Toronto Central
CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires du Centre-Toronto





Toronto Central CCAC Community Report 2009/10

Outstanding care – every person, every day.

Ontario

Judith Hayward

Camille Orridge

A Message from the Board Chair and CEO

Building a Culture of Quality

The ability to meet the needs of our clients and caregivers is dependent on our ability to build a culture of quality improvement at every level of our organization. Since the Toronto Central CCAC was established in 2007, we have been working hard to do just that. Our quality improvement approach is based on our ability to understand our clients' and caregivers' experiences and see the world through their eyes.

Building a culture of quality takes time and in this 2009/10 Community Report we provide you with a window into the progress we have made and what else we still need to do.

The CCAC is one part of a large and complex health care system and our health care system is facing many challenges. Embracing a quality improvement culture is the only way the CCAC can address these challenges, including:

- In a slower economy, we need to make sure that every dollar we spend adds value to clients and to the health care system;
- Our population is aging, more people are living with chronic diseases and health care delivery is shifting more from hospitals to the community;
- We need to make sure that patients are discharged from hospitals as soon as possible and that other people receive the right care to keep them out of hospitals so that hospital beds and emergency departments are available quickly for the people that need them the most;
- People are generally more knowledgeable and have higher expectations of service and quality than ever before; and,
- Yet we still have many people who are underserved and desperately need health care, but access it only when they are sicker and require higher cost treatments.

We are grateful for an incredible team of staff members who have embraced the significant quality improvement changes we have introduced over the past couple of years. The progress we have made in developing innovative ways to better meet our clients' needs is a tribute to the commitment of our staff, service providers and our Board of Directors. Our thanks also to the many valued partners who collaborate with us to develop new approaches to care, and more importantly, who are helping us to improve the quality of care for our clients and caregivers. It is through the commitment of all of these people that we are better positioned to take on the challenges that lie before us.

We are pleased to bring you this first edition of the Toronto Central CCAC Community Report (2009/10). In this report we highlight several of our quality improvement strategies including:

- Our new model of care, organized around the needs of specific client groups.
- Improvements in our Call Centre to respond to clients who call us.
- Our Home First approach designed to support people to come home from hospital.

Looking ahead, we are already building momentum on our quality journey with a clear direction and a Quality Plan for 2010/11. We look forward to reporting further progress on our results to you next year.

Judith Hayward, Board Chair

Camille Orridge, Chief Executive Officer

"The most important thing has been the ability for my parents to live in their own home… And that's best for us and best for them and best for CCAC as it keeps beds open for other people." - Caregiver

Vision

Outstanding care – every person, every day

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 Core Values

We are guided by the following values:

Caring and empathy
Understanding our clients' experience through their eyes

Leadership
Being passionate, proactive and creative leaders who are committed to transforming health care delivery for our clients

Excellence
Committing to the highest standards of professionalism and performance that produce outstanding results of lasting value

Social responsibility
Promoting integrity, community development and just use of resources entrusted to us for the enhancement of human life and dignity

Human Dignity
Valuing each person as a unique individual with a right to be accepted and respected

Strategic Directions and Major Aims 2009/10

Strategic Directions

Excellent Service	Health System Leadership	Learning and Innovation	Citizenship and Community

Major Aims

Transforming the experience for our clients and caregivers	Getting people home and keeping people home	Building our quality and safety capacity across the organization	Enhancing access and equity to community services

How Are We Building a Culture of Quality at

Commitment to improving the client experience

Supporting clients in their choices

Teaching staff ways to improve quality in everything we do

Helping clients and staff to be safer

Working with partners to make the health system better

Finding ways to be more efficient

Working to get people home and keep them home

We are taking the pieces of quality we already have

and will add new pieces along the way

Customizing care for diverse clients needs

Using client feedback to improve what we do

Having skilled and dedicated staff

Having an external review of our quality by Accreditation Canada

Using technology to make things faster and easier

Board of directors leadership on quality

Improving how we respond to clients when they tell us things aren't working

Every Level of the Toronto Central CCAC?

Improving supports to caregivers to keep them healthy

We will come to work every day to make things better, so that we can deliver on our promise...

