Connecting you with care
Votre lien aux soins

CCAC
Community Care Access Centre

CASC
Centre d'accès aux soins communautaires

Report to the Community

April 1, 2009 – March 31, 2010

W a t e r l o o W e l l i n g t o n

Ontario
Waterloo Wellington Local Health Integration Network

Community Care Access Centres (CCACs) Connect You With Care

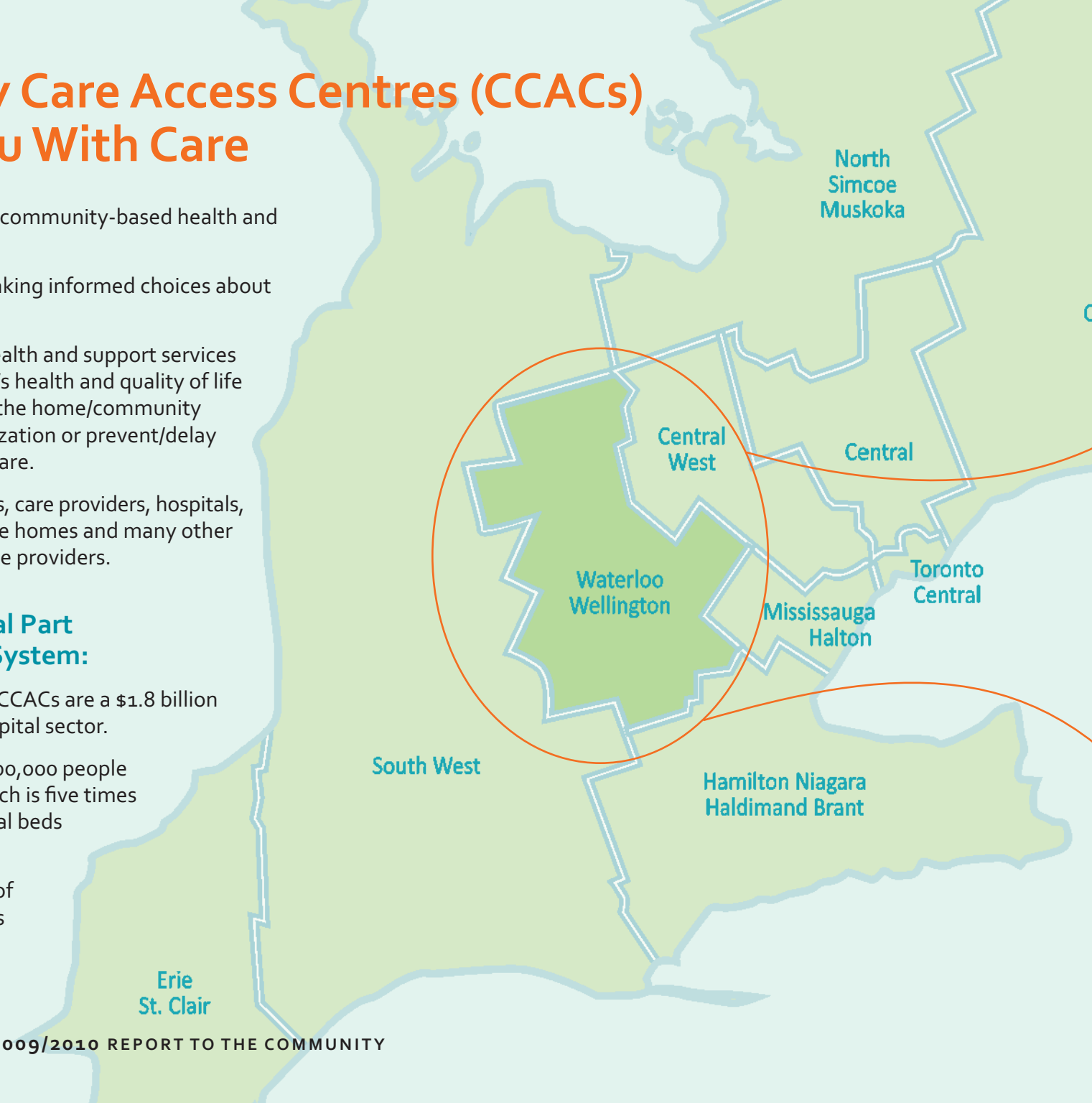
- A local point of access to community-based health and support services.
- Assist in planning and making informed choices about health care options.
- Assess and coordinate health and support services to maintain an individual's health and quality of life for as long as possible in the home/community setting,to avoid hospitalization or prevent/delay admission to long-term care.
- Work with clients, families, care providers, hospitals, physicians, long-term care homes and many other health and support service providers.

CCACs are an Integral Part of Ontario's Health System:

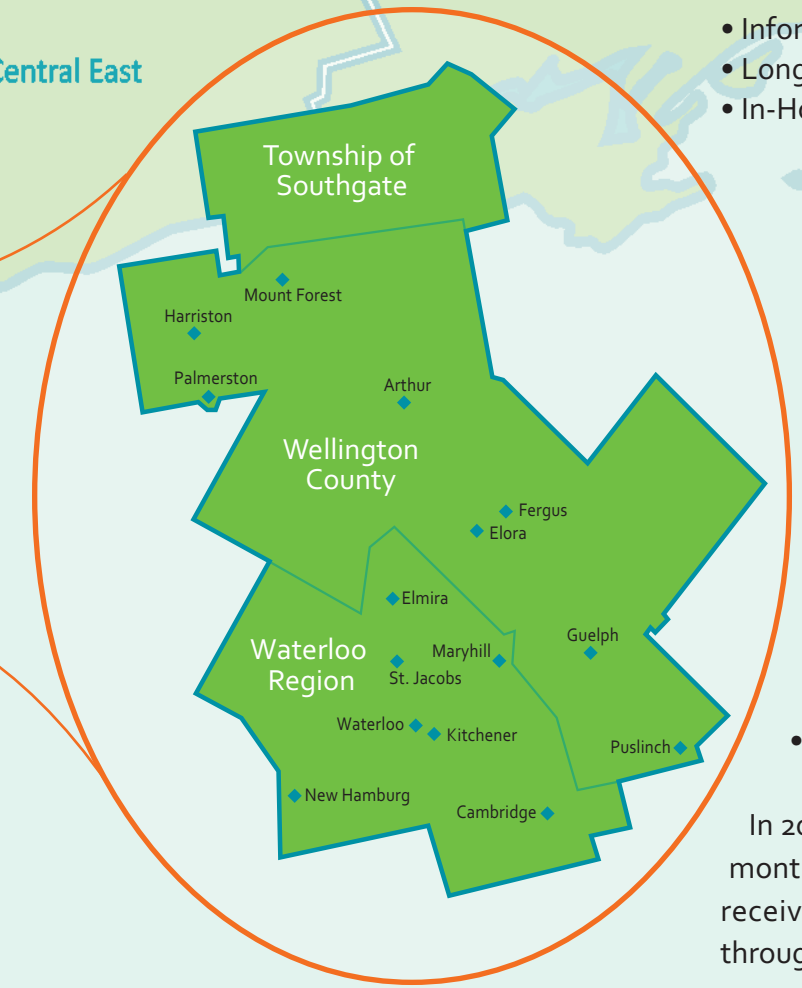
In 2009/2010, Ontario's 14 CCACs are a $1.8 billion sector, or 1/10th of the hospital sector.

