Connecting you with care

South East CCAC

Annual Report 2015/2016

South East
CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires du Sud-Est

A message from our Board Chair and CEO

Funded by the Ministry of Health and Long-Term Care through the South East Local Health Integration Network, the South East Community Care Access Centre (CCAC) is one of 14 not-for-profit provincial government organiza¬tions that help people access home- and community-based health care and related social services outside a hospital setting.

Over the last year, the CCAC has offered care to nearly 38,000 residents in our region. In addition, we provided advice, information, and connections to other community services to thousands of others.

The Minister of Health and Long-Term Care laid out the next phase of the government's plan for health care. Patients First: Action Plan for Health Care, moves forward on the 2012 Action Plan for Health Care and builds on the commitment to put patients at the centre of the health care system.

Patients First lays the foundation for the home and community care sector to better meet the needs of a changing population. In numerous public statements, the Minister has highlighted the importance of building, strengthening and modernizing home and community care to provide the foundation of health care system transformation

Home and community care continues to be an essential part of health care in Ontario. We are pleased to be actively working with the Ministry of Health and Long-Term Care and our partners to transform home and community care.

This report demonstrates our commitment to providing care that is patient-centered, integrated, transparent, accountable, and continuously improving.

David Vigar, *Board Chair*
Jacqueline Redmond, *CEO*

"This report demonstrates our commitment to providing care that is patient-centered, integrated, transparent, accountable, and continuously improving."

OVER THE LAST YEAR, THE CCAC HAS **OFFERED CARE TO NEARLY "NEW INFO" RESIDENTS** IN OUR REGION.

Mission, Vision and Values

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

Values

Respect
We see the worth in others, value their contributions, and treat everyone with dignity and kindness.

Integrity
We live our values and act honestly, fairly, and ethically

Patient Focus
We put the patient at the centre of everything we do.

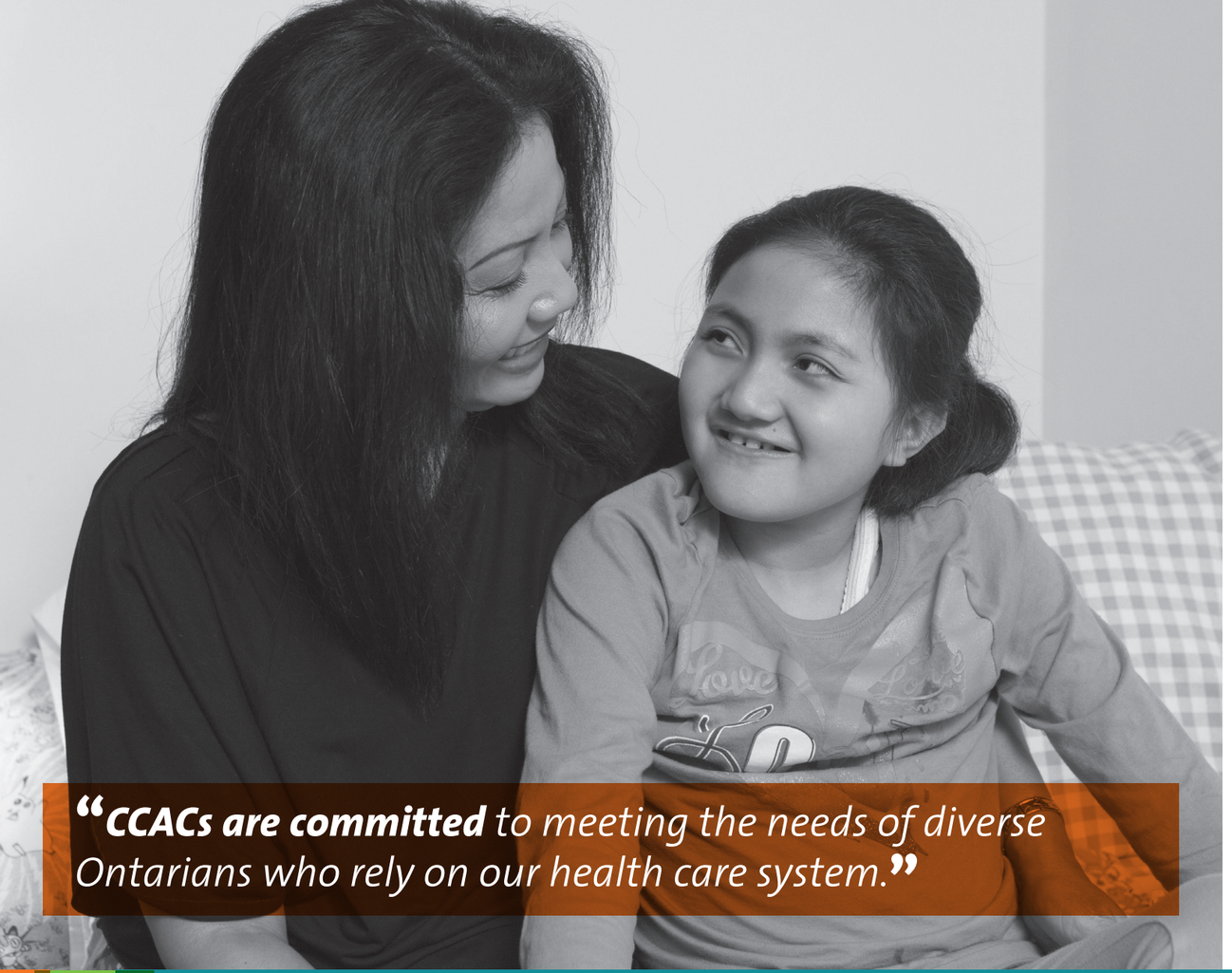
Compassion
We support our patients, caregivers, and each other with understanding, empathy, and sensitivity.

