Mississauga Halton CCAC / CASC

Community Care Access Centre

Centre d'accès aux soins communautaires de Mississauga Halton

2009/10 Report to the Community

Outstanding care – every person, every day.

Ontario

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Our Vision

Outstanding care – every person, every day.

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 Values

Caring for our clients and each other
Accountability for what we say and do
Respect for our differences and diversity
Excellence in our practices

Leadership Message

It is a privilege to report to you on a very successful year for the Mississauga Halton CCAC. The CCAC board, managers, staff, service providers and partners worked together to achieve quality, sustainable, seamless care for the residents of Mississauga Halton.

We ended the 2009/10 year on budget and without significant wait lists. We have completed several major programs and administrative initiatives. We are very proud that our CCAC developed an innovative new model called "Home First" for hospital patients who have been identified as needing an alternate level of care in a setting outside the hospital.

The Annual General Meeting (AGM) for Mississauga Halton CCAC on June 23, 2010 is a significant day in the maturity of our organization – it is our second AGM with a community-based Board of Directors.

Since 2007, CCACs had their executive directors and boards appointed by the Ontario government through an Order-in-Council (OIC). In April 2009, we returned to community boards. This means we now elect board members from the communities we serve. It is the board's responsibility to provide governance and ensure the organization achieves outcomes set for the community. They accomplish this through ensuring that an effective Chief Executive Officer (CEO) is in place. The arrival of Caroline Brereton in May 2010 as the new CEO provided opportunities for a renewed focus on our core business.

We embraced the community board as a positive change for our CCAC and worked with enthusiasm to develop new bylaws and board appointment practices. We have added three new board members for a total complement of eight people who are highly skilled, represent a variety of professional backgrounds, and are passionate about health care – especially about the role that community health plays in an integrated system.

A strong board sets the tone for a high functioning management and staff team. The collective priority for health service providers is to enable people to receive the right care, in the right place, at the right time. With the success of the past year under our belts, we look ahead to 2010/11 with the knowledge that there will be more change, but the constant will be our dedication to deliver outstanding care to every person, every day.

In the fall, we invite you to watch for information about an important new awards program called Heroes in the Home. This program will allow us to recognize and celebrate the special role that caregivers play in community care. Whether it's a husband caring for his chronically ill wife, a daughter helping her elderly mom to live independently, or a dedicated personal support worker whose compassionate care makes the difference for a person living alone, we want to hear your stories and say a public thank you.

This publication is our first Report to the Community. Using our five strategic directions as the starting point, we are sharing stories that highlight the year past, report on our financial situation and raise awareness of the role our CCAC plays in delivering health care.

We hope you enjoy this report.

Astrid Lakats
Board Chair

Caroline Brereton
Chief Executive Officer

Jutta Schafler Argao
Interim Chief Executive Officer
(November 2009 to May 2010)


Astrid Lakats
Chair


Kelly Bottone
Vice-Chair


Anne Ptolemy
Secretary


Bruce McCuaig
Treasurer


Barbara Burton
Director


Bob Cooke
Director


Dr. Brigitte Tuekam
Director


Sivam Vinayagamoorthy
Director

Jean and the CCAC are Partners in Her Journey

In the last year and a half, Jean Burgess had three lengthy hospital stays, received health care in her own home, had countless clinic appointments, moved to a hospice for three months and now lives in an assisted living home, where she receives regular visits from a personal support worker, physiotherapist, nurse and occupational therapist as needed. Through it all, the Mississauga Halton CCAC has been a constant partner.

Jean, 60, has a brain tumour that doctors say is terminal. She and her husband, David, accept the reality with a combination of pragmatism and optimism. "We go one day at a time," Jean says. "We just take what we get and make the most of it."

The CCAC's support to Jean has evolved over the last 18 months based on her needs – from planning her discharges from hospital to setting up services at her home, the hospice and now the assisted living home.

One of the most important things for Jean is maintaining as much independence as possible. When she arrived at the assisted living home she could not transfer from bed to wheelchair or wheelchair to toilet, and staff used a mechanical lift to assist her. Although she understood the necessity for it, Jean hated the assault on her dignity.

Despite her declining health, Jean was determined to improve her function and CCAC sent in a physiotherapist to help build up her strength. Regular physiotherapy sessions plus the installation of a support pole has enabled Jean to get out of bed on her own, and the mechanical lift is no longer needed.