On any given day, about 200,000 people receive CCAC services, which is five times the total number of hospital beds in Ontario.

The approximate number of Ontarians served by CCACs in 2009/2010 was 600,000 people.



Quick Facts about the Waterloo Wellington CCAC:



Our Programs and Services

- Case Management / Care Coordination
- Information and Referral
- Long-Term Care Placement
- In-Home Services:
  - Nursing
  - Personal Support
  - Occupational Therapy
  - Physiotherapy
  - Nutrition
  - Social Work
  - Speech Language Pathology

Specialty Programs:

- Geriatric Services
- Mental Health
- Palliative Care
- Pediatrics
- School Health Support Services

In 2009/2010, on average in any given month, over **16,000** people directly received health and support services through the Waterloo Wellington CCAC.

Area population (2006 Census): 686,320

Funding for 09/10: .....$100 million

Number of clients* served: 34,300

In 2009/2010, we served just over 5% of the population, or 1 in 20 individuals living in the Waterloo Wellington area.

Services delivered:

- Nursing visits**: 396,500
- Personal support hours: 967,100
- Therapy (all) visits: 100,400
- Information and referral calls: 12,330

* includes placement, non-admits, pediatric, school health and in-home support services

** includes in-home, shift and clinic nursing services

Number of long-term care placements: 1,600

Waterloo Wellington CCAC services are publicly funded through the Waterloo Wellington Local Health Integration Network.

Vision, Mission and Values

All our employees – from Case Managers to the administrative staff and management – are dedicated to realizing the CCAC Vision, Mission and Values:

The CCAC Vision

Outstanding Care – Every Person, Every Day.

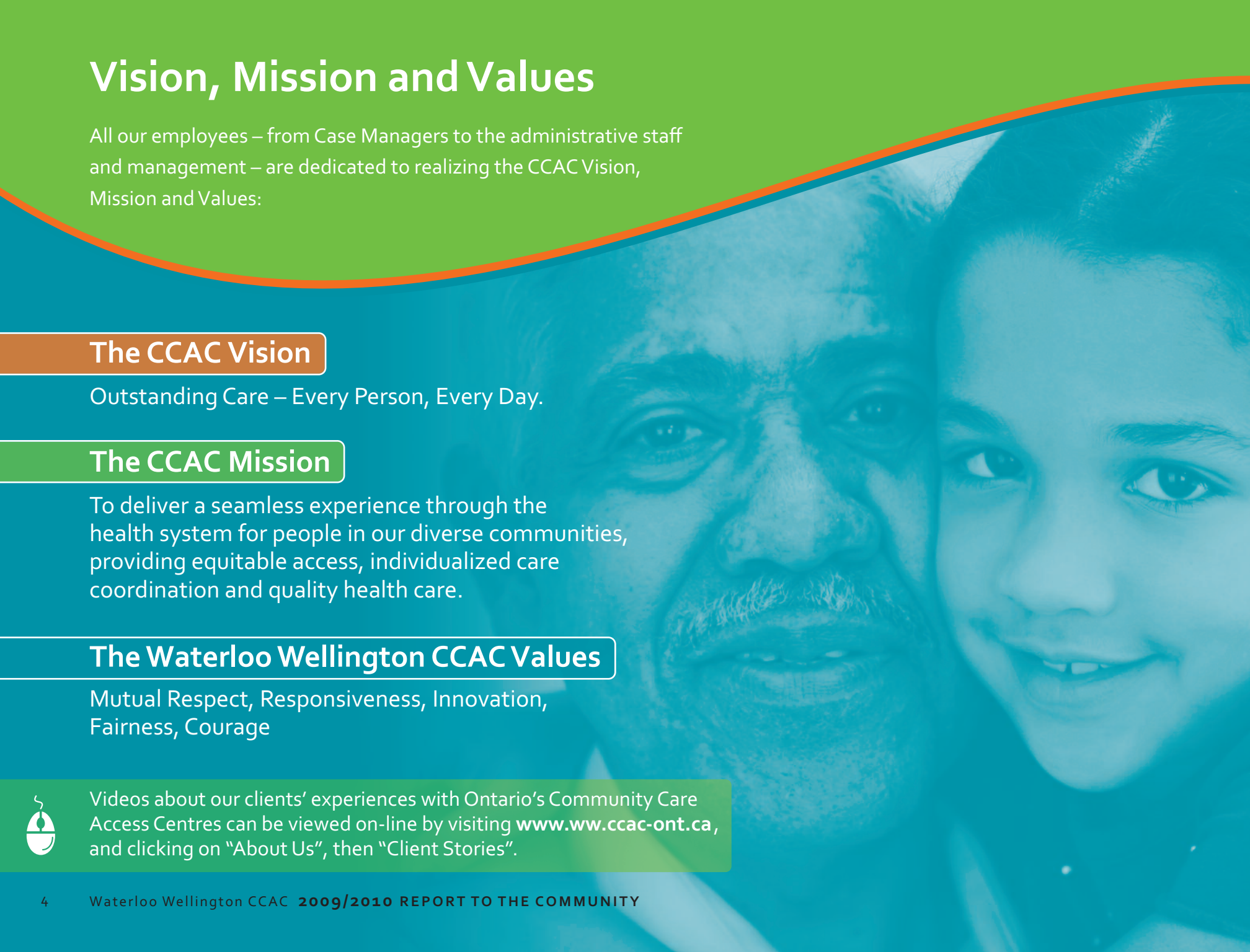
The CCAC Mission

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.

The Waterloo Wellington CCAC Values

Mutual Respect, Responsiveness, Innovation, Fairness, Courage

Videos about our clients' experiences with Ontario's Community Care Access Centres can be viewed on-line by visiting **www.ww.ccac-ont.ca**, and clicking on "About Us", then "Client Stories".



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Connecting you with care

Message from the Board Chair and Chief Executive Officer

We are pleased to provide you with our 2009/2010 Report to the Community. In it, you will find information about our key activities and achievements from this past year.

This year, we focused on four key business themes with initiatives to support them. We are pleased to report our successes beginning on page 8. Along with those successes, we would like to highlight two significant events: our budget challenge and the work done with our partners to reduce our local hospitals' Alternative Level of Care occupancy rates.

Demand for Services

We continually monitor our financial situation and the impact of demand for services. Mid-way through the fiscal year, the Waterloo Wellington CCAC began to see an increasing demand for services. If the trend continued and measures to address it were not put into place, then we would have faced a budget shortfall. A balanced budget strategy was put into place – one that ensured people with the highest needs and at highest risk for hospitalization or institutionalization were served first, while meeting our legislated obligation to balance our budget. By the end of our fiscal year (March 31, 2010), we were in both a balanced budget position and were able to provide the services that people at highest risk required.

Alternative Level of Care

Many health care issues are interdependent and health care providers must share in finding solutions. Our sector is challenged to meet new needs and to respond to local system pressures, for example Alternative Level of Care (ALC) issues in hospitals. ALC is a term that describes the situation where a patient in hospital no longer requires hospital services and who is waiting to be discharged to an alternate location. High ALC occupancy rates affect other areas of the system, for example, Emergency Department wait times. We worked with our local hospital partners, our Local Health Integration Network and our other community partners to help ensure that patients who no longer require hospital treatment have access to care in an appropriate setting at the right time. This collective effort has shown a decrease in ALC occupancy rates from 27% of acute beds in the fall of 2008 to 15.2% by April 2010. The goal is to further reduce this rate to 9.46%. There is still work to do, but, together, we are heading in the right direction.

