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

2009-2010 Report to the Community



Connecting you with care

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WHAT THE CENTRAL EAST CCAC STANDS FOR:

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
We relate to each other, to those we serve and to those with whom we work with compassion, respect, integrity and fairness and value the contribution of everyone.

Excellence
We base our decisions on ethical principles and best available information and our actions on best practice.

Client-Centred
We encourage and promote personal responsibility and informed and participative decision-making.

Collaboration
We co-ordinate our efforts, working in partnership with colleagues, clients, families, caregivers, providers and the community.

Accountable
We manage resources responsibly, share performance related information freely, and foster a culture of open communication.

Continuous Improvement
As a learning organization, we foster a spirit of inquiry, committed to improving understanding and encouraging innovation.

"You make a difference in a positive patient experience every day."

EMERGENCY DEPARTMENT NURSE, SCARBOROUGH HOSPITAL

OUR STORY

Community Care Access Centres (CCACs) work in communities across Ontario to connect people with quality in-home and community based health care. We provide information, direct access to qualified care providers and many comprehensive services to help people come home from the hospital sooner or live independently at home longer.

We help people across their life spans from school children who have special health needs to seniors who need health services at home or access to a long-term care home. We work hand-in-hand with clients and their families to understand each person's situation so that working together we can develop an individualized plan.

The Central East CCAC provides acute, rehabilitation, maintenance, long-term care support and end-of life community and home-base services that help shorten lengths of stay in acute care settings and help avoid unnecessary hospitalizations, allowing clients to receive the right care, in the right place, at the right time, from the right provider.

The Central East CCAC is funded by the Ministry of Health and Long-Term Care through the Central East LHIN. In addition to ministry funding, we also receive unsolicited donations from members of the public through the Central East CCAC Foundation. These donations are used to further our commitment to excellence in service delivery.❖

MESSAGE FROM THE BOARD CHAIR AND CEO

WILLIAM (BILL) BOTSHKA
Chairman of the Board

DONALD M. FORD
Chief Executive Officer

During the 2009 - 2010 fiscal year the Central East Community Care Access Centre (Central East CCAC) continued to strive to achieve our mission, delivering a seamless experience through the health system for the people of our diverse communities, providing equitable access, individualized care co-ordination and quality health care. In achieving this mission we have honoured the four strategic priorities established by the Board of Directors, focusing on:

1. Our **Clients and Communities** by being a responsive organization focused on client-centred care and community engagement.

2. Our **Performance** by being a quality organization focused on continuous improvement.

3. Our **Accountability** by being a responsible organization focused on collaboration and accountability.

4. Our **People** by being a people/learning organization focused on excellence.

Over the past year we have sought ways to improve our service delivery based on best practice to ensure our clients achieve the best possible outcomes, to honour our commitment to quality and excellence and to assist us to live within our fiscal means.

In our efforts to ensure we balance our service provision equitably across all seven of our branches, we have been faced with the additional challenge of an ever increasing demand for our services and we have sought to find unique and innovative ways to work with our community service partners to ensure we remain client-centred.

In the coming year we are projecting a balanced budget that will eliminate our accumulated deficit and thus stabilize our organization. We will continue to do our best to achieve our vision of Outstanding care, every person every day, and fulfill our mission which is designed to meet the unique needs of those we are privileged to serve. While our clients are our first priority, we would also like to acknowledge and recognize the professionalism, dedication and commitment of our staff who, despite many challenges, continue to ensure our clients receive the right care at the right time, and in the right place. ❖

THE CENTRAL EAST CCAC BOARD

WILLIAM (BILL) BOTSHKA

William (Bill) Botshka of Pickering has served as chair of the Central East Community Care Access Centre (Central East CCAC) Board since its inception in 2007. He was the previous chair of Durham Access To Care for six-and-a-half years after serving as a director of the Board for two years. Bill's other community involvement included serving as a director of the Central East CCAC Foundation, director and Vice-President for the Crohn's & Colitis Foundation of Canada, director of Distress Centre Durham, and director of Health-Partners (Ontario Division). Bill holds a Master of Business Administration degree specializing in Human Resource Management and Public Administration as well as a Master of Science degree in Strategic Planning from Edinburgh Business School, Heriot-Watt University. Bill is currently pursuing a Doctorate in Business Administration focusing on Corporate Governance in Not-for-Profit organizations.

MARY BAZELEY

Before retiring in 1996, Mary was both a staff physiotherapist and Director of Rehabilitation Services at Lakeridge Health in Whitby. Prior to this, she was sole Physiotherapist with the Nova Scotia Arthritis Society. A resident of Whitby, Mary served as a director on the Ontario Physiotherapy Association Board during the inception of the College of Physiotherapy. Her community involvement has included serving as a board member with Durham Access To Care, the Central East Community Care Access Centre, President of United Church Women, Chair of Pastoral Relations Committee and member of the Outreach Committee at St. Mark's United Church, Whitby.

E. MICHAEL IRWIN

Michael has served as the Central East CCAC Board Treasurer since 2007. He is an active member in his local community of Cobourg, and has been a member of the Cobourg Rotary Club for the past 22 years, serving on the Executive and as President in 1995/96. He is Past Director of the Cobourg Chamber of Commerce (4 years), one of the founding and past Directors of the Northumberland Business Assistance Program (10 years), a founding and past director of the Cobourg and District Library Foundation (8 years) and past director of Northumberland Health Care Corporation, now known as the Northumberland Hills Hospital (3 years). Michael also served as Treasurer for both the Hospital and Library Foundations. A graduate of the University of Western Ontario, Business School in 1976 with a Bachelor of Arts in Honours Business Administration, Michael articled with Peat, Marwick & Mitchell, now known as KPMG. He received his Chartered Accountant designation in 1979. In 1985, he returned to Cobourg and joined a local C.A. firm becoming a partner in 1986 and is currently the managing partner.

GRAHAM A. LOWMAN

A resident of Pickering, Graham Lowman has an extensive financial background and is a graduate management accountant, chartered secretary and professional administrator. He has served as Chief Financial Officer for several financial institutions and was the Manager of Finance and Administration for The Boy's Home, an Ontario agency caring for teenaged boys from disadvantaged family settings and Young Offender services. Graham is a Fellow of the Institute of Company Accountants (U.K.) and an Associate of The Institute of Chartered Secretaries and Administrators in Canada.