"Jean is an incredible fighter," says Marlene Grzesiak, Jean's Case Manager. "We've worked with her through all the transitions she's had and we've developed a strong therapeutic relationship. In a palliative situation I always say we are walking a shared journey with the client."

For his part, Jean's husband, Dave, is glad Marlene is on the case. "She is totally amazing. She has even gone so far as to visit me at my workplace if I need to talk to her. She's our partner in making things happen."

"In a palliative situation I always say we are walking a shared journey with the client."

2009/10 Quick Facts:

Case management cost per client served	$587
Total cost per client served	$2,654

"Home First" Philosophy Helps Seniors Return Home

An innovative new program at Mississauga Halton CCAC is achieving a double goal: providing seniors with better support for making decisions about long-term care, and reducing the time that they spend in the hospital.

Seniors who have received acute care in hospital and are considered to need long-term care are now going home to wait for a long-term care placement, while supported by extra help from the CCAC. In the past they often waited in hospital, sometimes for months.

For the last several years, the focus has been on moving elderly patients directly from hospital to long-term care homes, if living at home was no longer possible. These patients waiting in acute care often become designated "alternate level of care" or ALC – people whose needs could be better met outside of the hospital.

Janet Parks, Director of Client Services, says the "Aha!" moment came when she and her CCAC colleagues realized the focus should be on getting elderly patients to return home from hospital. The new "Home First" philosophy acknowledges that hospitals aren't the best places to make important life decisions like a move to long-term care.

Once a senior returns home – with the necessary home care support from the CCAC – it may turn out that long-term care isn't necessary after all, Janet says. Or if it is, the client and family can now make that decision and wait for an available bed in a more supportive environment.

Not all seniors can return home after a stay in hospital; some wouldn't be able to even with a higher level of home care support. But the new approach has been so successful in reducing the number of seniors in hospital waiting for long-term care, that other CCACs in Ontario are now adopting it. A positive impact of the program is that beds are freed up for patients coming through the emergency department.

Creating and implementing the Home First philosophy took a team effort between the CCAC, local hospitals, and the Mississauga Halton Local Health Integration Network (LHIN), which made a significant funding investment to support the additional home care that's necessary for the model to work.

"It's a major culture shift by all members of the health care team," says Cathy Raiskums, Manager of Social Work and Patient Flow at Halton Healthcare Services. "We saw our numbers of ALC patients decrease very soon after implementation. It's the right thing to do."

"For the most part, people do want to go home from hospital and be in their own surroundings," Janet says. "Going directly from a hospital bed to long-term care is now considered a last resort."

"For the most part, people do want to go home from hospital and be in their own surroundings."

2009/10 Quick Facts:

Number of clients served through Home First and Stay at Home	697
Percent reduction in ALC (Alternate Level of Care) rates across Mississauga Halton	27.6%
Percent reduction in number of clients waiting for long-term care due to the MH LHIN's Aging at Home investments	13.5%

Joanna Championed a New Record-Keeping System

Implementing a new database could be a tough sell when it comes to engaging employees. But when that database has an impact on almost everything that is done for clients at a Community Care Access Centre, getting and keeping staff members' attention is critical.

"I had the opportunity to be trained in CHRIS ahead of other staff, so that I could in turn help others to learn the system."

It was a challenge that Joanna Slomkowski couldn't resist. The Team Assistant, who supports community-based Case Managers, jumped at the chance to learn about and train others on the new Client Health Record Information System (CHRIS), adopted by CCACs across Ontario over the past year.

CHRIS is a client information database that enables CCACs to keep records the same way, and will make record-keeping and information transfers go more smoothly. The new system also dramatically reduces the number of orders sent by fax or telephone to service providers. Although urgent referrals are still phoned in, other service starts are received electronically through a secure portal. With the information shared in an electronic format, it means clients won't have to "tell their story" multiple times, and less paper is used.

Joanna saw CHRIS as a positive evolution in the history of Community Care Access Centres. "I wanted to be an ambassador for it, and it was a great opportunity to learn how to do training."

The benefits of CHRIS were obvious but getting there was a long, complicated process, made more so by the fact that Mississauga Halton CCAC had been using two different databases. As a result, virtually all business operations had to change.