As a health care organization that touches almost every aspect of the health care system, CCACs know the challenges people face to find the services they need. We are committed to assisting people in navigating the often-confusing landscape of health care choices. Our Case Managers provide people with a comprehensive, objective assessment of their health needs, and their expert knowledge and advice ensure that people know their options for care in the community and can plan for future health care needs. Our Case Managers and staff put into action our Vision of "Outstanding Care, Every Person, Every Day".

Looking ahead, we are re-energized by our new strategic directions for 2010/2011 and we look forward to reporting those results in next year's Report to the Community.

John Enns, Board Chair
Waterloo Wellington CCAC

Kelly Smith, Interim CEO
Waterloo Wellington CCAC

Governance

Under the Community Care Access Corporations Act, 2001, the Waterloo Wellington CCAC is governed by a volunteer Board of Directors. Board members are people living in our community who are interested in health care and who bring a wide range of expertise to our organization. The community members who form the Waterloo Wellington CCAC Board of Directors are:

Back Row (left to right): Djurdjica Halgasev, Lori Trumper, Michael Delisle, Kris Bailey, Patricia Henderson, and Richard Emrich. Front Row (left to right): Benjamin Gottlieb, Larry Kron, John Enns (Chair), Morris Twist, Marshall Draper, and John Lewington

Board Committees and their Members

Governance Committee: Kris Bailey (Chair), Pat Henderson, Larry Kron, Morris Twist Ex officio: John Enns, Marshall Draper, and the Chief Executive Officer

Client Services & Quality Committee: Pat Henderson (Chair), Michael Delisle, Ben Gottlieb, Djurdjica Halgasev, Morris Twist; Ex officio: John Enns, Marshall Draper, and the Chief Executive Officer

Finance & Audit Committee: John Lewington (Chair), Kris Bailey, Richard Emrich, Larry Kron, Lori Trumper; Ex officio: John Enns, Marshall Draper, and the Chief Executive Officer

Strategic Planning-Horizons Committee: Morris Twist (Chair), Kris Bailey, Michael Delisle, Richard Emrich; Ex officio: John Enns, Marshall Draper, and the Chief Executive Officer

Senior Leadership Team

- David Murray, Chief Executive Officer (to February 2010)
- Kelly Smith, Interim Chief Executive Officer* and Senior Director, Human Resources and Organizational Development
- Inta Bregzis, Senior Director, Planning and Performance Management
- Jim Dalgliesh, Senior Director, Corporate Services
- Kim Voelker, Senior Director, Client Services

*Kevin Mercer, CEO, effective May 28, 2010

Waterloo Wellington CCAC Business Themes – Key Achievements For 2009/2010

The following are highlights of the Waterloo Wellington CCAC's Four Business Themes and the Key Achievements for 2009/2010.

Partnerships

Transition Bed Program Development and Support

The Waterloo Wellington LHIN provided one-time funding to support the Transition Bed Program as an interim solution to the alternative level of care (ALC) issues faced by local hospitals. The Waterloo Wellington CCAC worked with our partners to put into place processes and the placement service function required to transition patients from hospitals into a more appropriate level of care. Between April 2009 and January 2010, the Transition Bed Program supported 297 ALC patients and saved 20,270 hospital ALC days.

Research Participation with Local Universities and Colleges

The Waterloo Wellington CCAC has nurtured its relationship with local teaching institutions with a focus on health human resource planning and participation/support of community health services research. We participated in two research projects in 2009/2010.

New Supplier Contract

The Waterloo Wellington CCAC issued the request for proposal, completed the submission evaluation, and awarded the contract for Medical Supplies and Infusion Equipment and Supplies to a new supplier (effective June 1, 2010). At their option, clients can now pick up their supplies from many more locations throughout the Waterloo Wellington area.

Quality and Performance Management

With the launch of the Provincial Provider Portal, our contracted service providers now enter their data related to standards and key indicators associated with service provider contracts. The launch of the Portal streamlines the CCACs ability to compile and review a number of reports to support performance monitoring and management activities.

Technology

Matching the Availability of Community-Based Services to Client Needs

With the goal of efficient access to the right care for clients when they need it, the Waterloo Wellington CCAC, along with three other CCACs and corresponding Local Health Integration Networks, explored technology solutions that would enhance information about the availability of community-based supports. This new technology would provide enhanced service-matching, and ideally would facilitate an electronic referral directly to the community support service agency. The four participating LHINs received the first phase report at the end of March, and the next phase of the project will begin once funding has been secured.

Optimization of Information Systems and Business Processes

In the post-implementation phase of the new CCAC-wide client information system, we worked to improve efficiencies in our business processes. These improvements have helped us better serve our clients by ensuring that we have timely access to information and by improving decision-making with enhanced reporting tools.

Enhanced Telephone System

The Waterloo Wellington CCAC installed a single phone system for the entire organization. The new system uses Voice over Internet Protocol (VoIP) which has the ability for better call handling, allows staff to be more mobile throughout the community, allows for the re-location staff in an emergency without significantly impacting our operations, and provides the ability to produce status reports related to response times and call volumes.

Improving Information Flow

The Waterloo Wellington CCAC signed the Waterloo Wellington Local Health Integration Network-wide data sharing agreement. Through this agreement, we will be able to advance data sharing initiatives among local health care providers that will improve information flow for better decision-making around client care needs, while maintaining and protecting privacy of personal health information.

Employer of Choice

Collective Agreement Negotiations

We successfully negotiated and implemented our second collective agreement with the Canadian Union of Public Employees bargaining unit for a two-year term, ending in 2011.

Developing Leadership Skills

In the fall of 2009, the management team began a Facilitative Transformational Leadership Program to build effective leaders in our organization and community. The program is designed to enhance the management skill set and are based on the competencies set by Canadian College of Health Service Executives, as well as those skills that were recommended in staff and management surveys.

Evidence Informed Practice with a Focus on Quality and Safety

Boosting Responsiveness in Intake Processes

In 2009, the Waterloo Wellington CCAC wanted to improve response times for new referrals at our Intake Department. One in four clients were waiting longer than 14 days to be assessed. We knew our clients wanted a timely response and over a several months, we looked at our Intake function and identified opportunities for improvements. On February 1 2010, new processes were introduced which improved the turnaround time from referral to assessment to five days. The Waterloo Wellington CCAC went from one of the longest wait time-to-assessment to the best in the province, exceeding provincial targets.

Medical Supplies Ordering Project

The goal of the Medical Supplies Ordering Project was to better manage this service to reduce costs and improve the quality of information. The project achieved a 50% reduction in the number of forms used, a reduction of duplicate orders, and improvements to data entry in our client information system.

Prepared for a Pandemic

As part of provincial pandemic planning, the Waterloo Region and Wellington-Dufferin-Guelph Public Health Units included the Waterloo Wellington CCAC in creating a system-wide pandemic response. At the same time, we developed our own pandemic plan, which was put to use in our response to the H1N1 pandemic, ensuring a coordinated response with appropriate communication to our staff and partners.

