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

Our Report to the Community

2011-2012

Right care, right time, right place.

Ontario
Central East Local Health Integration Network
Réseau local d'intégration des services de santé du Centre-Est

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What the Central East CCAC Stands For:

"Good service such as yours is hard to find these days, and I just wanted to let you know that it didn't go unappreciated."

SON OF CENTRAL EAST CCAC CLIENT

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.

Central East CCAC Board Members

- Dr. Barry Neil - *Board Chair*
- Beverley Tezak - *Board Vice Chair*
- Bill Botshka - *Chair, Audit Committee*
- Peggy Vokins - *Chair, Finance Committee*
- Glenn Rogers - *Chair, Governance Committee*
- Elizabeth McCreight - *Chair, Performance Quality and Effectiveness Committee*
- Jamie Marcellus
- Graham Lowman
- Susan Donaldson
- Joseline Sikorski
- Martyn Wash

2011-2012 Facts & Stats

$226 million
budget, making it the third largest CCAC based on budget

$600 thousand
(approximately) was spent each day

- 91% contracted clinical service and case management
- 5% general administration
- 2% IT
- 2% plant operations

75,441
unique clients were served

93 per cent
increase in visits made to an Alternate Care Setting

5,126
clients were placed into Long-Term Care Homes

Message From the Board Chair and CEO

YEAR IN REVIEW

During the 2011 - 2012 fiscal year we set our goals to align with supporting the Ministry of Health and Long-Term Care's focus on a client-centred approach to care, seeking to continuously improve the quality of the patient experience, increase access and provide better value for health care dollars.

We also aligned with observations made in the long-anticipated *Drummond Report Commission on the Reform of Ontario's Public Services* that emphasized the need for a coordinated, integrated and a quality, client-centered health care system that is cost effective. The Report was further supported by the CCAC-sector strategy document, Accelerating Ontario's Action Plan for Health Care, that assures our sector's commitment to health care reform and more collaboration with families, Community Support Service (CSS) agencies and outcome-based funding models, among others.

Throughout this Annual Report, you will read about our clients who have benefitted from innovative approaches and client-centred quality care that have resulted in their improved health conditions or who have experienced a more comfortable and safe care experience.

This year, we began the introduction of a provincial Client Care Model (CCM), part of a provincial approach for all Community Care Access Centres (CCACs) to establish a common vision of a deeper, more focused understanding of care populations and their needs, while supporting a positive care experience. The goal of the CCM is to match the level of care need with the appropriate case management intensity to optimize client outcomes and to meet the needs of clients as they change and move through the health care system.

Another innovative approach to improving the client care experience at the Central East CCAC was the addition at our point of intake of Supported Referral Coordinators (SRC). They are employed by CSS agencies but work in the four larger Central East CCAC branch offices to help facilitate referrals to the CSS agencies and provide a smooth transition to a wider basket of services for CCAC clients.

- During 2011 - 2012 fiscal year, SRCs supported a total of 1,456 referrals not including Home First or GAIN clinic referrals.

Continuing to support the Ministry of Health and Long-Term Care's vision of providing the Right Care, at the Right Time, in the Right Place, the Central East Assisted Living Services for High Risk Seniors (ALS-HRS) program, was implemented in the last fiscal year. In collaboration with the Central East CCAC, Community Care Durham and Victorian Order of Nurses (VON), the program provides personal support, homemaking, security check and reassurance services to high risk seniors in their home on a scheduled and unscheduled basis, 24 hours a day, 7 days a week. It allows clients to remain in their home for as long as possible, without being institutionalized (e.g., hospital or Long-Term Care Home (LTCH)) and provides flexibility in care provision to adapt to a client's changing care requirements.

Another of our most successful collaborations and system partnerships has been the full implementation of the Home First philosophy which began during the 2010 – 2011 fiscal year. Throughout this past fiscal year, the work continued with our hospital partners and our CSS sector.

The successful implementation of Home First resulted in a steady growth in hospital referrals resulting in a 34 per cent increase over the year before. We also saw a 53 per cent increase monthly in the number of clients going home from hospital with enhanced Personal Support Worker hours. There also continues to be great improvement of earlier engagement with hospital staff and the Central East CCAC hospital staff resulting in smoother transitions and an improved client experience.

The continued success of Home First has meant a significant impact on our budget and as we enter the 2012 – 2013 fiscal year, measures will be required to continue to balance our budget.

The upcoming year will see the Central East CCAC celebrate and highlight our accomplishments as our organization begins to work toward our first accreditation. The accreditation process will be conducted through the Commission on Accreditation of Rehabilitation Facilities (CARF) as an ongoing demonstration of our organization's commitment to the enhancement of the quality of our services and programs.

DR. BARRY NEIL
Board Chair

DONALD M. FORD
Chief Executive Officer

"I cannot thank you enough for your kindness, help and compassion."