"I had the opportunity to be trained in CHRIS ahead of other staff, so that I could in turn help others to learn the system," Joanna explains. She and the rest of the CHRIS ambassadors learned to de-bunk myths and ensure their colleagues were working with facts, not assumptions.

The implementation of CHRIS began in January 2009 and continued in stages until completion in February 2010. Joanna looks back on the year past and feels good about what she did. "It was a good opportunity to grow."

2009/10 Quick Facts:

Percentage of employees who received CHRIS training	84%
Average number of CHRIS training hours each Client Services employee received	26
Number of three-day practical learning sessions held to prepare employees to use CHRIS	34

Colette Says Clinic Visits Helped Speed Recovery

Home care may be the first thing that comes to mind when thinking of the CCAC, but now there's another way for people to get the service they need. The Mississauga Halton CCAC now has ten medical supply depots for medical supply pick-up, and five community clinics where clients receive care from the CCAC's contracted service providers.

The clinics are primarily used for wound care and IV therapy, provided by nurses who otherwise would travel to each client's home to deliver the care. The change saves scarce health care dollars because individual home visits use more staff time. Similarly, there are cost savings if a client can pick up his or her own medical supplies.

Olga Plesko, Manager of Client Services, emphasizes that clinics and depots aren't appropriate for all clients. "There are many of our clients, particularly clients who are immobile, who need nursing care provided at home, and not all clients can pick up medical supplies or have a family member do it. But for many clients, community-based services are often an advantage."

Colette Despatie would be the first to agree. The 60-year-old French teacher returned home from a hospital surgery sporting a significant abdominal wound. For the first few days at home, she received visits from a nurse. After she regained some strength, the nurse asked if she was well enough to attend the clinic for the rest of her care.

Colette says the daily clinic visits turned out to be just what she needed. "You know, people tend to get a little depressed after surgery. I had become very listless, but that clinic appointment forced me to get out of bed, shower, get dressed and leave the house. It was actually a good thing for me."

She also appreciated the independence that the Mississauga clinic enabled her to maintain. Several years ago, she had received in-home wound care and found it frustrating to have to match her daily schedule to that of the nurse. "This time, I'd have my appointment booked, and my goodness, they were so good. They were very efficient."

Manager Olga Plesko notes that clinics and depots are a good example of the CCAC's strategic direction of "sharing resources and accountability with partners." In this case, the CCAC's partners are their contracted service providers and the clients themselves. "It's a collaborative approach. The client has the accountability to go to the clinic where our service providers can see them. Together, we are all helping to protect our resources for those who absolutely need home visits."

"It's a collaborative approach. The client has the accountability to go to the clinic where our service providers can see them."

2009/10 Quick Facts:

Number of community clinics in Mississauga Halton	5
Number of visits to community clinics	44,061
Number of medical supply depots in Mississauga Halton	10
Number of times clients picked up medical supplies at a depot	3,559

Surveying Clients and Partners is Business as Usual

There's an old saying that we have two ears and one mouth because we need to listen more than talk. The Mississauga Halton CCAC is putting that adage into practice with a continuous system of evaluation from clients and community partners.

CCACs across Ontario have created a uniform methodology for probing the client experience, with research company Ipsos-Reid carrying out Ontario-wide telephone surveys with people who are current or former CCAC clients.

"Every three months the survey is conducted, and we get our own results as well as aggregate results for all CCACs," says Karina Santiago, Manager, Quality and Risk Management. "We began this system in summer 2009 and once we have enough data to begin analysis, we'll look for ways to improve, based on what our clients are saying."

Community partners such as hospitals, long-term care homes, community support service agencies, family health teams, contracted service providers and others also have an annual opportunity to let the Mississauga Halton CCAC know how it's doing. They use an online survey to answer questions about how collaborative, responsive and timely the CCAC is, among other things. Results from the March 2010 stakeholder survey indicate that 95 per cent would recommend Mississauga Halton CCAC to a friend or family member. Relationships with community partners were seen as valuable and something to be strengthened.