Our Client and Caregiver's CCAC Experiences

The Waterloo Wellington CCAC participated in the initial testing of a new IPSOS-Reid survey that focuses on the experiences of our clients and their caregivers with the CCAC. The survey will provide insight into areas of our business that are working well, or that may need improvement. Initial results for Waterloo Wellington CCAC validate the positive client and caregiver experience our organization strives to achieve in the areas of building relationships, fostering trust, and treating each client with respect and courtesy. Because most of the province's CCACs will be participating, we will be able to compare our results and share leading practices.

Corporate Risk Assessment

A Corporate Risk Assessment Framework, which is a tool that organizations use to identify, evaluate and lessen risks to their business and operations, was developed in 2009/2010 and will be implemented in phases throughout the organization.

"You were very helpful during this hard time of introducing our Dad to long-term care. Your guidance was greatly appreciated."

– client feedback

Aging At Home Initiatives

The Waterloo Wellington Local Health Integration Network's *Aging At Home* strategy provides a suite of services for older adults to enable them to live as independently as possible, for as long as possible, in a safe home of their choice. The Waterloo Wellington CCAC is pleased to be part of our area's Aging At Home strategies either directly, or in an administrative capacity, for the following Aging At Home strategies:

Waterloo Wellington CCAC as Lead Organization

Waterloo Wellington Community Palliative Care Teams Program

Team members may accompany primary care providers on patient visits to assist in the development of individualized care plans, to provide point of care teaching and to improve communication among the care providers in the circle of care.

Integrated Assisted Living Program

The Integrated Assisted Living Program provides personal support and homemaking services, in combination with assisted living elements, to support "aging in place".

Waterloo Wellington CCAC as Administrative and Reporting Support

In-Home Primary Care Prevention

The Guelph Family Health Team (FHT) provides in-home primary care to frail, isolated seniors in the City of Guelph. Nurse Practitioners provide community-based primary care with physician consultation through the Guelph FHT. Senior residents are referred to community based supports to enable them to live as independently as possible in the home of their choice.

Overnight Weekday Respite Care

Sunnyside Home provides overnight care through the entire week, year-round. The funding increases service access and provides supports and linkages to those marginalized older adults or their families affected by serious health illness and/or dementia-related behaviour difficulties.

Parish Nursing

Parish Nursing offers services within a faith-based community as well as the surrounding geographic community, facilitating a broad range of health and wellness programs including health education, exercise, weight management, blood pressure screening clinics and support groups.

Other Programs & Services

Palliative Pain & Symptom Management Consultation Services Program

The Consultants provide consultation, education, mentorship and links to palliative care resources to professionals and staff across our community.

Palliative Education Program

This program provides palliative education to various levels of staff and supports educational opportunities to care providers in the community.

Health Care Connect: Care Connectors

This program funds two nurses, called Care Connectors, who manage the referral process for the Health Care Connect Program, which can connect people with no family doctor to local family doctors or nurse practitioners who may be accepting new patients. Since February 2009, 1106 people in Waterloo Wellington were referred to a family health care provider through Health Care Connect.

For more information about all the Aging At Home initiatives in our area, please go to ***www.wwlhin.on.ca.***

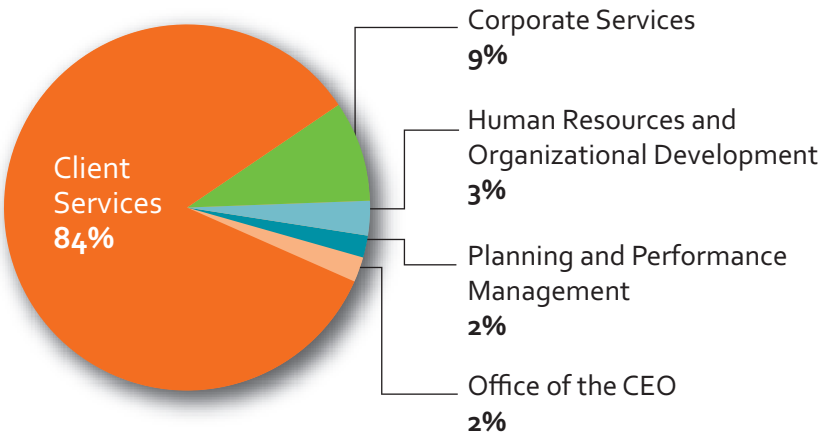
Our Staff

Number of staff (as of March 31, 2010): 375

Our full time, part time and relief staff work at our head office, our two branch offices or our seven hospital office locations.

Bargaining Units: Canadian Union of Public Employees (CUPE) and Ontario Nurses' Association (ONA)

Staff by Division



The Waterloo Wellington CCAC has a yearly event to recognize the outstanding achievements of our staff in the following categories:

- Academic Achievement*
- Individual Staff Award
- Team Award
- Citizenship Award
- Leadership Award
- System Partnership Award

Managers or peers may nominate staff. Our award recipients are then submitted for consideration for the Annual OACCAC Awards of Excellence (provincial awards) in June.

(*Waterloo Wellington CCAC award only)

Highlights of staff development and training sessions in 2009/2010 include:

- Monthly refreshers for standardized assessment tool
- Consent and capacity focus sessions
- Wound Care protocols
- Conflict Dispute and Violence in the Workplace Workshops
- Accessibility for Ontarians with Disabilities Act, for compliance with the Customer Service directives
- Facilitated Transformational Leadership Program

"CCAC staff were always professional, wise but kind and understanding as well. They are a wonderful help to everyone."

– client feedback

"I found the CCAC staff to be very considerate both of my mother's needs/wishes and those of the family." – client feedback

Our staff and management participate in both Waterloo Wellington CCAC and external working groups and committees:

- Waterloo Wellington CCAC Employee Engagement Committee
- Waterloo Wellington CCAC Ethics Committee
- Waterloo Wellington CCAC Health and Safety Committee
- Waterloo Wellington CCAC Social Committee
- Conestoga College Healthcare Informatics Program, Program Advisory Council
- Integrated Assisted Living Program Advisory Committee
- Integrated Care Path Steering Committee
- Make Yourself At Home Steering Committee, Guelph-Wellington Seniors Association
- Seniors Fall Prevention Committee, Safe Communities on the Grand
- Waterloo Wellington Geriatrics Services Network
- Waterloo Wellington Dementia Network
- Waterloo Wellington Hospitals and CCAC Network
- Waterloo Regional Homes for Mental Health
- Waterloo Wellington Hospice Palliative Care Network
- Waterloo Wellington Infection Control Network Steering Committee
- Waterloo Wellington Financial/Statistical Information Management Advisory Committee
- Waterloo Wellington District Stroke Steering Committee for Continuum of Care
- Waterloo Wellington Chronic Disease Prevention & Management Implementation Framework Task Group
- Waterloo Wellington Home First Steering Committee
- Alternate Level of Care – Resource Matching & Referral, A Four-LHIN Collaborative
- Financial and Statistical Management System Advisory Working Group (provincial)
- Management Information System Advisory Working Group (provincial)
- Provincial Client & Caregiver Experience Evaluation Committee
- Regional Stroke Monitoring and Evaluation Committee

... and many others

Representatives of the Waterloo Wellington CCAC spoke to over 35 groups in the community and provided displays at many health events throughout the Waterloo Wellington area.

A Letter of Thanks...

Hello Sarah,
I intended to write this note to you long before now but things have been extremely busy and very difficult in the past weeks and time has gotten away from me. My mother Eleanor Sangster had a stroke on Jan. 28 and was a patient on 5A at Grand River Hospital which is where I met you. Because of the seriousness of Mom's condition and in light of the wishes she expressed in her Living Will, we decided to take her home for her final days.