CENTRAL EAST CCAC CLIENT

"I wanted to let you know that what you did for my mom has now become a principle story for me down here in New Hampshire. It is incredible that people down here in the U.S. don't understand how important your level of care, over and above what the medical personnel provide, is necessary for the best quality of life for those undergoing illnesses. The fact that there is an organization that is looking out for the over-all health of the community is the best example I can provide when I hear my neighbours tell stories of how bad they hear the healthcare system is in Canada."

DAUGHTER OF CENTRAL EAST CCAC CLIENT

Caring for our Clients

Client Services Initiatives:

- Presenting Alternatives to the Emergency Department
- Dying with dignity
- Reducing avoidable Emergency Department visits for Long-Term Care Home residents
- Integrating the Self-Management Program
- Hospital Case Managers – helping make a difference in Emergency Departments
- Speech Therapy Assessment Clinic

"It was fantastic to work with a team that moved quickly, stayed in touch and were truly concerned for my mother's situation."

SON OF CENTRAL EAST CCAC CLIENT

Presenting Alternatives to the Emergency Department

Alternate Care Settings (ACS) are ideal solutions for those eligible Central East CCAC clients who are receiving nursing care and who prefer the convenience of booking their appointments to fit in with their schedule rather than wait at home for a nurse to arrive.

To provide more convenient and accessible alternatives to ambulatory clients, during the 2011–2012 fiscal year, the Central East CCAC added three new ACS sites in the Central East region.

Nurses who work in the ACS provide treatment and work with clients and their families to achieve their health care goals. They also help to promote and support a client's independence by teaching clients and their families to manage their own care on an ongoing basis.

"I have benefitted tremendously from CCAC services. I don't have to go back to the hospital... it gives me the reassurance that I am being taken care of by professionals," said Kit Yan Lam, a Central East CCAC client who attends the Scarborough North ACS.

The convenience of the ACS also contributes to relieving pressures in the Emergency Department (ED) by reducing unnecessary visits to the hospital. Previously, clients requiring specific nursing treatments, such as IV therapy, medical injections or wound dressing changes may have gone to an ED for treatment which was a costly way to meet this need. Nursing services offered at the ACS sites can significantly reduce hours spent by clients waiting in the ED as well as free emergency doctors and nurses to focus on more critical patients. Cost efficiencies to the health care system also come from the treatment of health care needs in a clustered setting like an ACS. One thousand, six hundred and ten clients received treatment at ACS sites during the last fiscal year.

19,816 visits
were made to
the ACS clinics
during the 2011-2012
fiscal year

"Alternate Care Settings are a great example of how our health care partners are putting patients first, and getting best value for our health care dollars," says Deb Matthews, Minister of Health and Long-Term Care, at the official opening of the two Scarborough sites earlier this year. "They are already helping thousands of clients in the Central East Local Health Integration Network (LHIN)... more Ontarians are getting convenient, accessible, high quality care close to home, in their community."

The ACS sites provide free parking, are wheelchair accessible and offer nursing services to ambulatory clients in one convenient location and are open seven days a week from 8:30 a.m. to 8:30 p.m.

"The timing is very convenient for me. If I am free in the morning, I can go in the morning, if I am free in the afternoon, I can go in the afternoon. All I have to do is make an appointment," said Thiru Sukumar, a Central East CCAC client who receives wound care treatment at the ACS.

The Central East CCAC has ACS sites in Peterborough, Lindsay and Oshawa, and two in Scarborough.

Dying with dignity

John Edward Parr was a healthy and active senior and was able to manage his diabetes very well. John's daughter, Debbie, recalls that her father was a responsible man who was full of integrity; a man who was well known for having a positive impact on people.

In the fall of 2010, John was diagnosed with cancer which originated in his liver and spread to his lungs. After undergoing chemotherapy treatments, he contracted c. difficile and was admitted to the Scarborough General Hospital in January 2012. During his hospital stay, John was assessed by a Central East Community Care Access Centre (CCAC) Case Manager (CM) and was discharged home with the appropriate supports, including daily nursing visits, personal support hours and an Occupational Therapist (OT) assessment.

The OT assessed John's home for safety and accessibility and recommended blocks for under the couch to raise it to a height that was comfortable for John to sit down and get up again, a rail and chair for the bathtub and a bed rail. "These adjustments made life easier," says Debbie.

When John's condition deteriorated, he was transferred to a Central East CCAC Palliative Care Case Manager who also connected John and his family to a Central East CCAC Palliative Care Nurse Practitioner (NP).

"The Case Manager gave us the booklet with palliative care information and was very helpful covering all the issues we needed to prepare for, including the legalities. When do I call 911? What is normal? It was very frightening as a caregiver for my dad," says Debbie.

A Nurse Practitioner is a Registered Nurse with advanced university education who provides personalized, quality health care to patients. They have the legal authority to make patient assessments, order diagnostic testing, formulate a diagnosis, and put together a treatment plan including prescription drugs.

Palliative Care NPs support individuals living with a terminal condition and their families, as well as provide home visits when physician home visits are not available. When families are faced with the imminent death of a loved one, in their grief, they are often confused and filled with sorrow. Palliative NPs help to relieve the uncertainty and bring comfort and clarity to the client and family members.

