Health Integration Network developed a partnership to increase enrolment in the program and support a greater number of referrals to local doctors and nurse practitioners.

On February 12th 2010, the 1st year anniversary of the program launch, a regional campaign was launched. The Honourable Deb Matthews, Minister of Health and Long-Term Care, was present to announce an ambitious campaign to register 5,000 residents in the following 90 days.

Health Care Connect campaign launch in Chatham-Kent, February 12th, 2010. From left: Betty Kuchta, CEO Erie St. Clair CCAC; Pat Hoy, MPP Chatham-Kent-Essex; The Hon. Deb Matthews, Minister of Health and Long-Term Care; Gary Switzer, CEO Erie St. Clair LHIN.

Extremely positive results were achieved within the first 45 days of the campaign leading to the end of the fiscal year. These include:

- Increasing the number of registrants in February 2010 by 300% over any previous monthly average
- Almost 600 new registrants in March 2010
- At 84%, the highest rate of any other CCAC in Ontario for matching residents with doctors
- Over 50 physician participants and a unique partnership with local Family Health Teams

The CCAC/LHIN partnership will be carrying forward a mandate for the next year to increase registrations and support the program moving forward, continually ensuring that increased access to primary care is achieved.

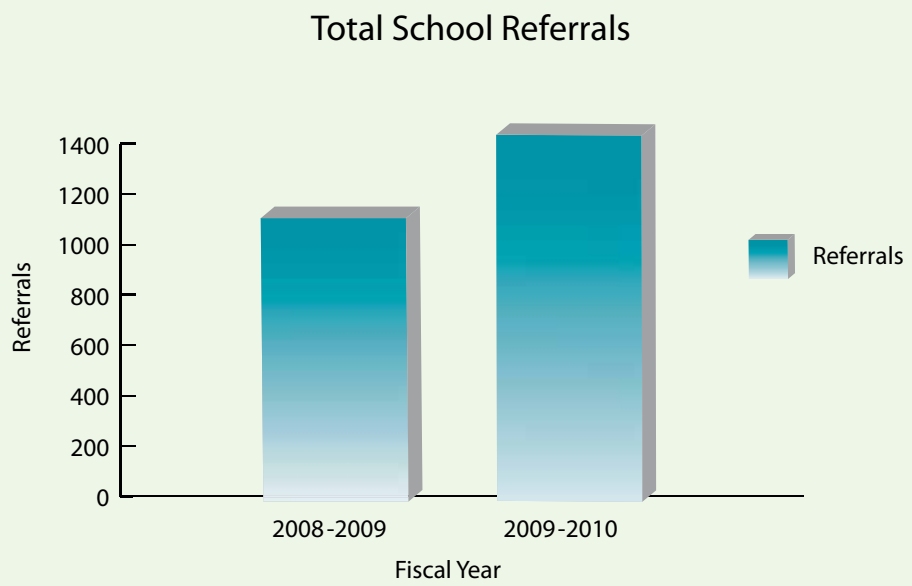
Finances

ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE

Financial stability is central to providing sustainable, quality services. Restoring stability to our financial reality was a key operational focus in the 2009-2010 year. Our goal was to address accumulated debt brought on by a surge in demand in 2008-2009. This was accomplished, as noted in the audited financial statements which can be found on our website at **www.esc.ccac-ont.ca**.

High needs clients were our priority in 2009-2010, with an emphasis on repatriating individuals from hospitals to the community and providing the right mix of in-home services to avoid hospital admissions. This enables the health system to meet its goal of reducing wait-times for hospital services and to free up hospital beds for only those in acute stages of illness.

Services to children continued uninterrupted. It is worth noting that there has been a significant increase in the demand for School Health Support Services, with the number of children served in 2009-2010 increasing by 12% over the previous year.