Clients having more control over their care

Asking clients to help us design our services

Using more best practices to improve health care outcomes

Outstanding care – every person, every day

Quality Means...

Enhancing the Experience of Clients and Caregivers

"I'm so grateful for the CCAC—arranging those services has really helped me to feel safe and more confident in my own home."
Sharon, CCAC client

A Client-Focused Care Delivery Model

Toronto Central CCAC introduced a new model of care in February 2010. The model is organized around specific population groups to more effectively meet our clients' needs. We started on this journey by first identifying our diverse client groups and their care needs based on an international best practice model. We tested the model with some of our client populations, like seniors with high care needs in 2009, before the full roll-out in 2010.

Value for Clients

The new model of care provides an opportunity for a focused, in-depth understanding of our clients, their caregivers and their overall needs. It gives us greater ability to target and organize resources around specific populations to create a better client and caregiver experience while getting the best value for our health care dollars. In addition, this model improves our ability to measure client outcomes and experience and to work more effectiviely with different health care partners.

Our Programs Focus on the Following Populations:

Children – supporting 5000 children to get the right support in schools; 400 children who have complex medical needs and 1000 children with short term support needs.

End of Life – supporting 1600 clients to die at home with dignity.

Urban Health – supporting 1200 clients who are homeless, poorly housed, have mental health or cognitive impairment issues to access services and be supported to live in the community.

Frail Seniors – providing intensive seniors-focused care support to 6400 seniors and their caregivers so that they can remain at home with dignity.

Adults – supporting 1200 adults and their caregivers to manage long-term conditions.

Helping Seniors be Independent – connecting 12,000 seniors to care and supporting them to remain independent in the community.

Short-Term Support – supporting 13,000 clients who have short-term medical and rehabilitation needs.

Numbers reflect total clients served in one year.

"We were so impressed with the excellent level of care given to my grandmother and the amazing support given to my parents in their role as caregivers. We are very thankful!" Beth, CCAC caregiver

A Program Focused on Frail Seniors

This Program is just one example of how our new care model is providing more value for our clients. It targets seniors aged 65 and over with high care needs due to complex medical, physical and functional conditions who are sometimes at risk for hospitalization or moving prematurely to long-term care homes. Our goal is to support them and their caregivers to remain in their homes and in their community as long as possible.

Our Approach to Your Care

The program employs a specialized team, led by a community care coordinator, who is responsible for helping the client and family by developing a support plan, coordinating services, and ensuring the best possible client experience. The care coordinator provides seniors-focused intensive case management with the support of a specialized team of care professionals including a pharmacist, occupational therapist and nurse practitioner.

Integrated Care

Working with key partners in the community to support our clients is also a mainstay of the program. The CCAC team works with the primary care team, the Regional Geriatric Program, the Alzheimers Society, seniors mental health, long-term care homes, community support services and faith communities.

Client and Caregiver Feedback

We conducted a Client and Caregiver Survey to get a better understanding of our clients' and caregivers' experience with the program. Clients and their caregivers were very positive about their care experiences. Clients and caregivers also told us how we could do better for them and we are looking at different ways we can use this feedback to improve our care. The feedback is a testament to the impact our new model of care is having on the client experience and quality of life.

"I'm enjoying the opportunity to work so closely with clients and caregivers and to see first hand the difference the right services and supports can make in people's lives. We are able to bridge the gap between hospital and community so clients can be discharged more quickly to a safe and supportive home environment."

Effie Galanis,Toronto Central CCAC, Community Care Coordinator

"This role gives me a unique opportunity for professional development since I am continuously expanding my skills and knowledge through interaction with such a diverse team. There is no shortage of challenges in this job, but the rewards are well worth it."

Suzanne Wilson,Toronto Central CCAC, Community Care Coordinator

Quality Means...

Listening to What Matters to Clients

Client Services Call Centre Team

Results:

Live answer has increased from

44% to 78%

Target for 2009/10 was 80%.

We receive between

15,000 and 20,000

calls per month.