I cannot thank you enough for the efforts you made on behalf of our family to make that happen. CCAC was wonderful in arranging all that was needed quickly and efficiently and, within 24 hours of making our request, Mom was comfortably at home. She was so happy to be there and we had 9 wonderful days with her. Taking her home was the best decision we could ever have made and we have absolutely no regrets. We had two hours of nursing care per day – one hour in the morning and the second hour in the afternoon; we also received 8 hours of personal care per day and, as you (I think) suggested, we used those hours from 11 pm – 7 am so that we could sleep knowing that Mom was being taken care of and watched.

Mom's days at home were happy for her as she was constantly surrounded by the love of our large family and was visited by some of her oldest and dearest friends who held her hand and remembered special times together. Those days could not have been more wonderful and special for Mom and her smiles, expressive eyes and that little raised eyebrow let us know how happy she was feeling about all that was going on. Mom was in her familiar surroundings hearing familiar sounds and seeing everything she knew and loved around her, including her beloved cats Stanley and Sarah. We held her hand, played her music and gave her lots of hugs and kisses. She was loved and she knew it. Mom's passing was peaceful and without pain. We were fortunate to have a wonderful nurse named Judy who took good care of Mom and all of us and who we will never forget.

Sarah, I very much appreciated your kindness, helpfulness and caring while Mom was in the hospital. You were a welcome face each day and I thank you for that. Our family appreciates everything you and your co-workers at CCAC did to make Mom's final days at home a wonderful reality. You will always be remembered.

Sincerely,
Patricia Riehl, Waterloo

– reprinted with permission by author

Evaluating Our Performance

The Waterloo Wellington CCAC monitors our performance through four areas of focus:

1) Client Focus

2) Financial

3) System Competency

4) Work Life: Learning & Growth

In addition, the Waterloo Wellington CCAC is accountable to the Waterloo Wellington LHIN for reporting our performance related to the provincially and locally negotiated performance indicators in place through the Multi-Sectoral Accountability Agreement. Also, the Waterloo Wellington CCAC is accountable for the required outcomes set out as part of the Shared Vision with the Waterloo Wellington LHIN:

Shared Vision:

- Increase access to services through optimization of existing system resources
- Increase ability for the community to navigate the system and access care
- Improve flow through the health care system through leadership and provision of appropriate and high quality care
- Reduce demand for acute and emergency services

Our Connections with Care

Our Service Providers contracted through Request For Proposal (as of March 31, 2010)

The Waterloo Wellington CCAC values our productive and effective relationships with our contracted service providers. Our providers are responsible to put into action the care plan, delivering high-quality care on behalf of the CCAC. They work with our Case Managers to monitor the client's health status and progress. They create important and sometimes long-lasting relationships with our clients. Together, we seek opportunities and address issues as we work toward the mutual goal of providing the best care possible to clients.

- **Access Nutrition Inc.**: Registered Dieticians
- **Bayshore Home Health**: Nursing
- **Briana Zur**: Occupational Therapy
- **CarePartners**: Nursing
- **Closing the Gap Healthcare Group**: Occupational Therapy, Physiotherapy, Social Work, Speech Language Pathology, Registered Dietician
- **Community Rehab**: Occupational Therapy, Physiotherapy, Social Work, Speech Language Pathology
- **Comcare Health Services**: Nursing, Personal Support
- **Dynamic Therapy Solutions Inc.**: Occupational Therapy, Physiotherapy, Speech Language Pathology
- **Health Care Centre Pharmacy**: Medical supplies and Infusion equipment and supplies
- **HLO Health Services Inc.**: Personal Support
- **Medigas**: Medical equipment
- **Pace Homecare Services**: Occupational Therapy, Physiotherapy, Social Work
- **ParaMed Home Health Services**: Nursing, Personal Support
- **Preston Medical Pharmacy**: Medical supplies and Infusion equipment and supplies
- **Red Cross Community Health Services**: Personal Support
- **Saint Elizabeth Health Care**: Nursing
- **Shoppers Home Health Care**: Medical equipment
- **Therapy Partners Inc.**: Occupational Therapy, Physiotherapy, Social Work, Speech Language Pathology, Registered Dietician
- **VON Canada**: Nursing

"Process was made effortless as Marion explained things. She is a kind, compassionate, understanding lady who always was in tune with our needs and concerns."

– client feedback

"We were very pleased with the way we were treated with all your services in arranging a long-term care home." – client feedback

Our Partners in Delivering Care to our Clients

Waterloo Wellington Local Health Integration Network (LHIN) – the Waterloo Wellington LHIN is a not-for-profit crown agency responsible for planning, integrating and funding local health services. The Waterloo Wellington CCAC's Key Achievements for 2009/2010 are in alignment with the Waterloo Wellington LHIN's Integrated Health Services Plan (IHSP). The Waterloo Wellington CCAC staff works closely with the Waterloo Wellington LHIN staff to ensure that we are meeting our performance targets and are jointly achieving the goals of the IHSP.

Hospitals – The Waterloo Wellington CCAC has fostered important relationships with our local hospitals at the management and staff levels. Case Management staff are part of the discharge planning process, and are located within the units and the Emergency Departments. This allows us to assist people to plan for discharge home or to other levels of care, or to avoid hospital admission where possible.

Family Health Teams – The Waterloo Wellington CCAC has Case Management staff connected to Family Health Teams (FHTs) in the Waterloo Wellington area. Our staff works with the FHT physicians and staff to consult with them and provide information and advice to patients as part of their visit to their health care practitioner.

Long-Term Care Homes – The Waterloo Wellington CCAC and representatives from the area's 35 long-term care homes meet on a regular basis to ensure that issues and opportunities affecting clients as part of the placement process are identified and addressed.

Community Support Services – The Waterloo Wellington CCAC works in partnership with our local Community Support Service agencies to ensure that CCAC clients have access to the services they need. Our local Community Support Services – such as Friendly Visiting, Day Programs, Meal Programs, Respite services and Transportation, to name only a few – help people to live as independently as possible, to remain connected to the community, and to receive caregiver support. The Waterloo Wellington CCAC recognizes the vital role of Community Support Services in planning for the care needs of people in our community.

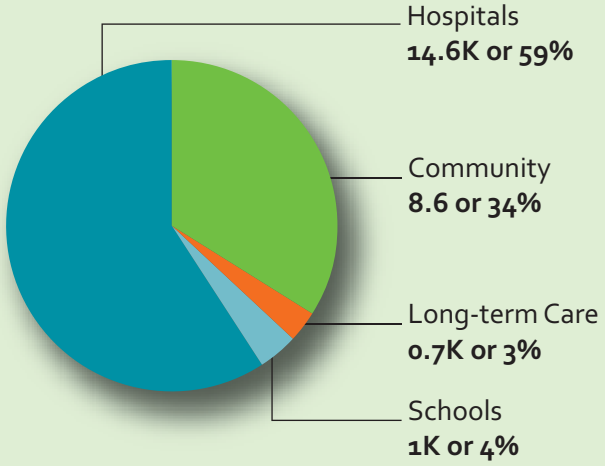
The CCAC Sector – Through the Ontario Association of Community Care Access Centres, the Waterloo Wellington CCAC works with the other 13 CCACs in the province to develop key sector priorities and evaluate business opportunities where consistent approaches can be applied. The CCAC sector priorities include: System Sustainability, Client Experience & Outcome, Quality & Safety, and Supporting System Integration. Together we have been able to take advantage of opportunities to share resources, ideas and leading practices that focus on our Vision of "Outstanding Care – Every Person, Every Day".