Statement of Financial Position as of March 31, 2010

ASSETS	2010	2009
CURRENT		
Cash and Bank	$ 10,458,739	$ 5,738,873
Sundry receivables	697,614	703,296
Prepaid expenses and supplies	838,943	521,173
	11,995,296	6,963,342
CAPITAL ASSETS	2,049,405	1,399,623
	$ 14,044,701	$ 8,362,965

LIABILITIES AND NET ASSETS	2010	2009
CURRENT		
Accounts payable and accrued liabilities	$ 10,441,300	$ 8,450,393
Due to the Province of Ontario	1,539,112	1,539,112
Deferred Revenue	59,696	150,844
	12,040,108	10,140,349
DEFERRED CAPITAL CONTRIBUTIONS	2,049,405	1,399,623
EMPLOYEE FUTURE BENEFITS	798,274	969,200
NET ASSETS		
Unrestricted	(843,086)	(4,146,207)
	$ 14,044,701	**$ 8,362,965**

Statement of Operations for the year ended March 31, 2010

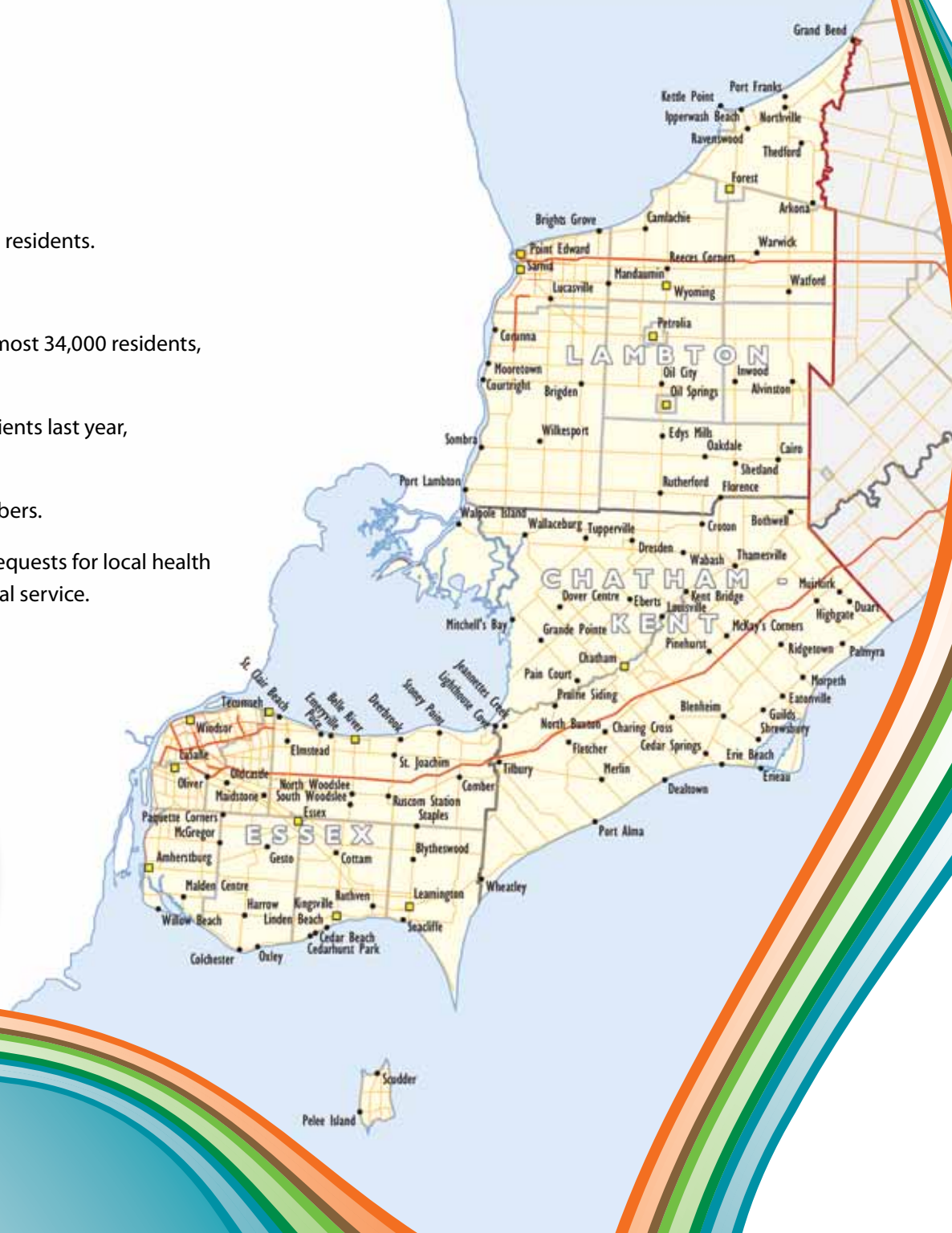
	2010	2009
REVENUE		
MOHLTC Provincial Grant—Base Allocation	$ 101,285,135	$ 96,467,373
MOHLTC Provincial Grant—One-time Funding	1,598,803	1,661,672
External recoveries	626,450	1,351,505
Bank interest	55,885	161,322
Aging at Home	2,116,069	2,237,651
Amortization of deferred capital contributions	263,435	280,904
Undistributed marketed services	413,083	96,971
	106,358,860	**102,257,398**
EXPENDITURES		
Program		
Administrative and support services	8,463,084	8,274,042
Community and social services (patient care)	93,905,339	95,940,396
Health promotion and education	274,233	395,645
	102,642,656	**104,610,083**
Other		
Undistributed marketed services	413,083	96,971
	103,055,739	104,707,054
EXCESS OF REVENUE OVER EXPENDITURES (EXPENDITURES OVER REVENUE)	**$ 3,303,121**	**$ (2,449,656)**