The Central East Community Care Palliative Care Nurse Practitioner (CPNP) Program is funded by the Ministry of Health and Long-Term Care through the Central East LHIN. The program aims to fill a gap in community-based palliative care particularly in those areas with a shortage of palliative care doctors. The goal of the program is to enhance the care the dying person receives in home and reduce the need for Emergency Department (ED) visits for pain and symptom management care. In the past fiscal year, NPs prevented 949 unnecessary visits to hospital EDs through optimizing the quality of life for these clients in their homes.

"NPs work within a professional circle of care and in conjunction with other health care providers – clients and their families, occupational therapists, physiotherapists, visiting nurses, Central East CCAC Case Managers, and other community support agencies - we all work together which is very reassuring to everyone involved," says Sally Simpson, a Central East CCAC Palliative Care Nurse Practitioner.

The Parr family and the Central East CCAC NP had a lengthy visit where the NP provided an assessment of John's current condition to determine his physical, psychological and emotional needs and helped him come to a final decision about where he wanted to die. The NP worked with John to provide him with the best pain and symptom management for his end of life treatment.

"John found his deterioration to be undignified. He did not want his family to witness these indignities nor did he want his family to have to provide intimate personal care. He wanted to die in a place where he could pass away with dignity. I helped him put the pieces together and helped the family understand his perspective," says Sally.

Within one day, his end-of-life decision being made, the Palliative Care Team assisted John with admittance into the palliative care unit at the Scarborough General Hospital where he desired to pass away.

"The goal of Palliative Care is to give the client the

best home care possible and help them make the decision of where they want to pass away; somewhere they feel peaceful and cared for," says Charmaine Hermoso, Palliative Care Case Manager at the Central East CCAC.

"The Palliative Care decisions happened and they were seamless. I really appreciated the smooth transition that the Central East CCAC was able to make for my dad," says Debbie. "To go through something so difficult and have someone there to facilitate it in such a positive way – it was truly special."

Within one week of being admitted to the hospital's palliative care unit, John passed away, comforted that his decision to die with dignity was fulfilled and that he was supported and cared for by his family and the palliative care team at the Central East CCAC.

Reducing avoidable Emergency Department visits for Long-Term Care Home residents

Thousands of our most frail and elderly residents in the Central East region live in long-term care homes (LTCHs). Many of these residents experience episodic and at times lengthy visits to emergency departments (EDs); some of these visits are avoidable.

The Central East CCAC is one of three Health Care Service Providers who were appointed by the Central East Local Health Integration Network (LHIN) to implement the Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) program.

Nurse Practitioners in the NPSTAT program have had 5,551 encounters with residents in LTCHs over the past fiscal year. During these encounters Nurse Practitioners have provided direct clinical care or consulted LTCH staff about a resident. Of these encounters, 97.2 per cent avoided the need for residents to be transferred to an emergency room for further assessment and treatment.

Nurse Practitioners in LTCHs play an integral role in supporting the quality of resident care and work closely and collaboratively with LTCH health care professionals to help divert a number of avoidable ED transfers of those LTCH residents. They also help to facilitate the discharge of residents from hospitals back to their LTCHs.

Through the intervention of the NPSTAT program, the total number of ED hours saved to the health system was 11,679 with over $4 million ED saved to the health system in the 2011-2012 fiscal year.

Dick is an 85-year-old active resident who had grown increasingly weak over the past several weeks. He has felt less confident in his abilities and has withdrawn from the programs he enjoys. The NPSTAT team became involved after Dick complained of recurrent shortness of breath and chest pain while being transferred from his wheelchair to bed. Dick preferred not to return to hospital for assessment, complaining that the symptoms seemed to disappear during the ride over. NPSTAT was able to assess Dick during one of his "attacks" and realized that he was likely suffering from a paroxysmal arrhythmia. Initiating medications on-site and arranging for monitoring of his arrhythmia within the home, Dick was found to have an undiagnosed paroxysmal atrial fibrillation. He is responding to therapy, his symptoms have not recurred and he has resumed his normal activities in the home, and has not required either a hospital or emergency department visit.

Integrating the Self-Management Program

BRIDGING THE BEHAVIOUR CHANGE GAP THROUGH CLINICIAN TRAINING

Health care providers frequently express frustration about their capacity to influence patient behaviour, especially when they see the negative impact of that behaviour on their patients' health outcomes. A patient's difficulty giving up smoking, following a diet, or sticking to a treatment plan often creates frustrations for both the health care provider and the patient. Yet most health care providers realize that patient behaviour change and adherence to treatment is essential to producing positive health outcomes, especially in the setting of chronic illness.

In response to this growing need for clinicians to be more influential in patient behaviour changes, the Central East Local Health Integration Network (LHIN) Self-Management Program adopted a clinician training program that focuses on specific, brief and efficient communication strategies that can be utilized within the constraints of a typical health visit. This strategy is now supported and funded in all LHINs through the Ontario Diabetes Strategy of the Ministry of Health.