Waterloo Wellington CCAC
Key Financial Information for 2009/2010

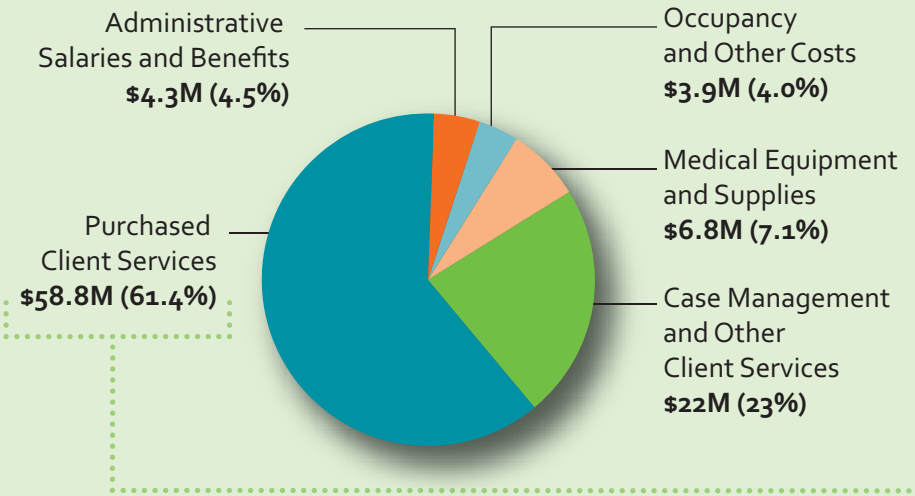
Total Funding for 2009/2010: $100 million

Number of people served: 34,300

Our referrals come from:

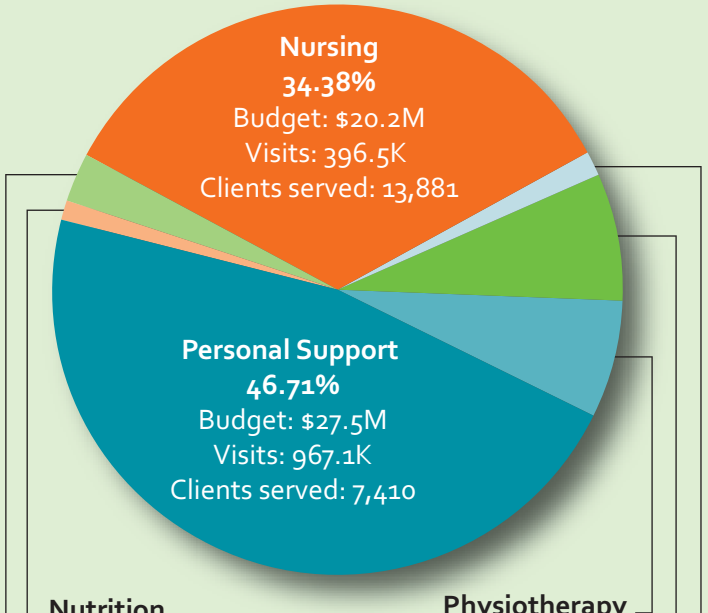


Expenditure Analysis



Audited Financial Statements are available in a separate document.

Purchased Client Services Breakdown



Nutrition
1.33%
Budget: $0.8M
Visits: 5.9K
Clients served: 1,320

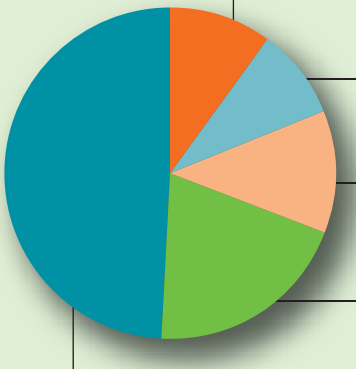
Speech and Language Pathology
2.55%
Budget: $1.5M
Visits: 12.5K
Clients served: 1,879

Physiotherapy
6.56%
Budget: $3.9M
Visits: 41.5K
Clients served: 7,168

Occupational Therapy
7.18%
Budget: $4.2M
Visits: 35.3K
Clients served: 9,072

Social Work
1.29%
Budget: $0.8M
Visits: 5.2K
Clients served: 1,236

Percentage of Purchased Client Services Budget



Service: **End-of-Life**
10%

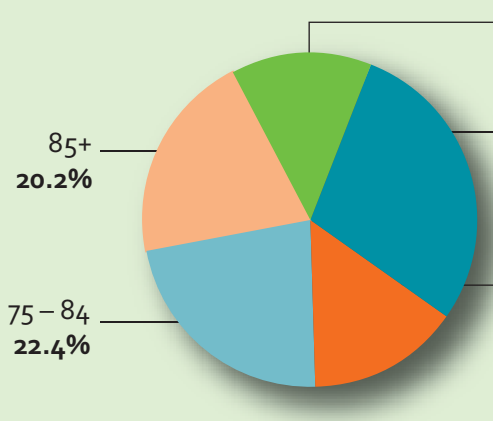
Service: **Acute**
9%

Service: **Long-Term Supportive**
12%

Service: **Rehab**
20%

Service: **Maintenance**
49%

Clients Served by Age Grouping



Newborn to 17
13.8%

18 10 64
28.7%

65 to 74
14.9%

75 – 84
22.4%

85+
20.2%

Waterloo Wellington
CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires

Connecting you with care
Votre lien aux soins

Do you need support to remain at home? Do you need to move into a long-term care home? Were you recently released from hospital and need help at home? Does your child require health services at home or at school?

Knowing which services are right for your needs can be confusing.

The **Waterloo Wellington CCAC** is here to help you connect with community-based health and support services. When you contact us, our staff will seek to understand your personal health situation and will work with you to arrange for services that are right for you.

To find out how we can help you, call us or visit our website:

Anywhere in Ontario, dial:
310-ccac(2222)

On the web: **www.310ccac.ca**
www.ww.ccac-ont.ca

The Waterloo Wellington Community Care Access Centre is one of 14 CCACs established by Ontario's Ministry of Health and Long-Term Care.
The services we offer are at no cost but do require an assessment for eligibility.

Ontario

You can view this annual report on the web by visiting www.ww.ccac-ont.ca.
For copies of this report, please email information@ww.ccac-ont.ca or write to:
The Office of the CEO, 800 King Street West, Kitchener ON N2G 1E8

Waterloo Wellington
Community Care Access Centre
Financial Statements
For the year ended March 31, 2010

Contents

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Auditors' Report

To the Board of Directors
Waterloo Wellington Community Care Access Centre

We have audited the balance sheet of Waterloo Wellington Community Care Access Centre as at March 31, 2010 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Waterloo Wellington Community Care Access Centre as at March 31, 2010 and the results of its operations and its cash flows for year then ended in accordance with Canadian generally accepted accounting principles.