JAMIE MARCELLUS

Jamie is the chair of the Central East CCAC Board Audit Committee. With over 10 years of management experience in the health care sector, He has an extensive background in strategic planning, financial management and quality improvement. A resident of the Scarborough area, he is the current Director, Clinical Operations for Best Doctors Canada Inc., a worldwide leader in health care information. He has held several managerial positions in other health care organizations including Client Service Manager at the former North York Community Care Access Centre, Clinical Leader, Emergency Services for the Hospital for Sick Children and Director of Operations for Comfort Keepers. Jamie's community volunteer

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THE CENTRAL EAST CCAC BOARD *(continued)*

contributions also include advisory board member for Iris Consulting for Seniors, vice-chair of the York Region Prevention of Elder Abuse Committee and board member of the Satellite Planning Committee for West Hill Community Services. A member of the College of Nurses of Ontario, he holds a Masters of Business Administration degree from Lansbridge University, New Brunswick and a Bachelor of Science in Nursing from Ryerson University.

LIZ MCCREIGHT

Liz has more than 18 years of experience and a proven track record of success in managing complex projects involving many key stakeholders. Working in the hospital sector, the Ministry of Health and Long-Term Care (MOHLTC) and the private sector has honed her leadership and program management skills in leading multi- disciplinary teams and her capacity to build and maintain relationships with diverse organizations. During her seven years with the MOHLTC, Liz developed a sound appreciation of the challenges of balancing the needs of the community with the services available.

Her passion to seek opportunities to contribute to system improvement has been recognized through many awards. She is the recipient of the 2008 Amethyst Award for her Hand Hygiene Improvement Program and the 2002 Outstanding Achievement Award from the Ministry of Health and Long-Term Care for her role on a CCAC-LTC Priority Project Team.

Liz holds several Project Management Professional certifications as well as a legal administration diploma from Durham College. A long-time volunteer in her community she is a former board member for Durham Access to Care, the Central East CCAC Foundation and the Oshawa Skating Club. A life-long resident of the Central East CCAC region, she currently resides in Oshawa.

SANJAY MOORJANI

An engineering and management professional, Sanjay has a diverse background in customer satisfaction, supplier relations, process improvement, organizational development and Six Sigma methodologies of quality measures and improvements. He has a variety of experience in the automotive, electronics and aerospace industries in Canada, the United States, India and Mexico. A resident of Scarborough, Sanjay is currently a Supplier Quality Professional with Bombardier Aerospace.

He is a member of the Accommodation Review Committee for the Toronto District School Board and is Vice President of the Bombardier Toastmasters Club. Sanjay holds degrees in mechanical Engineering (Maharaja Sayajirao University, India) and industrial engineering (Wichita State University, U.S.A.) as well as an Executive MBA from the Rothman School of Management, University of Toronto. Sanjay is also a Certified Internal Auditor.

DR. BARRY NEIL

Barry has served as vice chair of the Central East CCAC Board since September 2009. An active community member, Barry's involvement has included serving as a board member of Durham Access To Care, the Central East Community Care Access Centre, the Alzheimer Society of Ontario, the Alzheimer Society of Durham Region and, as a member of the Town of Ajax Environmental Advisory Committee. A resident of Ajax, he is a lecturer with the University of Ontario Institute of Technology, a presenter for Scientists in School and Senior Scientist with N4 Research Associates Inc. Barry currently serves on the Region of Durham Nuclear Health Committee and is a former Deputy Senior Scientific Officer at Emergency Management Ontario. He holds a Ph.D. in Physical Chemistry from the University of Southampton, UK and a Diploma in Industrial Health from the University of Toronto Faculty of Medicine.

GLENN ROGERS

Glenn is an active community volunteer who utilizes his marketing and media relations expertise to help promote and raise awareness of issues and concerns that impact his community. He is the founder and chair of the Neuropathy Support Group in Peterborough and since 2005, has volunteered his time as the host and writer of "Insight and Information," a weekly live call-in cable television show that serves the Peterborough, Lindsay, Port Hope and Cobourg areas. He is a past corporate member of the Peterborough Regional Health Centre.

Glenn has a 34-year career with IBM Canada, where he has held positions ranging from customer service, sales, marketing and project management. He is currently responsible for leading the strategic direction and operation of IBM's Software Technical Exploration Centres. A resident of Peterborough since 2002, Glenn has received several IBM awards including the Golden Circle, the Vice-President Award and the Special Contribution Award.

MARGARET (PEGGY) L. VOKINS

A resident of Ajax, Peggy has been a volunteer with community organizations for many years including serving as a board member with Durham Access To Care, the Central East Community Care Access Centre and the Durham, Haliburton, Kawartha and Pine Ridge District Health Council. She is a bookkeeper with Jim Kelly Insurance Brokers Ltd and previously was a bookkeeper and medical secretary with various medical offices. Peggy holds a Diploma in Accounting from Algonquin College.

PAMELA BYNOE

A resident of Toronto, for more than 20 years, Pamela has been involved as an advocate in the areas of human rights, diversity and equity. She has held several positions including Director of Human Rights/Equity at the Workplace Safety and Insurance Board and Manager at the YWCA. Pam has served on the Boards of Diversity, Employment Equity Practitioners Association (DEEPA), Times Change Employment Centre and the Board of Harmony Movement. With her extensive experience as a skilled Human Resource Practitioner, Pam brings an impressive mix of skills to this Board. She has been a trainer and facilitator, and a seasoned investigator and mediator, having dealt with human rights complaints, employee relations and labour negotiations.

JUDITH HAYES

After a career in financial services and investments in Toronto, Judith moved to her cottage in the City of Kawartha Lakes and began a consulting practice working with many non-profit organizations in the area in fundraising and resource development. Judith has worked and/or lived in every community covered by the Central East CCAC. She has been involved as a community volunteer on the Durham, Haliburton, Kawartha Pine Ridge Grant Review Team for the Ontario Trillium Foundation; presently sits on the Board of Governors of Sir Sanford Fleming College as Chair of the Finance and Property Committee and Chair of the Audit Committee. She is also a member of Ontario Healthy Communities Coalition and past Board member. ❖

"You are all a very caring and professional group of people.
We couldn't have gotten through without all your help and support."