The clinician training program, entitled Choices and Changes, was developed by the Institute for Healthcare Communication, and accredited by the College of Family Physicians of Canada (CFPC).

Choices and Changes is a half-day or full day workshop designed to acquaint participants with the literature, theory and techniques for promoting change in health behaviours. The program is designed for small groups from six to 21 participants. Workshops are offered at no cost to clinicians and are sponsored by the Central East LHIN Self-Management Program. Clinicians who successfully complete the training will be eligible for a certificate from the Institute for Healthcare Communication and Mainpro-1 educational credits from the College of Family Physicians of Canada.

During the 2011-2012 fiscal year, our CE LHIN Self-Management Program offered 29 Choices and Changes workshops across the Central East region.

Physicians, nurses, physician assistants, diabetes educators, social workers, psychologists, pharmacists, addiction counselors, health educators, dietitians, and personal/community support workers have attended the program. In the last fiscal year, 366 health care providers attended the Choices and Changes workshop and 132 of these health care providers also participated in a Choices and Changes follow up session.

The Central East LHIN Self-Management Program provides additional support to clinicians who have taken the Choices and Changes workshop as part of a comprehensive strategy to promote self-management in the Central East region.

"This session was very motivating and I believe I will hear what the clients are saying and be able to use the information to move the assessment forward."

REGISTERED NURSE,
PETERBOROUGH, ONTARIO

Hospital Case Managers – helping make a difference in Emergency Departments

Gertrude is an 83-year-old woman with Parkinson's disease, who was receiving two hours per week of personal support service in her home through the Central East CCAC. Her husband is her primary caregiver and has admitted that there are periods where he feels overwhelmed, but he would like to keep his wife home as long as possible.

Last fall, Gertrude presented in the Emergency Department (ED) at the Peterborough Regional Health Centre with weakness and fluid retention.

An electronic notification alerted the Central East CCAC Hospital Case Manager that Gertrude was an existing CCAC client. The Case Manager made contact with Gertrude in the ED before she was seen by the doctor and initiated the conversation with Gertrude and her family on how the Central East CCAC may be able to help her return home with the right supports.

Following the Home First philosophy, the Case Manager worked with Gertrude's family to develop a care plan to support her return home.

Gertrude avoided admission to hospital and was discharged home with personal support hours and with a referral to Community Care Peterborough, who would assist the family with transportation and Meals on Wheels. A Central East CCAC Community Case Manager was scheduled to visit Gertrude at home to reassess and adjust Gertrude's service plan as her health condition improved.

In the 10 hospital corporations across the Central East region, there are more than 100 Case Managers working out of the various hospital departments.

Under the Home First philosophy, the role of the Central East CCAC ED Case Manager is to engage the patient upon arrival in the ED and assess whether that patient can be diverted back to the community, therefore avoiding admission to hospital.

The work of a Hospital Case Manager contributes to over 20,000 hours avoided in the ED. In the ED alone, 21 ED CCAC Case Managers work directly with ED doctors and nurses to prevent admissions through early intervention and establishing service plans for clients to be supported in the community. In the past fiscal year, over 9,000 clients have been diverted from the ED back into the community with assistance from the Central East CCAC and other community support service agencies.

"Without the help of the CCAC, I am sure my mother would not have made it through for so long. Her service provider is such a patient, caring and considerate person. She is professional and enthusiastic in her work and she makes life easier for me in those difficult times."

DAUGHTER OF CENTRAL EAST CCAC CLIENT

Speech Therapy Assessment Clinic

Following a pilot project conducted in November 2010, a Speech Therapy Assessment Clinic began operation as an ongoing initiative at the Central East CCAC to help address the growing number of children on the waitlist in the School Health Support Services (SHSS) program for Speech Language Pathologist (SLP) services. Children in the Durham Region waiting for speech therapy services at school are offered an opportunity to have a scheduled assessment with a SLP therapist at the Whitby Branch.

During 2011 - 2012, nine clinics were held on a Saturday from 9 a.m. to 4 p.m. and were facilitated by two SHSS Case Managers. The assessments are done by SLP therapists who assessed 121 clients on the SHSS waitlist for speech therapy in the past fiscal year. The therapists conduct 30-minute assessments and spend 15 minutes establishing programs with the client and their parents.

For eight-year-old Abigail (Abby) Robbins, the Speech Therapy Assessment Clinic was a gateway to her receiving the speech language services she needed to assist her with fluency issues in her speech.

Abby was first assessed three years ago by a speech therapist with the school board, who made the referral to the Central East CCAC. A Central East CCAC Case Manager placed Abby on the SHSS waitlist and sent the Robbins family an information package. At this time, Abby was struggling with weak "r"s and it was determined that with time her speech would improve.

In February 2012, Abby's speech was deteriorating and her mother, Christina Robbins, called the Central East CCAC to ask for help. "We noticed a decline in Abby's speech and she was getting embarrassed by it; she didn't want to go to birthday parties and she was getting teased at school. We noticed that she was starting to stutter. I called the CCAC in tears asking what I could do and the Case Manager was very helpful," says Christina.