Supporting Clients One Call at a Time

Over the past year we have learned from our clients' stories and through client surveys how important it is for clients to get a real person on the phone when they contact our CCAC. We listened to their feedback and working with our Call Centre Team used new quality improvement methods to ensure more calls get a live answer.

Our changes meant that the Call Centre Team is able to connect clients to specialized teams that have the information that is right for them. Travis Crawford, a Team assistant in the Call Centre says, "We have an assessment tool to guide us when speaking with clients so we are able to connect them more effectively. The whole process added to the satisfaction of doing my job because I know that I'm helping."

With one phone call, clients and caregivers are supported with the information they need. The team handles anywhere from 15,000 to 20,000 calls each month. In 2010/11 we will work towards surpassing last year's goal of 80%.

"I was so pleased to reach a live voice and be helped so cheerfully and efficiently. Usually there is a voice mail chain of instructions that are difficult and frustrating." Kathy, CCAC client

Quality Means...

Working with Partners to Support Clients in the Community

At Toronto Central CCAC we rely on our partnerships and collaboration with our health system partners, hospitals, community agencies and service providers to deliver quality care. With their support we're able to meet the care needs of a population of nearly 1.5 million residents in Toronto. We work closely with the Toronto Central Local Health Integration Network, which is responsible for funding, planning and integrating local health services in the Toronto Central area. We have a number of activities and partnerships in place to support the Toronto Central LHIN's Integrated Health Services Plan and to meet our performance goals.

In the Community

We are the first point of contact to connect people to a broad range of community, social support services and long term care. We partner with various Community Support Service Agencies and 37 Long-Term Care Homes. We strive to be truly connected to our community by continuing to expand to new partners, such as faith communities, and cultural groups.

Community-based Care Coordinators work closely with primary care providers of all types, community health teams, solo practitioners and service providers to support clients in the community.

In the hospitals

We have Care Coordinators working onsite with staff in 26 hospitals and emergency rooms to help people make the transition home or to other sites for care.

Across the Health Care Continuum

We have dedicated specialized teams working together with our community and health care partners across the care continuum:

Health Care Partners

- Community Support Service Agencies
- Community Health Centres
- Contracted Service Providers
- Emergency Medical Services
- Hospitals
- Homeless Hostels and Shelters
- Long-Term Care Homes
- Out of the Cold Program
- Pharmacists
- Physicians and Family Health Teams
- Public Health Departments
- Shared Information Management Systems (SIMS)
- Social Service Agencies
- Toronto Central LHIN

Networks

- Acquired Brain Injury
- Community Ethics
- Dementia
- East–end Urban Health Alliance
- GTA French Language Services
- GTA Rehab
- Multiple Sclerosis
- Stroke
- Palliative Care
- West-end Urban Health Alliance

Quality Means...

Getting People Home and Keeping People Home

Better for Clients and Caregivers

Our Goals:

To support clients with higher care needs to stay in the community.

To support the right clients to go to long-term care home, and to help them to make this life-changing decision at home.

Our Measures:

1. % of people moving to long-term care with high or very high needs. This tells us how well we do in supporting people to be home as long as possible.

2. The number of crisis placements to long-term care.

This measure tells us how well we are doing in reducing the need for clients to be placed under urgent circumstances in long-term care. Due to the nature and speed of these necessary transitions it is often a very upsetting experience for clients and caregivers.

Our Results:

7% increase in the number of high risk seniors supported in the community.

120 clients who have moderate to high needs remained at home longer.

Up to **100** seniors avoided crisis placement.

The Home First Strategy, involving a partnership between the Toronto Central CCAC and acute care hospitals, is making a big difference in the lives of hospital patients with complex care needs. No longer requiring acute care, but unable to return home for various reasons, these patients stayed in hospital for weeks or months waiting for an alternative setting better suited to their needs. Many moved to long-term care prematurely. Thanks to Home First, many of these patients - usually frail seniors with high care needs – are now going home with the necessary services and supports in place.

Based on the success of the Home First Strategy in the Mississauga Halton region and now in Toronto acute care hospitals, this Toronto Central LHIN-funded initiative has been expanded to our rehabilitation and complex continuing care hospitals.