Accountability
We are open and transparent and take responsibility for our work, our relationships and our results.

Resourcefulness
We pursue excellence, knowledge and innovation to deliver the best care and value.

IN 2014/2015 THE CCAC PROVIDED **309,000 NURSING VISITS** (HOME AND CLINIC) AND **45,000 HOURS OF NURSING** SHIFTS IN HOMES, SCHOOLS AND COMMUNITIES ACROSS THE SOUTH EAST

*"We put the **patient** at the centre of **everything we do.**"*



"CCACs are committed to meeting the needs of diverse Ontarians who rely on our health care system."

Improving Health Equity and Reducing Health Disparities

CCACs are committed to meeting the needs of diverse Ontarians who rely on our health care system.

The South East CCAC is designated under the French Language Services Act to provide services in both official languages. Last year, there were 250 patients served by the CCAC whose primary language, official language or requested language of service was French. As part of our French Language Designation Plan, the South East CCAC has developed a framework to ensure our Francophone population receives services in their language of choice.

Improving health care and health outcomes for First Nations peoples means the health care system must provide better supports and services for patients, families and caregivers, and these services must respect traditional methods and be culturally appropriate.

The South East Community Care Access Centre and the Mohawks of the Bay of Quinte entered into a memorandum of understanding to work collaboratively to make services available to status members of the Mohawks of the Bay of Quinte who meet the eligibility criteria for CCAC services.

People who experience mental health and addiction challenges also face barriers to getting the care they need when they need it. Mental Health and Addictions Nursing is available to children and youth in schools that may have mild to complex mental health and/or substance abuse issues. Our five Mental Health and Addictions Nurses are currently supporting 150 students and last year they provided 1265 visits in four school boards across the South East.

All people regardless of disability have equal right of access to all services provided by the South East CCAC. The South East CCAC is committed to improving accessibility and to reducing the stigma associated with all disabilities. We continue to work toward meeting the needs of this population through adoption of the Accessibility for Ontarians with a Disability Act (AODA).