NIECE AND NEPHEW OF CLIENT

YEAR IN REVIEW

The 2009-2010 fiscal year was a year of significant challenges as well as outstanding achievements in the Central East Community Care Access Centre (Central East CCAC).

On a provincial level, in April 2009 the Ontario government announced that the 14 CCAC boards across the province would be removed from Lieutenant Governor in Council (OIC) appointments and revert to community-based boards. In the Central East CCAC, the election of the board of directors took place at the first Annual General Meeting and for the first time, the board had a full complement of 12 members.

Also in April, after several months of collaboration, the 14 CCACs revealed a joint "brand," sharing a common logo, vision and mission statement to better reflect our role as system navigators, connecting people with quality in-home and community-based health care. At the same time the Ontario Association of Community Care Access Centres (OACCAC) introduced the provincial 310-CCAC Information and Referral tool to provide our clients and members of the public with easier access to information about services available in their communities.

The OACCAC on behalf of the 14 CCACs contracted Ipsos Reid, a company specializing in research, to conduct a survey on behalf of the CCAC sector to find out more about the client or caregiver's experience with the CCAC and with CCAC staff. In April, Ipsos Reid began a survey of randomly selected Central East CCAC clients as part of the provincial survey called, the Client and Caregiver Experience Evaluation (CCEE). The survey will be repeated quarterly during the year in order to build a representative, statistically significant depiction of client satisfaction with services received from and through the CCAC. Once completed, results from the survey will help provide the CCACs with insightful information about the key components of our services from the perspective of our clients. The data will also identify trends so that quality improvement initiatives can be developed in response.

Internally, the Central East CCAC continues to focus on supporting our staff in our ongoing efforts to ensure our clients receive the care they need based on best practice and continuous quality improvement. The final deployment of the Client Health and Related Information System (CHRIS) case management software was completed in December in the last of our seven Central East CCAC branches. The successful CHRIS Champion Support Model used during each of our deployments was provincially recognized at the 2009 OACCAC Awards, winning the Staff Team Award category.

From a quality and risk perspective, work continues on the development of the Risk Management program which includes among others, ensuring client safety, managing risk events and client complaints, the incident emergency response planning, pandemic planning, and an organizational-wide policy and procedures manual. Our emergency response plan was finalized and tested during the H1N1 outbreak as well as other local emergency incidents throughout the year.

To support further development of best practice in provision of services to our clients, a pilot of a new Wound Care Protocol was introduced in the Lindsay and Whitby Branches and, based on its success, was implemented across all our branches by the first quarter of the 2010 - 2011 fiscal year.

The Central East CCAC continues to be a significant player in a number of collaborative partnerships and we are pleased that approval has been given to host and manage the CE LHIN Self-Management Program, the

Central East Hospice Hospice Palliative Care Network, and the Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) program beginning early in the upcoming fiscal year.

Other system partnership projects included: a successful partnering with Community Care Durham aimed at enhancing the client care experience; placement of a dedicated Case Manager in some our hospitals' Emergency Departments to help address wait-times and the challenges of Alternate Level of Care (ALC); the Community Palliative Care Program partnership with our Scarborough hospice palliative care providers, including hospitals and family doctors, supports end-stage palliative clients to remain in their homes for as long as they wish through a Nurse Practitioner-led community palliative care service; and, a 20-bed transitional care pilot project with Lakeridge Health and the Village of Taunton Mills retirement residence.

Fiscal Challenge

Over the past three years the number of clients being serviced by the Central East CCAC has increased by 11.5 per cent. The cost to the organization of providing service to those clients has also increased primarily due to the large volume of individuals being discharged out of hospitals into our care. This is also a result of the work we have done with our CE LHIN and hospital partners to support the government's Aging At Home initiatives and to address the pressures of the Emergency Department wait-times and avoid Alternative Level of Care designation.

The shift in the ratio of community referrals to hospital referrals as well as changing demographics of an aging population, inflation, and a fixed-bed capacity in Long-Term Care, have had a profound impact on the Central East CCAC. Approximately 70 per cent of our clients are now referred to us from hospital compared to only 30 per cent three years ago. These clients are coming into our care having been discharged from hospital earlier and often in a more acute condition, consequently requiring more services from the Central East CCAC.

The annual budget for the 2009-2010 fiscal year was $210 million. From this funding, the Central East CCAC supports 31,500 clients on a daily basis. The increased demand for services that was experienced during this year, resulted in a deficit position.

In the fall, *n*D Insight Consultants were engaged to conduct a value for money review to examine the actions taken by the Central East CCAC to address the growing deficit and to quantify the impact of these actions. Several outcomes were achieved through their review and strategies to manage service growth were put in place. Among these strategies was the implementation of important changes to our business processes such as the Outcome Base Resource Allocation Model (OBRAM) - a tool designed to ensure our resources are allocated appropriately while ensuring client needs are met. With the CE LHIN's approval, a recovery plan was developed which is spread out over two years and is designed to project a balanced budget on March 31, 2011. ❖

"Thank you so much for being so kind and patient in listening and understanding the needs of the elderly and providing care and support for them."

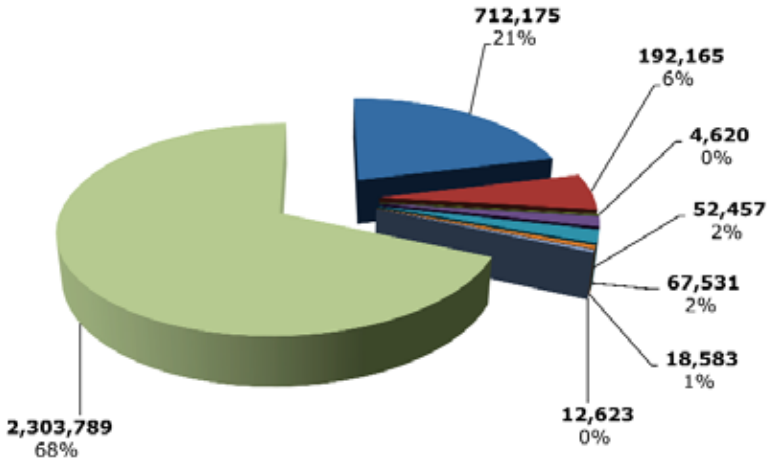
DAUGHTER OF LONG-TERM CARE PLACEMENT CLIENT