The Central East CCAC Case Manager called Christina back the same day and scheduled an appointment for Abby with the Speech Language Therapy Assessment Clinic for the end of February.

"The goal of the clinic is to take children who are on the waitlist and bring them into the clinic to get assessed. The therapist meets with the child and parents and does an assessment, writes up an evaluation, and gives them a package to take home. Prior to sending them home, the therapist reviews the package with them which includes tools for speech language therapy that they can practice at home until they get therapy at school. With these clinics we are hoping to provide service to the children in more efficient ways," says Jane Pizzolato, SHSS Case Manager.

Within a couple of weeks of the clinic assessment, Abby was taken off the waitlist and she began her speech language treatment in school during March, April and May 2012.

"Our Case Manager called us to check in and see how we were doing and invited us to a fluency camp taking place in the summer – the timing was perfect," says Christina. "I really noticed that Abby's confidence improved by being at the camp and being around other kids with speech issues like her."

The Speech Language Therapy Assessment Clinic provided the Robbins family with an opening for care in therapy sessions, practical tools that can be

practiced at home and the opportunity for Abby to work on her fluency issues at camp.

"When I see Abby struggling I remind her to use her tools, focus on her breathing, to take a step back and process her thoughts. Her speech still has some way to come but her confidence has improved so much that I am thankful," says Christina. "CCAC services have been wonderful – we are very pleased with the services we have received."

This fall, Abby will be receiving another eight sessions for speech language therapy in her school.

"I wanted to take a moment to express how pleased I am with the service your Case Manager offered me for my nine-year old daughter. She was pleasant and incredibly thorough. I have no doubt that my daughter's needs will be met through the CCAC and I would recommend your services to anyone looking for assistance."

MOTHER OF CENTRAL EAST CCAC CLIENT

"This is a brief note to let you know how pleased we have been with the quality of the services provided to my parents. Our Case Manager has on more than one occasion, taken the time to treat my parents not as patients or cases, but as senior citizens trying to understand and deal with their options as they age. She has also been very helpful in assisting me in acting on my parents' behalf, with their best interest in mind, while understanding the limits of the current long-term care system in Ontario."

SON OF CENTRAL EAST CCAC CLIENT

Our Story in Numbers

- Statistical charts
- Monitoring our effectiveness

Our Story in Numbers

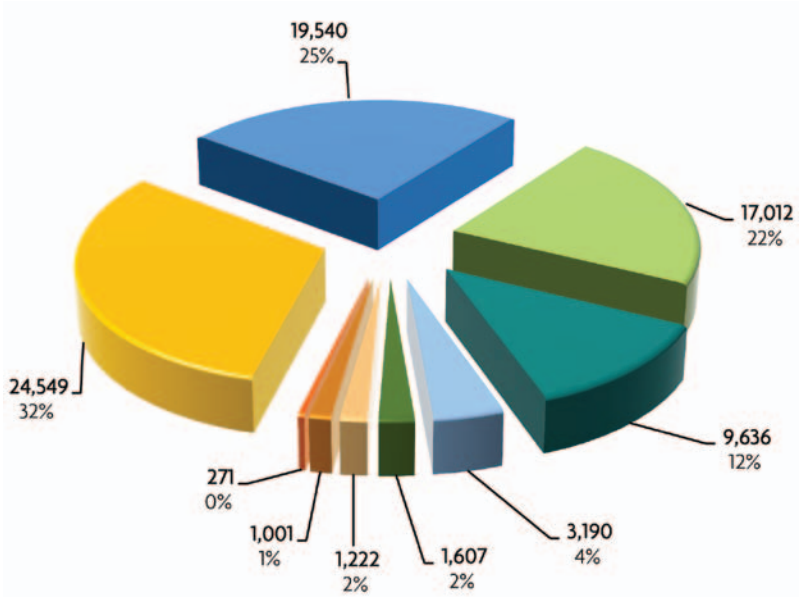
"My mother's service provider was so kind, treating her with such dignity, respect and most importantly, compassion. My mother looked forward to her coming each day and she demonstrated true enjoyment for the profession."