Kulsum is just one of many clients who has benefited from the Home First Strategy:

Kulsum's story

After 45 days in hospital, 81-year old Kulsum is back in her own apartment with intensive support from the CCAC. Although she no longer needed acute care, she was considered not well enough to return home and was waiting for an available bed in a long-term care home. She was very unhappy having to remain in hospital as was her son, Mick.

After a hospital social worker in the hospital made the referral to the CCAC, and Kulsum and Mick met CCAC Care Coordinator Suzanne Wilson. When Suzanne described the supports and services the CCAC would put in place to enable Kulsum to go home, Mick at first suspected it was a ruse to force his mother to leave hospital and try to manage

at home on her own. He was pleasantly surprised to discover that the support and services promised were delivered quickly and efficiently and that Suzanne and Alisha Alladina (a care coordinator who speaks Kulsum's language) are always available to answer questions or follow up on any issues that arise.

Kulsum is now waiting for admission to the long-term care home she has chosen. Mick says he and his mother both are grateful she is home: "This allows a kind of closure for her from one phase of her life before she embarks on the next. It would have been very upsetting for her to go directly from a hospital setting to long-term care without the opportunity to settle her home affairs. "

"The care coordinators took the time to find out just what we needed and to determine how to handle the issues relating to medication. We couldn't have managed without them."

Better for the Health System

Our Goal:

Fewer seniors waiting in acute care hospital beds for long-term care.

Our Measure:

The number of clients now receiving care in the community instead of waiting in a hospital bed for long-term care.

Our Results:

70 fewer seniors waiting for long-term care from hospital every month.

Which means 70 more hospital beds available for other people who need them most.

What our Partners are Saying

Home First is an approach to care for seniors which focuses clinical teams in a very different way than previously. It's about clinicians thinking that every time a patient comes into hospital, their preferred destination, if possible, is Home First.

"When we see people in hospital they are at their most vulnerable, weakest and sickest point and we may sometimes look at a patient through a hospital lens and say well, I'm not sure this patient is well enough to go home. With the advent of the Home First Strategy the CCAC comes into the hospital and works with us around patients, and helps us to see patients through their eyes. They see what is possible, they understand what's available in the community, and are able to help us think about transitioning people out into the community."

Jocelyn Bennett, Senior Director, Acute and Chronic Medicine and Nursing, Mt. Sinai Hospital

"Safety is a primary consideration of Home First. We know that it is not for every single patient. We still have patients who need to consider whether long-term care is the next step in their care destination."

Sue Van De Velde-Coke, Executive V.P. Chief Health Programs and Nursing Executive, Sunnybrook Health Sciences Centre

Quality Means... Making sure that every $ we spend adds value to clients and the health system

Toronto Central CCAC Financial Highlights - Year ended March 31, 2010
with comparative information from March 31, 2009

- Toronto Central CCAC Funding for 2009/10 was $180 million
- We achieved a balanced budget
- 91% of our funding was directed to client services
- We have an Every $ Counts for Client Care Campaign that looks at ways to improve value for clients and the health system with every dollar we spend.

Toronto Central Community Care Access Centre

Statement of operations

year ended March 31, 2010

	2009/10 $000	2008/09 $000
Revenue		
MOHLTC / LHIN Funding	178,194	166,709
Other revenue	4,491	3,160
	182,684	169,869
Expenses		
Direct services to clients	167,759	156,022
Administration	16,633	14,232
	182,392	170,255
Excess of revenue over expenses	293	(386)

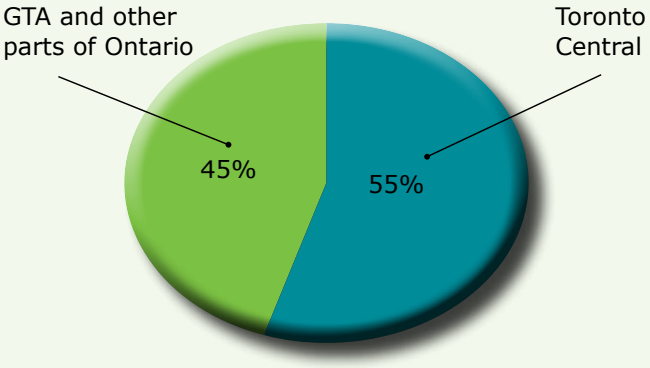
Balance Sheet

year ended March 31, 2010

Assets		
Current assets	15,600	15,189
Pandemic supplies	465	453
Capital assets	10,840	10,389
	26,904	26,031
Liabilities		
Current liabilities	15,640	15,510
Deferred capital contributions	10,840	10,389
Fund balance - unrestricted	424	132
	26,904	26,031