BDO Canada LLP

Chartered Accountants, Licensed Public Accountants

Kitchener, Ontario
May 6, 2010

Waterloo Wellington Community Care Access Centre
Balance Sheet

March 31	Capital Fund	Operating Fund	Donations Fund	2010 Total	2009 Total
Assets					
Current					
Cash (Note 1)	$ -	$ 8,550,882	$ 7,978	$ 8,558,860	$ 8,240,894
Accounts receivable	-	775,917	-	775,917	721,148
Prepaid expenses	-	237,279	-	237,279	162,097
	-	9,564,078	7,978	9,572,056	9,124,139
Capital (Note 2)	808,570	-	-	808,570	785,288
	$ 808,570	$ 9,564,078	$ 7,978	$10,380,626	$ 9,909,427
Liabilities and Fund Balances					
Current					
Accounts payable and accrued liabilities (Note 3)	$ -	$ 8,138,719	$ -	$ 8,138,719	$ 8,198,047
eHealth Connections Project (Note 4)	-	33,754	-	33,754	73,661
Operational funding repayable (Note 5)	-	1,444,812	-	1,444,812	894,306
Deferred revenue (Note 6)	-	29,689	-	29,689	29,183
Current portion of early retirement benefits (Note 7)	-	87,033	-	87,033	93,858
	-	9,734,007	-	9,734,007	9,289,055
Long-term					
Early retirement benefits (Note 7)	-	217,810	-	217,810	250,259
	-	9,951,817	-	9,951,817	9,539,314
Contingency (Note 11)					
Fund balances					
Internally restricted	808,570	-	7,978	816,548	797,122
Unrestricted	-	(387,739)	-	(387,739)	(427,009)
	808,570	(387,739)	7,978	428,809	370,113
	$ 808,570	$ 9,564,078	$ 7,978	$10,380,626	$ 9,909,427

On behalf of the Board:

_____ Director _____ Director

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Waterloo Wellington Community Care Access Centre
Statement of Changes in Fund Balances

For the year ended March 31				2010	2009
	Capital Fund	Operating Fund	Donations Fund	Total	Total
Fund balances, beginning of year	$ 785,288	$ (427,009)	$ 11,834	$ 370,113	$ 262,816
Excess (deficiency) of revenue over expenses for the year	(250,722)	313,274	(3,856)	58,696	107,297
Interfund transfers (Note 8)	274,004	(274,004)	-	-	-
Fund balances, end of year	$ 808,570	$ (387,739)	$ 7,978	$ 428,809	$ 370,113

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Waterloo Wellington Community Care Access Centre
Statement of Operations

For the year ended March 31

	Capital Fund	Operating Fund	Donations Fund	2010 Total	2009 Total
Revenue					
LHIN/Ministry of Health & LTC	$ 278,019	$ 97,754,111	$ -	$ 98,032,130	$88,858,592
Interest income	-	22,865	40	22,905	153,847
Miscellaneous income	-	2,038,845	-	2,038,845	1,591,248
Donations	-	-	5,223	5,223	4,817
	278,019	99,815,821	5,263	100,099,103	90,608,504
Expenses					
Salaries and wages	-	20,750,888	-	20,750,888	19,449,107
Employee benefits (Note 9)	-	5,284,122	-	5,284,122	4,996,290
Training	-	121,550	-	121,550	101,469
Travel	-	253,483	-	253,483	330,977
Building occupancy	-	1,196,572	-	1,196,572	1,223,344
Office expenses	-	692,181	-	692,181	993,509
Other operating expenses	278,019	1,890,077	-	2,168,096	2,293,959
Supplies and equipment	-	6,766,714	-	6,766,714	6,460,322
Public awareness and education	-	-	9,119	9,119	1,657
Purchased client services	-	58,787,733	-	58,787,733	53,287,330
Amortization	250,722	-	-	250,722	235,658
	528,741	95,743,320	9,119	96,281,180	89,373,622
Excess (deficiency) of revenue over expenses before other items	(250,722)	4,072,501	(3,856)	3,817,923	1,234,882
Other revenue (expenses)					
Early retirement benefits (Note 7)	-	39,274	-	39,274	(95,715)
Excess (deficiency) of revenue over expenses before operational funding repayable	(250,722)	4,111,775	(3,856)	3,857,197	1,139,167
Operational funding repaid/repayable	-	(3,798,501)	-	(3,798,501)	(1,031,870)
Excess (deficiency) of revenue over expenses for the year	$ (250,722)	$ 313,274	$ (3,856)	$ 58,696	$ 107,297

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Waterloo Wellington Community Care Access Centre
Statement of Cash Flows

For the year ended March 31	2010	2009
Cash flows from operating activities		
Excess of revenue over expenses for the year	**$ 58,696**	$ 107,297
Items not involving cash		
Amortization	**250,722**	235,658
Early retirement benefits	**(39,274)**	95,715
	270,144	438,670
Changes in non-cash working capital balances		
Accounts receivable	**(54,769)**	(194,179)
Prepaid expenses	**(75,182)**	206,747
Accounts payable and accrued liabilities	**(59,328)**	377,066
Deferred revenue	**506**	(20,277)
eHealth Connections Project	**(39,907)**	73,661
	41,464	881,688
Cash flows from investing activities		
Purchase of capital assets	**(274,004)**	(435,290)
Cash flows from financing activities		
Increase (decrease) in operational funding repayable	**550,506**	(1,181,328)
Increase (decrease) in cash during the year	**317,966**	(734,930)
Cash, beginning of year	**8,240,894**	8,975,824
Cash, end of year	**$ 8,558,860**	$ 8,240,894

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

Waterloo Wellington Community Care Access Centre
Summary of Significant Accounting Policies

March 31, 2010

Nature and Purpose of Organization

The organization is a non-profit community organization governed by a community Board. The organization is incorporated without share capital. The Waterloo Wellington Community Care Access Centre provides access to in-home health care and community support services.

Fund Accounting

The organization follows the restricted fund method of accounting for revenues and expenses.

Revenues and expenses related to program delivery and administration activities are reported in the Operating Fund.

Revenues received from donations are used to fund equipment or program enhancements which cannot be funded through the operating budget. These donations are reported in the Donations Fund. The related expenses are also reported in this fund.

Assets, liabilities, revenues and expenses related to the organization's capital assets are reported in the Capital Fund.

Revenue Recognition

All funding is received from the Local Health Integration Network/Ministry of Health and Long-Term Care. Annual Reconciliation Reports are submitted to the Local Health Integration Network/Ministry of Health and Long-Term Care by the organization for final approval. Assessments of prior funding may occur based on funder decisions. The effect of these adjustments, which cannot be quantified at the time of preparing the financial statements, will be recorded in the year of assessment.

Revenues related to delivery of specific programs are recognized as revenue in the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

Capital Assets

Capital assets are stated at cost less accumulated amortization. Amortization based on the estimated useful life of the asset is calculated as follows:

Computer equipment	- 3	year straight line basis
Furniture and fixtures	- 3-5	year straight line basis
Leasehold improvements	-10	year straight line basis or over the term of the lease
Computer software	- 5	year straight line basis

One half of the annual rate is provided in the year of acquisition and no amortization is provided in the year of disposal.

Waterloo Wellington Community Care Access Centre
Summary of Significant Accounting Policies

March 31, 2010

Financial Instruments

It is management's opinion that the organization is not exposed to significant interest, currency or credit risks arising from their financial instruments.

All transactions related to financial instruments are recorded on a settlement-date basis. The fair values of financial instruments are determined using published price quotations, where applicable.