2009/10 Quick Facts about the Stakeholder Survey:

Number people surveyed	170
Number of organizations that participated in the survey	112
Response rate	91%
Our greatest strengths according to stakeholders	• Our employees are polite and courteous • Our role is clear within the health care system • We are respectful of clients' needs
Our greatest opportunities according to stakeholders	• Involve stakeholders early and throughout changes • Improve collaboration with community support services, hospitals and service providers • Build internal capacity for effective communication of changes
Percentage of people surveyed who would recommend CCAC to family and friends	95%

"Every three months the survey is conducted, and we get our own results as well as aggregate results for all CCACs."

Adela Knows Her Mother is Taken Care Of

Adela Silva can go to work without worrying about her 83-year-old mother, now that she is getting daily visits through the Supports for Daily Living Program and can gain access to that care even after hours if needed. This new, LHIN-funded program is provided free of charge to seniors or adults with disabilities. The philosophy behind it is to keep people from having to move to long-term care homes.

For Adela's mother, who is unable to walk, the visits mean she no longer has to spend the entire day in bed, waiting for her daughter to come home from work. A staff person from Supports for Daily Living is there to assist in getting her up, washed and dressed in the morning and into her wheelchair. At noon she receives another visit and again in early evening to help her get ready for bed.

Adela's mother was a CCAC client whose Case Manager referred her to the new program. "It's part of our navigator role," says Nancy Kula, Senior Director, Client Services. "If someone needs more service or something different than what we can offer, we'll look to see what else is available for them."

A recent stakeholder survey conducted by the CCAC suggested that more collaboration and partnerships between the CCAC and other community providers would be beneficial. "Connecting our clients to Supports for Daily Living is a good example of how we are doing that," Nancy says.

"I work late, long hours," Adela explains. "At the beginning when I didn't have the support, my mother was in bed all day. Now she's so grateful and happy for this help. There's a big change in how she's feeling."

"It's part of our navigator role," says Nancy Kula, Senior Director, Client Services. "If someone needs more service or something different than what we can offer, we'll look to see what else is available for them."

Fiscal Year 2009/10* Results

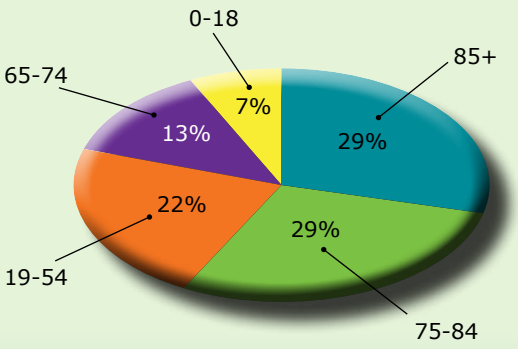
*period between April 1, 2009 and March 31, 2010

OVERALL TOTALS	
Total number of clients served	37,397
Total number of visits received by clients	1,853,938
Number of full-time equivalent employees	329

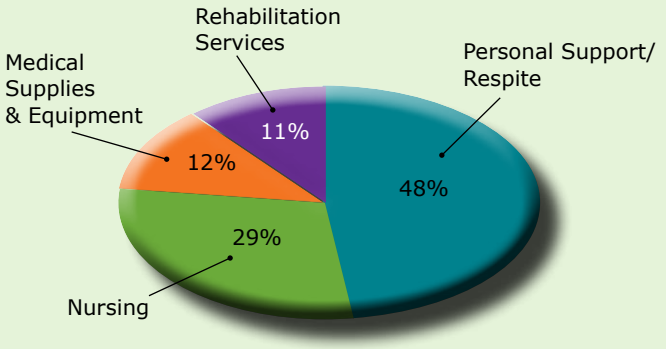
PROGRAMS	
Number of individuals connected to a family physician or nurse practitioner through Health Care Connect (February 12, 2009 - March 31, 2010)	886
Number of individuals over 75 years who received support in finding community services after visiting the Emergency Department and not being admitted to hospital	4,461
Number of children who received health services at school	5,362
Number of clients admitted to a long-term care home	837
Number of clients on a wait list for long-term care	1,106

	2009/10	2008/09
Revenues	**$115,512,833**	**$108,582,588**
Operating Expenses		
Administration	11,118,120	10,352,480
Case Management	22,163,691	19,499,557
Contracted Services	82,231,022	78,730,551
Total Operating Expenses	**$115,512,833**	**$108,582,588**
Net Surplus/(Deficit)	**0**	**0**

Visits by Age in 2009/10



Contracted Services in 2009/10



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Mississauga Halton

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