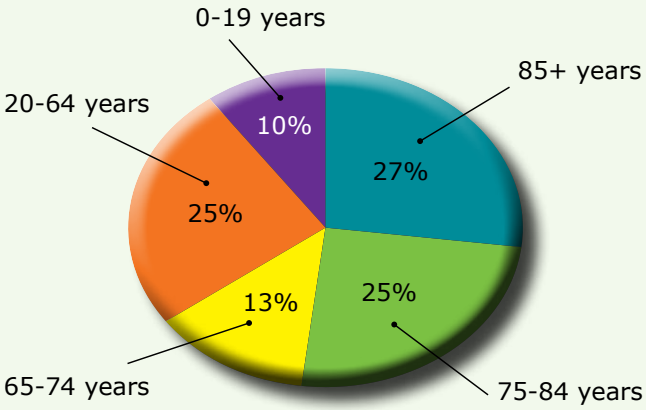
Hospital Referrals by Destination

Many people come to Toronto to receive specialized care in Toronto area hospitals and our CCAC supports almost half of them to go home to other parts of the province. Only 55% of people who receive care in a Toronto Central hospital actually live here.



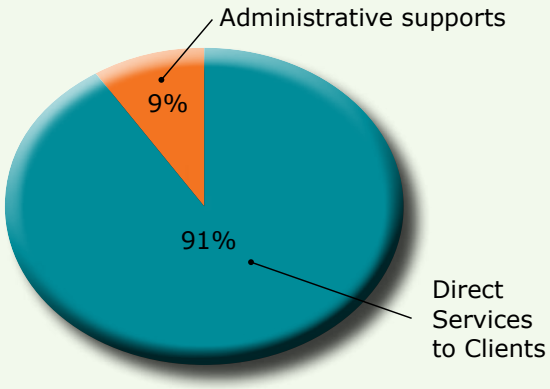
Care Expenditures by Age Group

The CCAC serves people of all ages. Just over 50% of our funding is directed to supporting the care needs of seniors aged 75+. Most of our client population is comprised of seniors with high care needs. 10% of funding supports children and 25% for adults.



Effective Use of Resources

In an increasingly challenging financial environment, stronger financial management of resources is now more important than ever to ensure that tax payer dollars are directed where they have the most value for the clients and the health care system. At Toronto Central CCAC we are making sure that every dollar counts for client care. For every dollar the CCAC receives, 91 cents is spent on direct services to clients.



If you would like a full copy of our audited financial statements contact our Executive Office at 416-217-3820 ext. 2604.

Quality Means...
Making Continuous Improvement

Planning for 2010-11 and Beyond

Our quality journey will continue in 2010-11. We will continue our efforts to build a culture of quality. The following Strategic Directions and Major Aims form the key pillars of our continuous quality improvement efforts.