Statement of Cash Flow for the year ended March 31, 2010

	2010	2009
OPERATING ACTIVITIES		
Excess of revenue over expenditures (expenditures over revenue)	$ 3,303,121	$ (2,449,656)
Items not requiring cash		
Amortization of capital assets	263,434	280,904
Amortization of deferred capital contributions	(263,434)	(280,904)
	3,303,121	(2,449,656)
Net change in non cash working capital balances		
Sundry receivables	5,682	(110,132)
Prepaid expenses and supplies	(317,770)	(79,262)
Accounts payable and accrued liabilities	1,990,907	583,841
Due to the Province of Ontario	–	198,309
Deferred revenue	(91,148)	20,184
Cash provided by (used in) operating activities	4,890,792	(1,836,716)
INVESTING ACTIVITIES		
Purchase of capital assets	(913,216)	(169,127)
Deferred capital contributions	913,216	169,127
Cash provided by investing activities	–	–
FINANCING ACTIVITIES		
Employee future benefits	(170,926)	67,100
Cash provided by (used in) financing activities	(170,926)	67,100
INCREASE (DECREASE) IN CASH, during the year	4,719,866	(1,769,616)
CASH AND BANK, beginning of the year	5,738,873	7,508,489
CASH AND BANK, end of the year	**$ 10,458,739**	**$ 5,738,873**

Quick Facts about Our CCAC

- Erie St. Clair is home to approximately 649,000 residents.
- Erie St. Clair covers 7,324 square kilometres.
- In 2009-2010, the CCAC provided service to almost 34,000 residents, or 5% of all resident living in Erie St. Clair.
- The three CCAC nursing clinics served 4,299 clients last year, comprising over 43,000 total visits.
- The Erie St. Clair CCAC employs 377 staff members.
- The Erie St. Clair CCAC managed 2,111 public requests for local health care options through our Information & Referral service.



> At the Erie St. Clair CCAC, we believe that we cannot provide the best quality of care unless our community is kept informed and engaged.

Feedback

If you have any questions about our 2009-2010 Annual Report to the Community, or would like to request copies, please call **519-436-2222** or email us at **engagement@esc.ccac-ont.ca**.

Copies may also be requested by writing to:

Communications Department
712 Richmond Street, P.O. Box 306
Chatham, Ontario N7M 5K4

A digital copy of this report can be accessed at **www.esc.ccac-ont.ca.**

Erie St. Clair
CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires d'Érié St-Clair

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Windsor, ON N8T 1C5
519.258.8211
1.888.447.4468

Erie St. Clair Community Care Access Centre

Connecting you with care

www.esc.ccac-ont.ca

Ontario