OUR STORY IN NUMBERS

CLIENT SERVICES UNITS PROVIDED AND PERCENTAGE DISTRIBUTION

APRIL 01, 2009 - MARCH 31, 2010

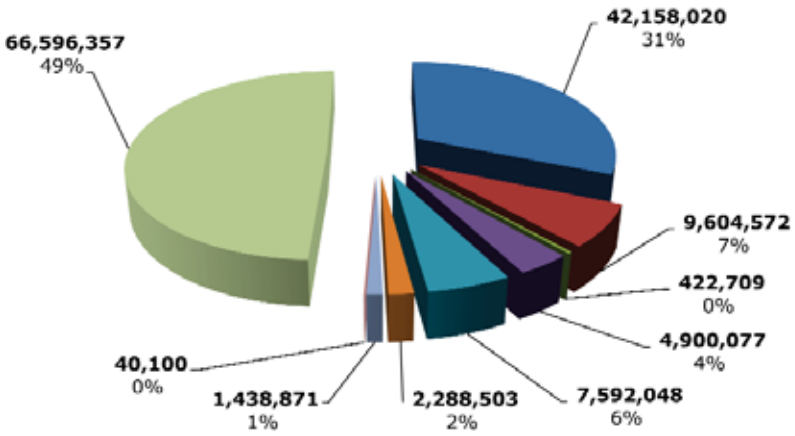
SERVICE	2009-2010	2008-2009
Personal Support	2,303,789	2,315,344
Visiting Nursing	712,175	758,352
Shift Nursing	192,165	199,681
Occupational Therapy	67,531	69,420
Physiotherapy	52,457	53,959
Speech	18,583	19,706
Social Work	12,623	12,304
Nutrition	4,620	4,453
Psychology	-	-



CLIENT SERVICES EXPENDITURES ($) AND PERCENTAGE BREAKDOWN

APRIL 01, 2009 - MARCH 31, 2010

SERVICE	2009-2010	2008-2009
Personal Support	66,596,357	65,004,138
Visiting Nursing	42,158,020	42,252,592
Shift Nursing	9,604,572	9,657,740
Occupational Therapy	7,592,048	7,643,609
Physiotherapy	4,900,077	5,075,028
Speech	2,288,503	2,383,318
Social Work	1,438,871	1,545,532
Nutrition	422,709	435,503
Psychology	40,100	60,893



"We cannot express adequately how much we are grateful to you for your care and concern and for all the immense amount of help you provided for us."

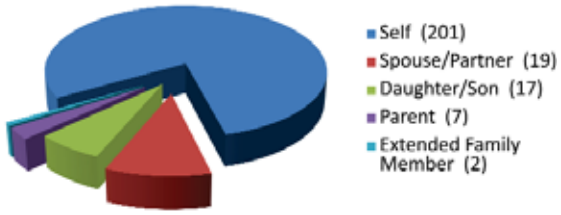
SON AND DAUGHTER OF CLIENT

MONITORING OUR EFFECTIVENESS

To live our **Vision of Outstanding Care - every client, every day**, the Central East Community Care Access Centre (Central East CCAC) evaluates our effectiveness in serving our community on an ongoing basis. Our Quality and Risk Management portfolio records and tracks our risk events, complaints and compliments.

COMPLIMENT FEEDBACK BY SOURCE

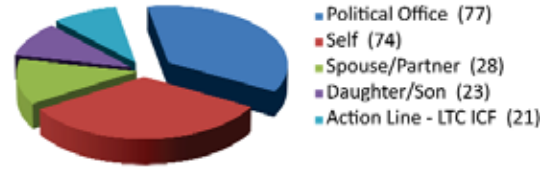
APRIL 01, 2009 - MARCH 31, 2010



Over the 2009-2010 fiscal year, compliments increased by 25 per cent and in most cases were provided by the client themselves. Compliments primarily acknowledged the great care and service a client felt they received from either the service provider and/or Central East CCAC Case Manager.

COMPLAINT FEEDBACK BY SOURCE

APRIL 01, 2009 - MARCH 31, 2010



The main areas of complaints have been service quality, service in general, accessibility and long-term care placement waitlists. The number of complaints over the past fiscal year has increased by 13 per cent due in part to the cost containment initiatives the Central East CCAC implemented in the last quarter of 2009-2010.

By accurately capturing risk events, client complaints, and compliments in our monitoring system, the Central East CCAC is able to review and analyze the data for trends; which in turn, allows for the planning and implementation of quality improvement initiatives.

Looking forward to the next fiscal year, the Quality and Risk Management portfolio will continue to audit, monitor and trend risk events, as well as continue to provide education to all Central East CCAC staff and contracted service providers. ❖

OUR CLIENTS

Outstanding care -
every person,
every day.

Health Care Connect is a program that was established by the Ministry of Health and Long-Term Care in February 2009. The Central East Community Care Access Centre (Central East CCAC) is one of the 14 CCACs in Ontario that administers the program designed to connect unattached patients requiring health care services to health care practitioners (i.e. nurse practitioners and physicians) in their local community. It is the Care Connector's role to source out health care practitioners, established and recent graduates, who will take on Health Care Connect clients as their patients on a full-time basis. For the 2009-2010 fiscal year, the Central East CCAC successfully connected 3,313 patients to care through the Health Care Connect program.

"It's so rewarding to connect patients to health care providers."

NANCY PELLETIER,
CENTRAL EAST CCAC CARE CONNECTOR

FINDING THE RIGHT HEALTH CARE CONNECTION

Growing up on a farm with her family in eastern Ontario, Peterborough had always felt like home for Mabel Campbell. After spending over nine years in several regions of Ontario pursuing her education for a master's degree in divinity and then travelling out to the Prairies to be ordained as a priest, Mabel decided it was time to return home to Ontario. Mabel settled in Hamilton to complete her certification in Pastoral Psychotherapy with the Canadian Association for Pastoral Practice and Education where she assisted clients with their mental and spiritual needs. She loved helping others, but realized she needed help of her own as her health concerns were mounting. With a diagnosis of diabetes and osteoarthritis combined with hip replacement surgery, she knew it was time to be around family.