DAUGHTER OF CENTRAL EAST
CCAC CLIENT

Client Services Individuals Served and Percentage Distribution

APRIL 01, 2011 - MARCH 31, 2012

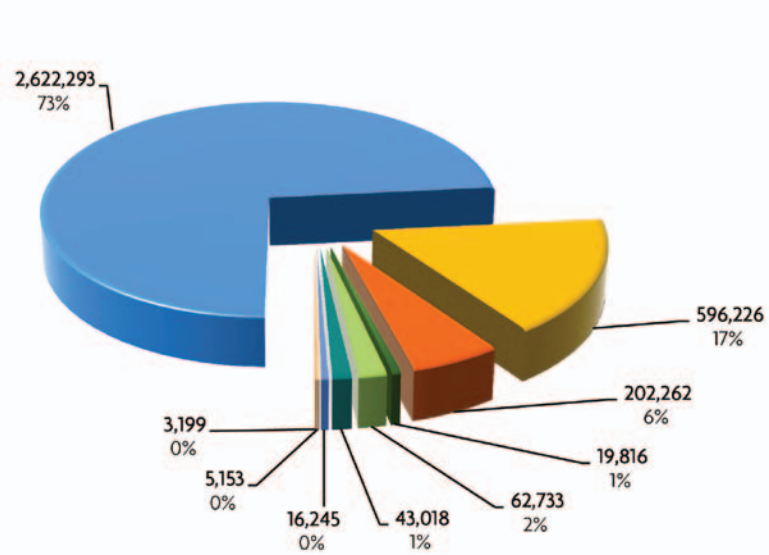
SERVICE	2011-2012	2010-2011
Visiting Nursing	24,549	24,328
Personal Support	19,540	17,067
Occupational Therapy	17,012	13,888
Physiotherapy	9,636	8,318
Speech	3,190	3,014
Nursing Clinic	1,607	953
Social Work	1,222	1,023
Nutrition	1,001	829
Shift Nursing	271	274



Client Services Units Provided and Percentage Distribution

APRIL 01, 2011 - MARCH 31, 2012

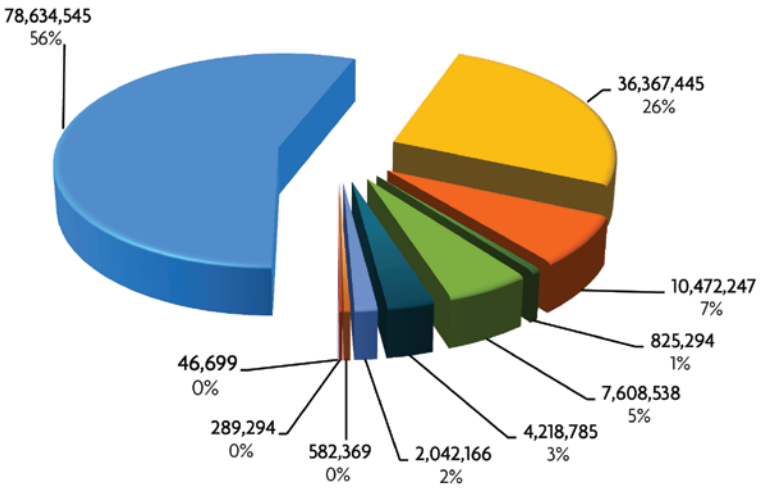
SERVICE	2011-2012	2010-2011
Personal Support	2,622,293	2,105,168
Visiting Nursing	596,226	552,836
Shift Nursing	202,262	189,652
Nursing Clinic	19,816	10,237
Occupational Therapy	62,733	53,666
Physiotherapy	43,018	37,976
Speech	16,245	16,508
Social Work	5,153	4,800
Nutrition	3,199	2,583



Client Services Total Expenditures ($) and Percentage Breakdown

APRIL 01, 2011 - MARCH 31, 2012

SERVICE	2011-2012	2010-2011
Personal Support	78,634,545	62,856,266
Visiting Nursing	36,367,445	33,594,679
Shift Nursing	10,472,247	9,810,660
Nursing Clinic	825,294	507,254
Occupational Therapy	7,608,538	6,412,199
Physiotherapy	4,218,785	3,706,407
Speech	2,042,166	2,059,472
Social Work	582,369	495,094
Nutrition	289,294	230,247
Psychology	46,699	60,788



Monitoring our effectiveness

The Central East Community Care Access Centre (Central East CCAC) evaluates our effectiveness to ensure we are continuously improving and providing outstanding care to our clients. Our Quality, Compliance and Risk Management portfolio records and tracks our risk events, complaints and compliments in a robust monitoring system.

For the 2011 - 2012 fiscal year, service quality as it relates to communication, attitude, courtesy and coordination of care from service providers and/or Central East CCAC employees continues to be the primary area of complaints with a 1.3 per cent increase from the previous fiscal year.

Complaints from Elected Officials' offices have decreased 9.5 per cent from the 2010 – 2011 fiscal year. The majority of the feedback from Elected Officials' offices has been related to the quantity of service, eligibility for service, or wait times for service, particularly in reference to personal support services.

Elected Officials' offices are the main source of inquiries received by the Central East CCAC and these inquiries primarily concern placement and wait times.

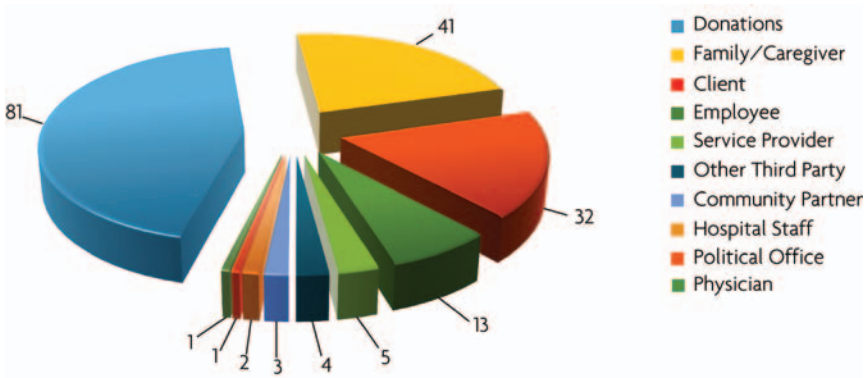
The number of compliments increased 8.3 per cent this fiscal year in comparison to the 2010-2011 fiscal year.