Strategic Directions and Major Aims 2010/11

Our 4 Year Strategy

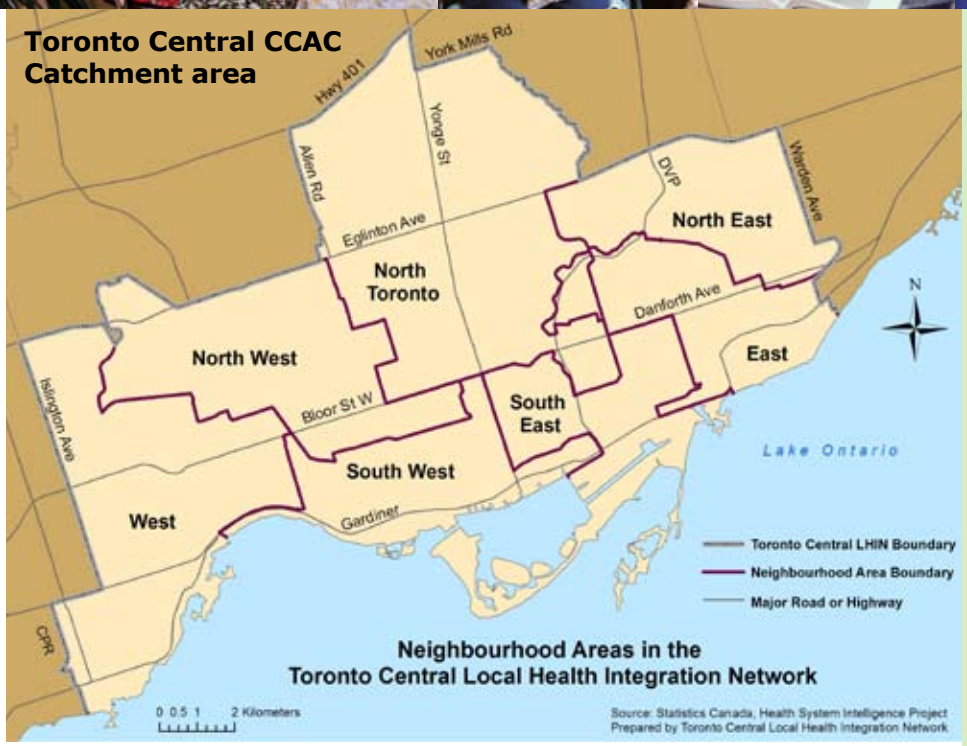
Excellent Service	Health System Leadership	Learning and Innovation	Citizenship and Community

Our Major Aims for 2010/11

Transforming the experience for our clients and caregivers	Getting people home and keeping people home	Investing in our capacity to improve quality

What it means for clients

We strive to see our work through the clients' eyes and understand that every action counts to build and keep the confidence of our clients	We are proactive with our clients about preventing unnecessary hospital/ Emergency Department visits. We work hard to support a positive transition experience when clients receive care from different parts of the health system.	We are building a culture of quality improvement at all levels of the organization that encourages all staff to contribute to making things better.



In any given month Toronto Central CCAC supports:

More than 19,000 people of all ages, cultures and backgrounds receiving care in our community

1700 kids getting support at their schools

400 adults receiving rehabilitation services

23,000 information and referral inquiries

240 clients with their transition to long-term care homes

600 individuals with their palliative care needs in the community

Toronto Central CCAC
250 Dundas Street West, Suite 305
Toronto, Ontario M5T 2Z5
TEL: 416 506 9888
TOLL FREE: 1 866 246 0061
www.toronto.ccac-ont.ca

Toronto Central CCAC services are made possible through the funding support of the Toronto Central LHIN.

Board of Directors 2009/10

Judith Hayward
Board Chair

Floreen Cleary
Chair, Governance Committee

Nancy Dudgeon
Vice-Chair; Member, Governance Committee

Marsha Lindsay
Member, Client Service and Quality Committee

Dr. Puneet Luthra
Member, Client Service and Quality Committee

Sandra McCulloch
Member, Client Service and Quality Committee

Wendy Nailer
Chair, Client Service and Quality Committee

Christopher Neuman
Member, Governance Committee

Manuel Pedrosa
Member, Audit and Finance Committees

Adam Plackett
Chair, Audit Committee
Member, Finance Committee

Natasha vandenHoven
Member, Audit and Finance Committees

William Yetman
Treasurer
Chair, Finance Committee
Member, Audit Committee

Senior Management Team

Camille Orridge
Chief Executive Officer

Stacey Daub
Senior Director, Client Services

Dennis Fong
Senior Director, Human Resources and Organizational Development

William Tottle
Senior Director, Corporate Services

Anne Wojtak
Senior Director, Performance Management and Accountability

Toronto Central

CCAC Community Care Access Centre

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





Outstanding care – every person, every day.

www.toronto.ccac-ont.ca • 310-CCAC • www.310ccac.ca