LAST YEAR, THERE WERE **250 PATIENTS SERVED BY THE CCAC** WHOSE PRIMARY LANGUAGE, OFFICIAL LANGUAGE OR **REQUESTED LANGUAGE OF SERVICE WAS FRENCH.**

OUR **FIVE** MENTAL HEALTH AND ADDICTIONS NURSES ARE CURRENTLY **SUPPORTING 150 STUDENTS** AND LAST YEAR THEY **PROVIDED 1265 VISITS IN FOUR SCHOOL BOARDS** ACROSS THE SOUTH EAST.

Community Linkages

We are always looking for new ways to provide care and enhance the patient experience.

Engaging with our communities is a strategic priority for the South East CCAC. Our Community Outreach Team participated in 57 events during 2015/16 to help explain the role of home and community care. In addition, long-term care public information sessions held in three communities across the south east provided members of the public the opportunity to learn about accessing long-term care and have their questions answered by knowledgeable staff.

Connecting patients to the right care also means being familiar with community services, keeping the lines of communication open, and developing relationships. The South East CCAC continues to meet on a regular basis with Community Support Services (CSS) through its CCAC/CSS Relations Committee. Joint service information events were held highlighting CSS and CCAC services and the CCAC continues to look at how we can make these events available to more of our care coordinators.

The South East CCAC was pleased to launch its Patient and Family Engagement Council. The purpose of the Council is to provide input and feedback from a patient and caregiver perspective to help ensure that the voice of the patient is heard loud and clear within the South East CCAC.

Studies show that increasing patient and caregiver involvement in their care plan leads to increased patient satisfaction and improved outcomes. As health care becomes more focused on providing care in the community, it is

> *"Our Community Outreach Team participated in 57 events during 2015/16 to help explain the role of home and community care"*

essential that the community become more involved in the development and delivery of this care.

Each of the seven hospital organizations located within the South East Local Health Integration Network, as well as the South East CCAC and the South East LHIN, launched a project called "Health Care Tomorrow – Hospital Services project" to improve access to high quality care through the development of a sustainable system of integrated care.

Feedback from the community at a series of open houses and through a broad region-wide survey informed the future delivery of care in this region. Over 400 people participated in the sessions, and more than 1700 people responded to the online survey.

Gathering feedback from patients and their caregivers helps drive continuous improvement. Ontario has developed a common approach to measuring the experience of home care patients. Patients are reported to have a positive experience if they rate their services as good, very good or excellent.

As reported in Health Quality Ontario's Measuring Up, 92% of home care patients surveyed in Ontario reported a positive experience with the services they received from both care coordinators and service providers. There is only slight variation in patients' experiences with home care services across the province. However, the most recent results placed South East CCAC as the top of the province for Key Performance Indicator (KPI) 1 Overall Experience. We are very proud that South East CCAC results for Overall Experience have stayed above the provincial average for the past four years.

Improving care with technology

southeasthealthline.ca

The Information & Referral (I&R) website, SouthEasthealthline.ca, continues to be enhanced to meet the need for quick access to accurate information on community services. In addition to front-end enhancements, the I&R Team has been working with provincial I&R groups developing standards for service listing inclusion on Healthline.ca so that people can be connected with the right information, services and care they need to help them stay healthy, manage their health and get well.

The South East CCAC worked with the Stroke Network of Southeastern Ontario to provide a Stroke Resources website for the South East region. This work stems from discussions with health care professionals working in primary care and the many requests for a comprehensive on-line resource that brings together services and programs into one accessible area.