In October 2008, Mabel left Hamilton and moved back home to Peterborough. Now without a family doctor, her condition worsened and she was visiting the emergency department at Peterborough Regional Health Centre on a regular basis. She advocated for her health by visiting many doctors' offices looking for a family physician who could provide her with the care she was looking for.

"I wanted a doctor I could talk to and who would hear what I am saying and assess me and then explain conditions to me in a way that I can understand so that I can take better care of myself," says Mabel.

All of the doctors gave Mabel the same number - the number for the Health Care Connect program - and told her to call that number and ask the Central East CCAC to assist her in searching for a family doctor. In October 2009, Mabel was dismayed by the process, but she reluctantly called the Health Care Connect number and spoke to Nancy Pelletier, Health Care Connector for the Central East CCAC, and told her "I need a doctor now!" However, still unsure of the process, Mabel did not register with the Health Care Connect program at this time.

Mabel continued to source out health care services on her own and connected herself with the diabetes clinic at Peterborough Hospital. Through the diabetes clinic, she learned about VON information sessions. After hearing a VON speaker describing an exercise class that aided in relieving pain associated with diabetes, she joined an adult community exercise group. "I understood where my pain was coming from and got connected with this group to better take care of myself."

Mabel's need for a family doctor was escalating as she was making several trips to the emergency department (ED), and ED doctors were urging her to call the 1-800 Health Care Connect number to find a health care practitioner who would be able to provide her with medical care on a full-time basis. Mabel decided to give the process another chance and registered with the Health Care Connect program in December 2009. Mabel disclosed her medical history and her current medical issues - her diabetes was becoming unmanageable, osteoarthritis was flaring up and her knees now needed surgery. She recalls, "I was in a lot of pain and didn't want to be on drugs to regulate the pain. I was just trying to survive."

Five months later Nancy Pelletier, Central East CCAC Care Connector, placed Mabel successfully with a local family physician who met all of her needs. "The doctor ended up being a delightful person who laughed and was at ease. She provided all that I was looking for, which was a result of Nancy's hard work in finding her," says Mabel.

After her first visit to the doctor, Mabel went to the Central East CCAC office in Peterborough to thank Nancy in person for finding the right doctor for her. "Through my experiences with the Central East CCAC, I believe they are very dedicated and committed people who listen to the client and who use their gifts and skills to find the right type of service to address the needs of the client. I am grateful."

Mabel still resides in Peterborough and continues to see her family physician on a regular basis, and she often drops in to the Central East CCAC office to stay connected with Nancy and the organization which helped make her homecoming a healthy and rewarding experience. ❖

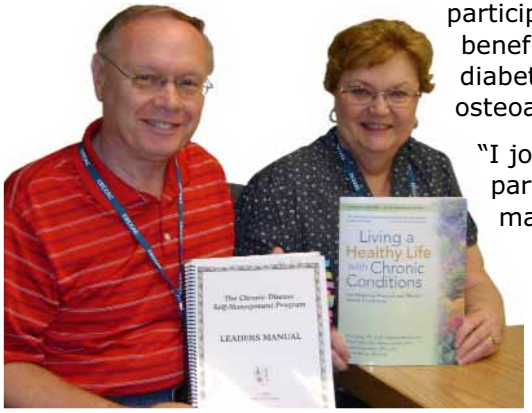
LIVING A HEALTHY LIFE

Initiated as a pilot project by the Central East LHIN and supported by the Central East Community Care Access Centre (Central East CCAC) in 2008, the Self-Management Program was expanded and rolled out across the entire Central East region in the 2009 - 2010 fiscal year. The Self-Management Program offers free six-week workshops, designed and researched by Stanford University in California, to build participants' confidence in managing a chronic condition and, in some cases, reducing emergency department visits and days in hospital.

The CE LHIN Self Management Program focuses its "Living a Healthy Life" workshops on three areas: chronic conditions, diabetes and chronic pain. In each of the workshops, consumers and caregivers learn about the value of healthy eating, safe physical activity, appropriate use of medications, communication with family, friends, and the health care team, and how to evaluate new treatments.

The "Living a Healthy Life" workshops are delivered via a peer-leadership model, often with volunteers as the facilitators. Leaders of the workshops share their own experiences about living with chronic conditions. Sessions include no more than 18 participants at one time facilitated by two or three Peer Leaders, organized in a group-sharing style. Stanford University issues training books for the participants, as well as leader manuals for the Peer Leaders.

Harold and Patricia Luck from Lindsay, Ontario, are seasoned volunteers of the Self-Management Program. Their involvement began when they joined as participants in the first "Living a Healthy Life" workshop series offered in the Spring of 2008. When they enrolled as workshop participants, they thought it would be beneficial for them as Harold is diabetic and Pat suffers from osteoarthritis and fibromyalgia.



"I joined the group to be a participant in learning about self-management so I could learn how to handle my pain and also as a caregiver for Harold to learn how to help him with his diabetes and vice versa - we joined the program as a two-fold effort," says Pat.

There are six sessions to the program that run once per week for two-and-a-half hours per session. The program uses a Self-Management 'Toolbox' to demonstrate effective strategies in helping the participant care for their chronic conditions. Some of these include: making action plans, better breathing, exercising, communication, problem solving and positive thinking.

"It helped me plan, exercise, eat healthy and make a routine. In discussing our health concerns, the interaction of the group was good and we helped each other with input," recalls Harold.

Upon completing the final session, Harold and Pat were encouraged by their facilitator to do the training to become Peer Leaders, and they were eager to join the program as volunteers. Training for Peer Leaders is facilitated by Master Trainers and includes an application, interview, 4-day training, and a demonstration of group facilitation. Harold and Pat enrolled in the 4-day training course held in Peterborough. They studied the course materials and practiced teaching to gain experience demonstrating the core self-management skills: brainstorming, action plans and problem solving. They learned how to help people make an action plan of personal goals that are achievable.

"We break it down in smaller steps to see what is obtainable week by week," says Pat. "The training program was beneficial. It was a review of things we had covered in the past. When I am facilitating a course it helps me personally because I am cognizant of setting my action plans, breathing techniques and sensory techniques."