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.

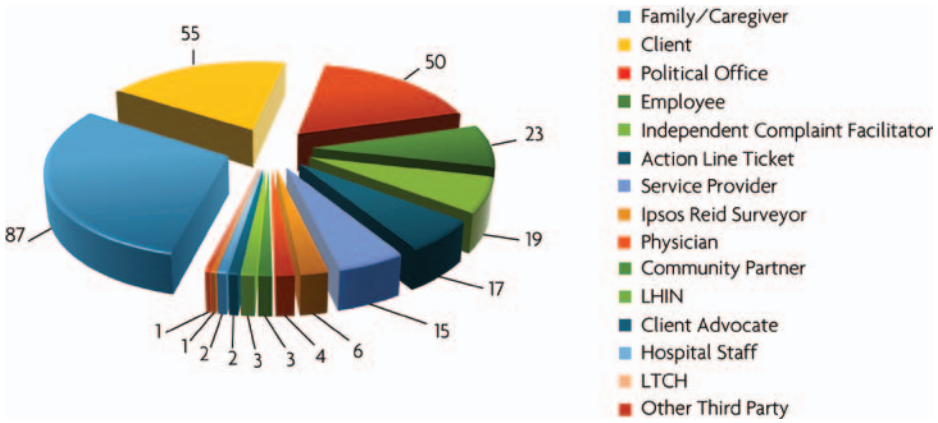
During the 2011-2012 fiscal year, quality improvement initiatives included the creation of risk event taxonomy to classify risk events based on the World Health Organization's model of taxonomy; transformational teams were established to review risk events, increase partnerships with Service Providers and recommend quality improvement opportunities; and, the creation of education modules that will provide Central East CCAC staff and Service Providers guidance on the task of disclosing adverse/harmful events.

As part of the continuous improvement process, our Quality and Risk Management portfolio plans to implement several improvements to our monitoring system over the next fiscal year.

SOURCE OF COMPLIMENTS
APRIL 01, 2011 - MARCH 31, 2012



SOURCE OF COMPLAINTS
APRIL 01, 2011 - MARCH 31, 2012



Our Community

- Community Outreach

"Please accept my deepest gratitude for your gentleness and encouragement. Thank you for seeing me as a living person and not a dying patient. I wish I had space to name everyone at CCAC who made an incredible difference in saving my life."

CENTRAL EAST CCAC CLIENT

"Thank you for understanding that it takes more than medical expertise to win this battle. You know that our minds, hearts and souls must be supported, nurtured and healed and you put an army of wonderfully gifted people in place to help us."

CENTRAL EAST CCAC CLIENT

Community Outreach – an effective program for developing networks

The Central East CCAC Community Education and Outreach program continued to develop opportunities to participate in networking groups and with other community organizations at various community partnership meetings. Establishing relationships with our community support service agencies provides a better flow of information and a greater understanding of the challenges facing each organization across the Central East region. There was an increase in the number of agencies requesting Chinese and Tamil print material.

During the past fiscal year, the Central East outreach representatives participated in a total of 353 events while the Community Information Fairs they organized and hosted in each of our branch offices saw 223 agencies participate across the Central East region. The Information Fairs provide opportunities for Central East CCAC Case Managers to learn about new community support services organizations and obtain more information about existing programs and new initiatives to help make appropriate referrals to community support agencies and other services that may meet their clients' needs in the community.

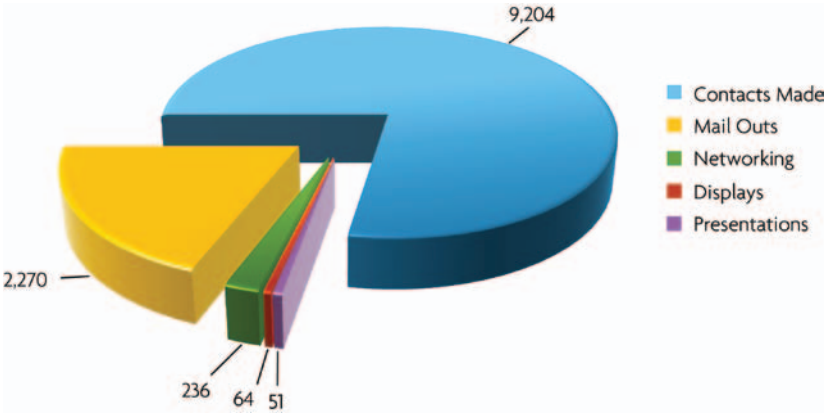
New networking groups that the Central East outreach representatives joined during the year included:

- Scarborough Association Volunteer Administrators
- Durham Hoarding Task Force
- Durham Elder Abuse Network
- Durham Women's Health Coalition
- Campbellford Senior Wellness Task Force

Top 5 languages of clients served:

- English
- Cantonese
- Tamil
- Mandarin
- Greek

COMMUNITY EDUCATION AND OUTREACH ACTIVITIES
APRIL 01, 2011 - MARCH 31, 2012

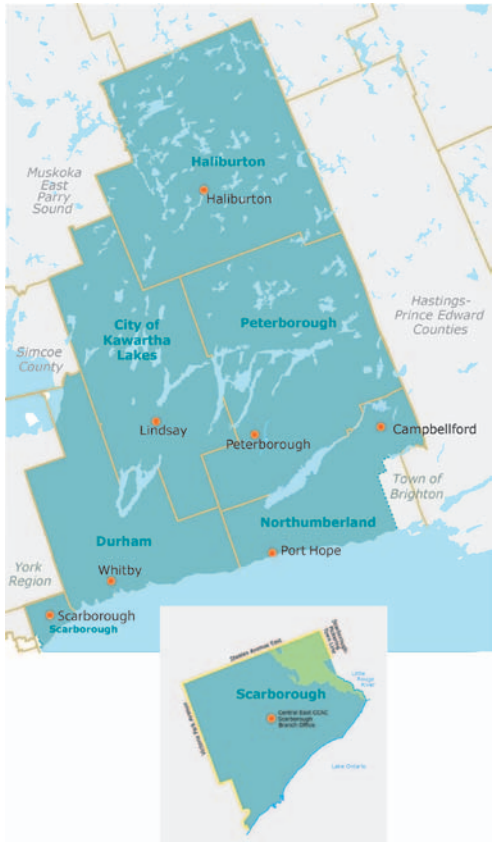


Statement of Operations

		2011-2012	2010-2011
		$	$
REVENUES	Funding from Central East Local Health Integration Network (CE LHIN)/Ministry of Health and Long-Term Care (MOHLTC)	226,007,365	217,769,211
	Interest	144,555	107,879
	Other income	1,572,057	658,181
	Amortization of deferred capital contributions	477,826	573,517
	Amortization of deferred lease inducements	228,740	228,740
	Amortization of deferred donations	11,112	11,112
	Total Revenue	**228,441,655**	219,348,640
EXPENDITURES	Salaries, wages and benefits	61,250,193	58,290,586
	Contracted out services: Personal Support/Homemaking	78,634,545	62,856,266
	Nursing	46,839,692	43,405,339
	Nursing Clinic	825,294	507,254
	Occupational Therapy	7,608,538	6,412,199
	Physiotherapy	4,218,785	3,706,407
	Therapy Clinic	-	49,419
	Speech-language Pathology	2,042,166	2,059,472
	Social Work	582,369	495,094
	Nutrition	289,294	230,247
	Psychology	46,699	60,788
	Medical Supplies	11,340,707	11,295,530
	Medical Equipment	3,302,343	3,618,152
	Administrative costs	7,088,861	7,418,214
	Occupancy costs	3,654,491	3,322,861
	Amortization of capital assets	717,678	813,369
	Total Expenditures	**228,441,655**	204,541,197
	Excess / (deficiency) of revenue over expenditures	-	14,807,443

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, 2012.

Contact Us:



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

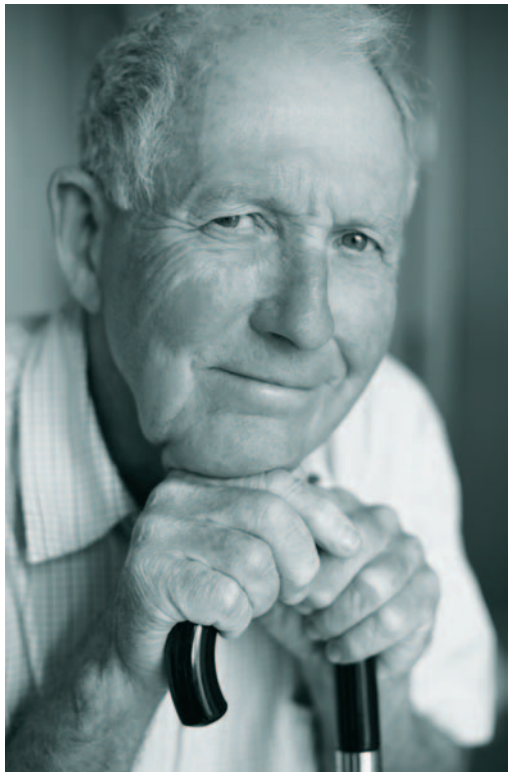
- TTY Line:
  877 743 7939
- French Line:
  310-CASC / 310 2272

- 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
Central East Local Health Integration Network
Réseau local d'intégration des services de santé du Centre-Est



Right care,
right time,
right place.

Ontario
Central East Local Health Integration Network
Réseau local d'intégration des services de santé du Centre-Est

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