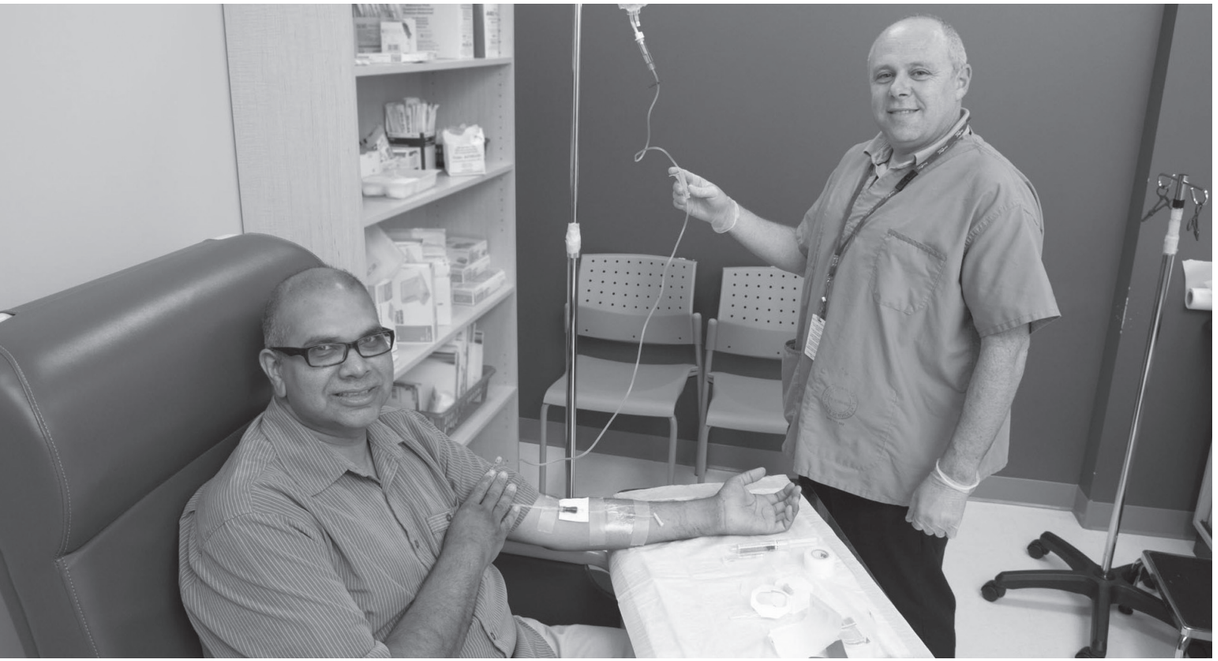
The South East CCAC also worked with its health system partners to create a listing of non-emergency service availability over the holiday season. With family doctor offices and urgent care centres closing or reducing hours over the holidays, emergency departments may seem like the only option for people seeking medical attention. This can lead to longer than usual wait times for healthier patients that don't require immediate emergency care. By providing education on other options, people may avoid an emergency room visit completely or greatly improve their experience if they do need emergency care over the holidays.

Helping people get connected with the right information, services and care they need to help them stay healthy, manage their health and get well.

Working with all of our hospital partners, a notification system sends automatic notifications when an active CCAC patient is registered in the Emergency Department (ED). The ED/CCAC Notification System enables the care coordinator to work with hospital partners to transition the patient back home expeditiously.

A new Document Management System has improved our electronic patient record, and saved printing an estimated 65,000 pages while saving time for Community Care Coordination teams.

Data cards have been installed in the laptops of care coordinators allowing for referral information and patient records to be at their fingertips securely to provide meaningful care plans while in the home.



Delivering effective services with greater integration and equity

We are pleased to launch a pilot to offer eShift to patients receiving palliative care. The eShift model is a nursing led care team approach that supports patients with complex health challenges to stay at home and avoid unnecessary use of emergency department and hospital readmission. A Directing Registered Nurse (DRN) remotely monitors a patient, as well as supervises and directs a non-regulated provider (Care Technician) who is at the bedside, and can summon a nurse to attend the patient if required.

SINCE WE BEGAN OPERATING **WOUND CARE CLINICS** IN 2008, MORE THAN **12,000 PATIENTS** HAVE RECEIVED SERVICE IN A CLINIC.

Since we began operating wound care clinics in 2008, more than 12,000 patients have received service in a clinic. Over the last year, we have expanded the number of clinics and the number of people receiving care in a clinic setting.

Providing care in a clinic provides benefits to our patients and the health system. A key benefit to patients is the opportunity to schedule an appointment versus waiting at home for care and patients rate the experience very favourable with a reported 98.7% patient satisfaction with clinics.