Harold and Pat conducted their first series of workshops in the Spring of 2009 and also took the course to become Master Trainers within the CE LHIN Self-Management Program. They continue to be active leaders in facilitating "Living a Healthy Life" workshops as well as training potential Peer Leaders. They say they are grateful for the support and guidance provided by the Self Management Program staff.

"They have been excellent in supporting and encouraging us. It is a fantastic program and a good opportunity for someone to interact with people who have the same conditions," says Harold. "I think it's terrific that the Central East CCAC helps the public - considering the lack of available health care practitioners," adds Pat. "It's good that the Central East CCAC can assist the public with their health care needs, through these programs and hands-on care."

As a result of the success of the pilot project, the Self-Management program became a permanent program on April 1, 2010 as an ongoing program in the Central East CCAC and funded by the Central East LHIN. ❖

LIVING OUR VALUES AND MAKING A DIFFERENCE

The Central East CCAC's values are easy to remember because they form the acronym of our organization: CECCAC. But more importantly, our staff live out these values every day, with every client served.

Frances "Fay" Keigan from Durham Region knows this to be true and has experienced first-hand the value of caring - to serve our clients with compassion, respect, integrity and fairness.

Our client since 2005, Fay has been receiving personal support services to assist her in meal preparation and personal hygiene. Since childhood, Fay has suffered from Multiple Sclerosis and has also suffered from osteoporosis for many years. Her condition had worsened over the years, and she required assistance with daily living activities such as making her lunch to ensure she was receiving the proper nutrition and taking a bath and washing her hair.

When the Central East CCAC first initiated services for Fay, under the direction of her Case Manager Maribeth Seabrook, her personal support worker Annette would visit her two days per week.

"Annette was very respectful when giving me a bath - she never embarrassed me. I really appreciated all her help and hard work," says Fay.

In 2006, Fay broke her ankle causing her to lose mobility and the independence to take care of household tasks on her own. After a reassessment, Maribeth determined that Fay needed more services to ensure she was receiving the best possible care and maintaining a healthy life. Her personal support services were increased to five days per week to help support her in remaining in her home. The Central East CCAC assisted her in the process of applying to long-term care homes so that she could get her name on the waitlist for the home of her choice.

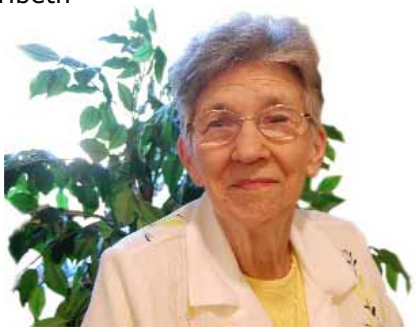
"Maribeth Seabrook was and is fantastic. She was very helpful, very compassionate, very understanding, a great listener - as good as they can get," Fay says.

It has been five years since Fay became a Central East CCAC client. Her health care needs have changed over the years and Maribeth and Annette have been caring for her along the way. Fay describes her relationships with both her Case Manager and Personal Support Worker as meaningful connections. "I couldn't have got through this without them."

"Over time, clients' health concerns change and they need to be reassessed. It was our goal to keep Fay at home and safe for as long as possible, until it was deemed that Fay could no longer manage on her own at home with Central East CCAC services," says Maribeth.

With the assistance of the Central East CCAC, Fay was admitted into a long-term care residence in August 2010 after she was deemed a crisis priority. Her crisis status was determined by the Central East CCAC after the number of falls she was having and the severity of falls were increasing.

"It was at the point where they were afraid to leave me alone," recalls Fay. "I called Maribeth and everything fell into place. Everyone I have dealt with at the Central East CCAC has been excellent. I am really grateful for having the support from the organization over the years." ❖



IMPROVING CLIENT CARE THROUGH BEST PRACTICE

To significantly improve the quality of client care by reducing rates of infection and improving the rate of healing, a new initiative related to wound care was launched by the Central East Community Care Access Centre (Central East CCAC) during the 2009-2010 fiscal year.

The wound care program was implemented initially as a pilot project based out of the Lindsay and Whitby Branches. The program was further developed based on lessons learned following the Central East CCAC's wound care committee review of wound healing best practice guidelines, existing practices and other CCACs' wound care programs that had yielded positive results. Information and results were compiled together, along with guidance from consultants, to develop and initiate the program.

The new standardized wound care management program utilizes wound care protocols for different wound care types through the use of advanced wound care products. These products are designed for extended wear and maintaining moisture balance in the wound bed thus reducing the frequency of dressing changes, which has been proven to impede the healing process. This, in turn, would reduce direct client care costs through more efficient use of nursing hours and through the implementation of standardized supplies. The development of these new protocols have been based on clinical research and best practice principles of optimal wound healing.

Elfriede Retz (Oma) and her daughter and primary care provider, Wendy, have experienced the Central East CCAC's new wound care program first-hand. After receiving surgery in hospital, Elfriede was assessed by a Central East CCAC Case Manager for home services to treat a surgical wound and bed sores.

"When she came home from the hospital she was in such pain because she had the wound on her front and bed sores on her back, but the nurse had the proper material to be able to pad her back and she used a special barrier cream which made it easier for Oma. The nurse was able to work on the packing so that the wound drained on one side or the other, so Oma was able to lay on one side in bed and wasn't stuck on her back the whole time," says Wendy.

The Central East CCAC also conducted a negative pressure wound therapy (NPWT) assessment to see if Elfriede met the requirements of this specific type of wound care, in which a vacuum removes drainage from the wound to improve the healing process. Elfreide was a candidate for this type of wound therapy and a nurse visited her every 3 days until the treatment was completed. "The VAC pack (negative pressure wound therapy) was excellent; it cut down the healing time in half," remarks Wendy.

After the completion of the NPWT treatment, nursing visits became more spread out as the need for dressing changes became fewer due to the new wound care products that were being utilized. "The nurse was very good and she knew what would and wouldn't work for Oma and she knew her products very well," says Wendy.

Both Wendy and Elfreide describe the nurses as very knowledgeable, patient and compassionate. "She was doing everything; she even came in on Sunday to change my dressings; she was really good," adds Elfreide.