The organization classifies its financial instruments into one of the following categories based on the purpose for which the asset was acquired. The organization's accounting policy for each category is as follows:

Held-for-trading
This category is comprised of cash and cash equivalents. They are carried on the balance sheet at fair value with changes in fair value recognized in the Statement of Operations. Transaction costs related to instruments classified as held-for-trading are expensed as incurred.

Loans and receivables
These assets are non-derivative financial assets resulting from the delivery of cash or other assets by a lender to a borrower in return for the promise to repay on a specified date or dates, or on demand. They arise principally through normal operations (accounts receivable), but also include other types of contractual monetary assets. They are initially recognized at fair value and subsequently carried at amortized cost, using the effective interest rate method, less any provision for impairment. Transaction costs related to loans and receivables are expensed as incurred.

Other financial liabilities
Other financial liabilities includes all financial liabilities and are comprised of accounts payable and accrued liabilities and operational funding repayable. These liabilities are initially recognized at fair value and subsequently carried at amortized cost using the effective interest rate method. Transaction costs related to other financial liabilities are expensed as incurred.

Income Taxes

The organization is a registered charity, and as such, is not subject to income taxes.

Goods and Services Tax

The organization claims a 50% rebate for GST paid on non-medical qualified expenditures and a 83% rebate for GST paid on medical qualified expenditures.

Waterloo Wellington Community Care Access Centre
Summary of Significant Accounting Policies

March 31, 2010

Use of Estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future.

March 31, 2010

1. Cash

The organization's bank account is held at one chartered bank and the organization has a mirrored banking agreement with the Regional Municipality of Waterloo. The balance in the mirrored account is invested with the Region of Waterloo cash balances and earns interest at approximately 0.31%.

2. Capital Assets

	2010		2009	
	Cost	**Accumulated Amortization**	Cost	Accumulated Amortization
Computer equipment	**$ 1,334,370**	**$ 1,106,674**	$ 1,093,304	$ 1,081,038
Furniture and fixtures	**2,130,782**	**1,784,289**	2,119,906	1,674,173
Leasehold improvements	**1,045,727**	**833,407**	1,045,727	726,146
Computer software	**60,600**	**38,539**	38,539	30,831
	$ 4,571,479	**$ 3,762,909**	$ 4,297,476	$ 3,512,188
Net book value		**$ 808,570**		$ 785,288

Capital assets totaling $144,718 were purchased prior to the year end but no amortization has been recorded since the assets were not in use at the year end.

3. Accounts Payable and Accrued Liabilities

	2010	2009
Trade accounts payable and accruals	$ **6,625,068**	$ 6,667,207
Other accrued liabilities	**1,513,651**	1,530,840
	$ **8,138,719**	$ 8,198,047

4. eHealth Connections Project

	2010	2009
Opening balance	$ **73,661**	$ -
Funding from Canadian Health Infoway	**2,775,567**	690,837
Funding from Local Health Integration Network	**615,000**	100,000
Expenses incurred	**(3,456,057)**	(734,397)
GST receivable on expenses incurred	**25,583**	17,221
	$ **33,754**	$ 73,661

Amounts are being received by the organization from Canadian Health Infoway in order to fund an eHealth Connections project. The organization is offsetting expenditures that are being paid related to this project against revenue that has been received. This amount is interest free and will be offset against future project expenses to be incurred.

5. Operational Funding Repayable

	2010	2009
Ministry of Health and Long-Term Care - 2007	$ **713,872**	$ 713,872
Ministry of Health and Long-Term Care - 2009	**28,584**	28,584
Ministry of Health and Long-Term Care - 2010	**19,214**	-
Nurse Practitioner Program - 2010	**24,140**	-
Nurse Practitioner Program - 2009	**-**	5,436
Local Health Integration Network - 2008	**48,564**	48,564
Local Health Integration Network - 2009	**97,850**	97,850
Local Health Integration Network - 2010	**512,588**	-
	$ **1,444,812**	$ 894,306

This amount is interest free and will be recovered through reduced cash flow.

6. Deferred Revenue

Deferred revenue reported in the Operating Fund relates to restricted funds received that are related to the subsequent period. Changes in the deferred revenues balance reported in the Operating Fund are as follows:

	2010	2009
Beginning balance	**$ 29,183**	$ 49,460
Less amount recognized as revenue in the year	**(7,714)**	(26,795)
Add amount received related to the following year	**8,220**	6,518
Ending balance	**$ 29,689**	$ 29,183

7. Early Retirement Benefits

	2010	2009
Early retirement benefits accrual	**$ 304,843**	$ 344,117
Less current portion	**87,033**	93,858
	$ 217,810	$ 250,259

The organization has a defined early retirement benefit plan that provides benefits to employees who are 55 years of age, have retired and are withdrawing funds from the pension plan. The early retirement benefits cease when the individual reaches 65 years of age. The liability was calculated using the current average monthly benefit premium and a 5% discount rate. The calculation resulted in a $39,274 decrease in the accrual in the current year, which has been reflected as other revenue on the statement of operations. Future payments are estimated as follows:

Year	Amount
2011	$ 87,033
2012	66,311
2013	51,312
2014	33,832
2015	17,900
Thereafter	48,455
	$ 304,843

8. Interfund Transfers

In order to fund the cash outlays for capital assets acquisitions, $274,004 was transferred from the Operating Fund to the Capital Fund during the year.

9. Pension Plan

The Waterloo Wellington Community Care Access Centre makes contributions to the Healthcare of Ontario Pension Plan (HOOPP). This plan is a final average pay, defined benefit pension, multi-employer plan. Employer contributions during the period were $1,806,324 for current service (2009 - $1,648,973) and are included as an expense in the Statement of Operations.

10. Commitments

The organization leases building space and computer equipment under operating leases expiring between February 2011 and September 2014. Future minimum lease payments (excluding Taxes) are as follows:

Year	Amount
2011	$ 1,169,726
2012	969,032
2013	527,782
2014	242,425
2015	86,059
	$ 2,995,024

11. Contingency

In April 2004, there was a claim of $5,760,000 made against one of the organization's service providers and its employee. Community Care Access Centre of Waterloo Region (a predecessor to this organization) was named as a defendant in this claim. In the opinion of legal counsel, the CCAC liability is minimal given the contract with the service provider. This is despite the plaintiff serving an expert report against all defendants including the CCAC.

In June 2009, there was a claim of $15,500,000 made against two of the organization's contracted providers, a hospital and the Wellington Dufferin Community Care Access Centre (a predecessor to this organization). As the case is in its early stages, it is too early to assess the merits of the claim and estimated liability, if any. The CCAC insurance coverage with HIROC exceeds the amount of the claim.

Any liability resulting from these claims will be accounted for in the period when the amount can be reasonably determined.

12. Capital Risk Management

The Organization's objectives when managing capital are to safeguard the Organization's ability to continue as a going concern. Capital is defined by the Organization as all general and internally restricted funds.

The Operating Fund's objective is to provide working capital for the Organization's operating expenses. Deposits and withdrawals to this fund are administered by management and are authorized by Board passage of the annual operating budget.

The Capital Fund's objective is to provide funding for all capital asset purchases for the organization. The Board determines these needs through the annual budgeting process.

The Donation Fund's objective is to provide working capital to fund the Organization's equipment or program enhancements which cannot be funded through the operating budget.