Clinic care also delivers benefits to the health system including increasing the amount of time that nurses can spend with patients instead of travelling and frees up time and financial resources to service our high needs patients.

The South East CCAC's Hospice Palliative Care Nurse Practitioner Program contributes to excellence in the delivery of care for people of all ages and their families requiring Hospice Palliative Care (HPC) in the South East goegraphy. Within a shared care model, the program aims to reduce hospitalization and avoidable emergency department (ED) visits for patients requiring HPC.

"...patients rate the experience very favourable with a reported ***98.7% patient satisfaction*** *with clinics"*

The Nurse Practitioner aims to enhance the quality of HPC by working collaboratively to provide on-going whole-person care, through optimal pain and symptom management, providing patients and their families with comprehensive evidence-based HPC, closer to home in their care setting of choice.

The South East CCAC has placed care coordinators within each of the seven Health Links in the South East LHIN. This pilot leads to more robust linkages with patients and primary care providers through having a dedicated CCAC care coordinator embedded within and working in partnership with primary care to provide a blended CCAC/Health Link service to patients who are complex and shared between the primary care practice and CCAC.

FALL-RELATED ED VISITS
FOR PATIENTS 65 YEARS OR OLDER IS

16%

HIGHER
IN THE SOUTH EAST
COMPARED TO THE PROVINCE OVERALL

Quality Improvement and the Path Forward

The South East CCAC strives for continuous improvement in how we deliver care. This work is guided by our annual Quality Improvement Plan. For this period, our plan included: implementing a standardized protocol for responding to complex and chronic seniors who were identified as "high risk" for falls; expanding our ED CCAC notification system to hospitals in the east; identifying strategies to reduce ED visits related to skin/wound for short stay patients; and increasing our understanding of why chronic seniors present frequently to the ED within 30 days of discharge from hospital.

Based on QI data, falls are the most frequent event experienced by our patients. In every age group falls are the leading cause of emergency department visits and hospitalizations due to injury. The incidence of fall-related ED visits for patients 65 years or older is 16% higher in the South East compared to the province overall and the incidence of hospitalization for patients 65 years or older is 12% higher in the South East compared to the province.

The South East CCAC is a member of the Falls Regional Steering Committee of the Southeastern Ontario Integrated Falls Prevention Strategy with many other community partners including Public Health Units, VON, community and primary health care, South East Local Health Integration Network and the Centre for Studies in Aging and Health at Providence Care.

The goal is to work strategically and collaboratively across sectors and the health care continuum to improve collective capacity to prevent and reduce the burden and impact of falls and fall related injuries among older adults and other at risk groups in Southeastern Ontario.

As our Quality Improvement Plan for 2016-17 is under development, we will continue to work towards reducing falls. We will continue to monitor nursing wait times and look for opportunities to provide service within five days where it makes sense to do so. We plan to evaluate the effect on patient experience of having community care coordinators follow active patients through their hospital stay. We are also exploring options for other improvements to patient experience, and reduction of ED visits through better integration with our primary care partners, and providing first dose of antibiotics in the community to further improve home and community care for the communities we serve.

"The South East CCAC strives for continuous improvement in how we deliver care. This work is guided by our annual Quality Improvement Plan."

Financial Information 2015/2016

68.7% Purchased Patient Services

21% Care Coordination

7.3% Administrative Expenses

2.84% Other Patient Services and Education
(includes Mental Health & Addictions, Rapid Response Nurses and LTC Home and Palliative Nurse Practitioners)

Service Utilization 2015/2016

Nursing - Shift	47,700 hours
Nursing - Clinic	63,800 visits
Nursing - Regular	263,500 hours
Personal Support Services	1,257,700 visits
Dietetic Therapy	2,500 visits
Occupational Therapy	40,200 visits
Physiotherapy	40,400 visits
Social Work	5,300 visits
Speech Language Pathology	12,100 visits

blank