The Central East CCAC is committed to providing cost-effective, quality care to the clients/patients we serve. By implementing a new standardized wound care management program, clients are receiving quality care based on best practice and methods that ensure safe, timely, and effective healing. ❖

"My husband had somehow contracted a severe infection in his left elbow, the wound had to be opened at hospital thereby necessitating the home care until the wound and infection were cleared. It was a very painful procedure because its location on the elbow and I'm sure it was tough for the nurses to dress, especially at the beginning. But they set about their job each morning with significant skill, care and ease. They gave us much valuable advice, answered every question patiently and gave us great recommendations to speed his recovery. They were always cheerful and happy, I never heard one of them complaining, they obviously love their job."

WIFE OF WOUND THERAPY CLIENT

"The Case Manager set up everything and we worked together to tailor the care plan to meet my mom's needs."

WENDY RETZ

OUR COMMUNITY

REACHING OUR DIVERSE COMMUNITIES

During 2009-2010, the CE LHIN Self-Management program provided workshops on chronic conditions to over 880 consumers and caregivers, in a variety of community and health care settings.

"People with chronic conditions spend only an estimated average of 12 hours with health service providers in the course of an entire year. How people manage their symptoms, their medication, their diet and their physical activity during the other 364½ days has a powerful impact on their well-being and health outcomes. That's where the "Living a Healthy Life" workshops can make a difference," says Margery Konan, Project Manager of the CE LHIN Self-Management Program.

When the Central East CCAC and the CE LHIN began to develop and deliver a consistent and coordinated Self-Management Program for the Central East region, Margery Konan recognized the importance of reaching Scarborough's multicultural populations.

"At the time we started in 2008, there were already well-developed self-management programs for Cantonese and Mandarin speakers provided through Chinese service agencies, but we recognized that there were no program manuals or self-management programs available in Tamil," says Margery. Given the large Tamil-speaking community in the Central East LHIN, particularly in the Scarborough area, the self-management team saw an opportunity to introduce a proven, effective chronic disease self-management program to the Tamil community by initiating the translation of program materials.

"This was identified as a priority activity and community leaders were identified to contribute to the translation and the program delivery so that workshops would be available to Tamil-speaking people with chronic conditions in our region," adds Margery.

The CE LHIN Self-Management Program partnered with Providence Healthcare to have the Peer Leader's Manual translated into Tamil. The translation process began in 2008 as part of the Tamil Caregiver Project of Providence Healthcare, under the leadership of Jeyasingh David, Project Manager. Jeyasingh spent five months translating the chronic conditions program into Tamil, during which time he was also leading sessions as a Peer Leader for the Self-Management Program. From April to September 2009, community leaders and translators did an extensive review in proofreading and providing feedback. The program was pilot-tested throughout the translation process to groups of Tamil-speaking participants and bilingual Peer Leaders.

"The Tamil community welcomed the delivery of the workshop in Tamil because it is easier to express themselves in their own language. It really helps them in the discussion and thinking process," says Jeyasingh.

Completed in September 2009, the Tamil-translated Peer Leader Manual is now available worldwide from Stanford University's Patient Education Research Centre. The manual is also available from Stanford University in: Arabic, Bengali, Chinese, Dutch, French, German, Hindi, Italian, Japanese, Korean, Norwegian, Punjabi, Somali, Turkish, Vietnamese and Welsh; with Russian and Tagalog coming soon.

Currently in the Central East region, "Living a Healthy Life" workshops are provided in Cantonese, Mandarin, English and Tamil.❖

COMMUNICATION AND STAKEHOLDER RELATIONS

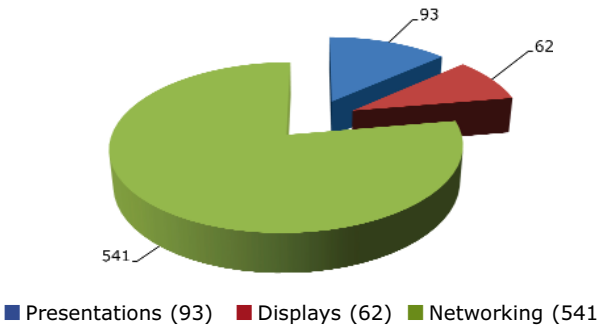
The 2009-2010 fiscal year presented many outreach and education opportunities for the Central East Community Care Access Centre (Central East CCAC). The Central East region is covered by two Community Education and Outreach Representatives (COERs), one is responsible for the Scarborough and Whitby Branches and the other is responsible for the Campbellford, Lindsay, Haliburton, Peterborough and Port Hope Branches.

The COERs have developed outreach strategies to ensure that the general public and community partners are aware of the services and programs provided by the Central East CCAC.

Information about the Central East CCAC's in-home services, long-term care placement, Health Care Connect Program, the Local Health Integration Network-funded programs such as Home at Last and Living a Healthy Life with Chronic Conditions are shared with the general public and community-based organizations. Through presentations, displays and booths at health fairs, and networking with targeted individuals and groups, approximately 12,000 contacts were made.

COMMUNITY EDUCATION AND OUTREACH ACTIVITIES

APRIL 01, 2009 - MARCH 31, 2010



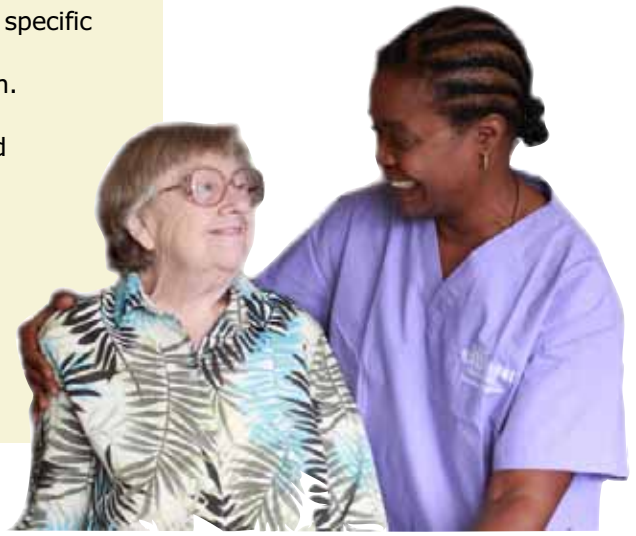
Effective networking is an important part of successful community outreach. The COERs have established relationships with various local community partner networks in the Haliburton, Campbellford, Peterborough, Durham Region and Scarborough areas of the Central East region and the networks continue to meet on a regular basis throughout the year. These contacts are essential in ensuring that an avenue for consistent exchange of information is available on a regular basis and provides the opportunity to address specific community concerns in the various geographical areas across our region.

The COERs also share programs and initiatives from our community partners with various Central East CCAC internal portfolios particularly Client Services, and Human Resources, Learning and Development.

Over the past year, the Communications staff have been meeting with the elected officials' constituency office staff to provide information updates on the Central East CCAC's initiatives and any changes that may impact the constituents in their area. Annual meetings with the MPPs continue with the Central East CCAC Board Chair and the CEO.

"From the moment these nurses walked through our door they made us feel confident that they would be able to help us. They were friendly, informative, helpful, and caring."

WIFE OF PALLIATIVE CARE CLIENT



FACTS & STATS

The Central East CCAC:

- Covers 16,673 square kilometres
- Serves a total population of 1,432,695
- Serves 31,500 clients per day
- Provides 3,363,943 units of in-home service
- Receives over 15,000 calls per year to our information and referral service
- Facilitates placement for 2,674 clients in long-term care facilities
- Employs 753 staff

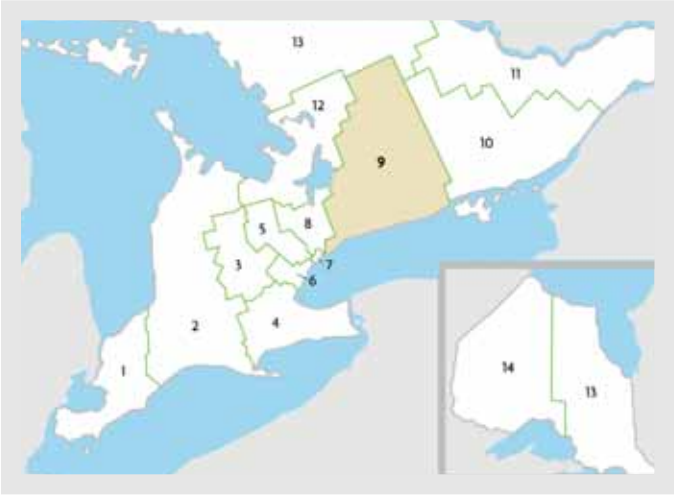
There are nine hospitals operating out of 15 sites within the Central East region:

- Campbellford Memorial Hospital
- Haliburton Highlands Health Services – Haliburton, Minden
- Lakeridge Health Corporation – Bowmanville, Oshawa, Port Perry, Whitby
- Northumberland Hills Hospital
- Peterborough Regional Health Centre
- Ross Memorial Hospital
- Rouge Valley Health System – Ajax Pickering, Centenary
- The Scarborough Hospital – General Campus and Birchmount Campus
- Ontario Shores Centre for Mental Health Sciences

NOTE: While the Uxbridge site of the Markham Stouffville Hospital is located within the Central East LHIN boundaries and serves patients from this region, the hospital is funded by the Central LHIN and therefore does not appear on the Central East CCAC hospital list.

There are 68 long-term care homes with approximately 10,000 long-term care beds.

There are 6 Family Health Teams ❖



STATEMENT OF OPERATIONS

	2010 $	2009 $
REVENUES		
Funding from Central East Local Health Integration Network (CELHIN)/Ministry of Health and Long-Term Care (MoHLTC)	**210,026,644**	196,005,993
Interest	**6,546**	185,141
Other income	**1,121,112**	611,025
Amortization of deferred capital contributions	**1,125,414**	1,375,864
Amortization of deferred lease inducements	**34,094**	250,316
	212,313,810	198,428,339
EXPENDITURES		
Salaries, wages and benefits	**54,304,437**	48,411,219
Contracted out Services		
Personal support/homemaking	**66,596,357**	65,004,138
Nursing	**51,304,440**	51,536,423
Nursing Clinic	**458,152**	373,909
Occupational Therapy	**7,592,048**	7,643,609
Physiotherapy	**4,900,077**	5,075,028
Therapy Clinic	**52,106**	52,324
Speech-language pathology	**2,288,503**	2,383,318
Social work	**1,438,871**	1,545,532
Psychology	**40,100**	60,893
Nutrition	**422,709**	435,503
Medical supplies	**10,973,382**	9,671,239
Medical equipment	**4,618,660**	3,993,709
Client transportation	**27,536**	30,906
Administrative costs	**7,404,386**	7,640,545
Occupancy costs	**2,857,540**	2,723,515
Amortization of capital assets	**1,182,332**	1,603,356
	216,461,636	208,185,166
Deficiency of revenue over expenses	**(4,147,826)**	(9,756,827)

The statement of operations presented above has been extracted from the complete audited financial statements of Central East Community Care Access Centre for the year ended March 31, 2010. ❖

WHERE WE ARE LOCATED:

CENTRAL EAST CCAC OFFICES

Campbellford Branch
119 Isabella Street, Unit 7, Campbellford ON K0L 1L0
705 653 1005 or 800 368 8053

Haliburton Branch
PO Box 793, 13321 Highway 118, Haliburton ON K0M 1S0
705 457 1600 or 800 368 8027

Lindsay Branch
370 Kent Street West, Lindsay ON K9V 6G8
705 324 9165 or 800 347 0285

Peterborough Branch
700 Clonsilla Avenue, Suite 202, Peterborough ON K9J 5Y3
705 743 2212 or 888 235 7222

Port Hope Branch
151A Rose Glen Road, Port Hope ON L1A 3V6
905 885 6600 or 800 347 0299

Scarborough Branch
100 Consilium Place, Suite 801, Scarborough ON M1H 3E3
416 750 2444 or 866 779 1931
416 701 4806 Chinese Line

Whitby Branch
920 Champlain Court, Whitby ON L1N 6K9
905 430 3308 or 800 263 3877

TTY Line: 877 743 7939
French Line: 416 701 4646 or 877 701 4646

Website: www.ce.ccac-ont.ca

310-CCAC
Wherever you live in Ontario, to find health care and community-based services, search www.310CCAC.ca or call 310-CCAC (310 2222).

Ontario