Champlain CCAC CASC
Community Care Access Centre
Centre d'accès aux soins communautaires de Champlain

Outstanding Care

every person, every day, every Champlain community

ANNUAL REPORT 2010–2011

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Dear Stephanie,

Just wanted to express sincere thanks for all you are doing for us – lining up the staff to provide the different services and making calls to different service providers. It sure makes a sunny day when things seem so cloudy.

Please relay thanks to your team for us. They are all so understanding and caring.

Sincerely,

Linda Catherwood

OUR VISION

Outstanding care - every person, every day, every Champlain community.

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

Integrity/Trust
Respect
Accountability
Competency/Excellence
Collaboration

WHO WE ARE

The Champlain Community Care Access Centre (CCAC) connects people with the care they need - at home and in the community. We provide a single point of access to the most appropriate and highest quality health care services to meet each client's individual needs.

We offer bilingual care and services to a vast geographical area across the Champlain region; serving a diverse population of both rural and urban clients.

We are staffed by caring and knowledgeable professionals who assess each client's needs, determine the requirements for care, respond to questions and develop a customized care plan.

As one of the 14 CCACs across Ontario, the Champlain CCAC is funded by the Local Health Integration Network (LHIN) through the Ministry of Health and Long-Term Care.

WHAT WE DO

The Champlain CCAC:

- helps thousands of people each year to navigate a complex health care system, providing a vital link to health supports, services and resources;
- connects thousands of people with the care and support they need at home, at school, or in the community following injury, illness or the complications of age or disability;
- supports clients through the application and admission process to a long-term care home;
- arranges in-home care services, such as nursing, rehabilitation, and supportive care for people of all ages; and
- helps clients maintain independence and dignity in their own homes.

Message from the Board Chair and CEO: A Year of Firsts

This past year, more than 52,000 people across the region received care and support through the Champlain Community Care Access Centre. Our goal is always to ensure that each client has the best experience possible.

In fact, our focus on quality care has been augmented by a series of 'firsts' in 2010-2011. New initiatives and programs have strengthened our ability to help our clients navigate a complex system, connecting them with quality in-home and community-based health services.

Many care advancements have taken place over the past twelve months:

- There's no place like home and research shows that, after a hospital stay, many seniors can continue their recovery safely in the comfort of their homes – if they receive additional home care services for a period of time. That's the fundamental premise behind the new Home First philosophy. This past year, 405 frail, elderly patients were able to come home with enhanced care.
- The results of our client and caregiver experience survey are very positive. Ipsos Reid conducted more than 1000 interviews. Overall 82 % of clients gave a score of 8 out of 10 or higher when rating their overall satisfaction with the Champlain CCAC experience. We are committed to doing even more to ensure the very best care.
- Champlain is one of four Community Care Access Centres participating in the Integrated Client Care Project (ICCP), which coordinates care, focusing on the clients with the greatest need. This year, we partnered with Carefor Health and Community Services to improve services for our clients with diabetic ulcers and venous leg ulcers requiring wound care treatment. Initial results have shown faster healing times and a decrease in the average length of time on Champlain CCAC service for ICCP clients.
- The Champlain CCAC also led the way as one of the first CCACs piloting the new Client Care Model, which focuses our skills, abilities and resources to meet the needs of defined client populations. Focusing on palliative care,

our team developed new approaches using the population-based model, resulting in better outcomes for our clients and stronger collaboration with our partners. As a result, 76 % of Champlain CCAC clients who wanted to die at home passed away in their place of choice in December 2010. The new triage process helps us to better meet the client's needs and ensure the right care, at the right time, in the right place.

- Our community-based Board of Directors is now firmly established, providing strong leadership and governance expertise to the organization. The new organizational structure is also on track, with a dynamic human resources framework that ensures we attract and retain the very best staff. Significant advanced administrative and financial systems are now solidly in place.
- Most importantly, our goal remains to always put our clients and their families first. Throughout the past year, the Champlain CCAC has had no wait list for nursing services and a minimal wait list for personal support.

And the future is even more exciting. The coming year will see an expanded role for the Champlain CCAC as we become true connectors; helping clients navigate the health-care system. Full implementation of the Client Care Model will also enhance our client experience. Our commitment to quality will be highlighted as we proceed to full accreditation under Accreditation Canada and we will be rolling out the new two-year strategic plan.

Our successes are possible due to the staff, service providers, community agencies, other health care providers, management team, Board of Directors and the Champlain Local Health Integration Network – a dedicated group committed to the very best care despite the health care challenges that exist today. We wish to extend a special thanks to Cameron Love who served as Interim CEO until September 2010.

In this year's report, we are pleased to present several stories and testimonials that truly illustrate our vision of "outstanding care - every person, every day, every Champlain community". We hope you enjoy reading how new initiatives at the Champlain CCAC are making a difference. Now that's first-rate care!

Lynn Graham
Board Chair

Gilles Lanteigne
Chief Executive Officer

Helping A Family Go Home: Our Home First Approach

Every day, for more than two months, June Raymond travelled to Cornwall Community Hospital to visit her husband, Bernard. He suffered from several complex medical issues, including dementia. At 86, he was agitated and often wandered aimlessly through the hospital unit.

"Bernard was most unhappy in the hospital and it was difficult for me to travel back and forth every day during the winter months," notes Mrs. Raymond. So when a CCAC Case Manager spoke to her about Home First, she knew it would be the best option for her husband, and better than admission to a long-term care home.

This new philosophy of care helps transition clients 'from hospital to home' as early as possible after their recovery from an acute episode. The goal is to continue to recover in the most appropriate setting.

With her support as his primary caregiver, and the collaboration of the hospital, the Champlain CCAC and his family doctor, Mr. Raymond's medical condition stabilized and he was able to go home with

Our Home First Philosophy

After a hospital stay, many seniors can continue their recovery safely in the comfort of their home – if they receive enhanced home care services for a period of time. Home is the best place to make major decisions about future care.

enhanced CCAC home care services. Through Home First, Mr. Raymond's wishes came true and his quality of life improved. Once at home he stopped wandering and found what he had been looking for all along – his beloved wife.

"He's happy now and I don't have to leave the house to look after him," explains Mrs. Raymond. "He doesn't want to be away from home. He knows that he's at home and that I'm here. That makes all the difference to him."

QUICK FACTS

(July 2010 to March 2011)

- Home First has been launched in all acute care hospitals throughout eastern Ontario.
- To date, 405 clients have come home with enhanced services.
- Services include intensive case management, nursing, personal support, physiotherapy, occupational therapy, speech therapy, social work, dietetics and equipment/supplies.
- Approximately two-thirds of clients required enhanced Champlain CCAC services (up to 360 hours of care per month, for a maximum of 60 days).
- One-third needed regular CCAC service when they left the hospital (up to 60 hours per month).

Improving Wound Care: Our Integrated Client Care Project

As the CCAC's Vice-President, Client Services, Kim Peterson sees the value of introducing new programs to ensure the best possible home care experience. The multi-year Integrated Client Care Project (ICCP) is an excellent example of innovation in action.

The concept is simple. This year, we partnered with Carefor Health and Community Services to focus on improving services for our clients requiring wound care treatment due to diabetic ulcers and venous leg ulcers. Case managers, specializing in wound care, were identified to help streamline services for our clients. Service coordination was improved as Carefor is the sole agency responsible for all aspects of a client's care – from treating the wound to addressing any underlying causes.

"This innovative program is helping us find more effective and efficient ways to connect people with the care they need," she says. "Through ICCP, we are not only improving our clients' health care experiences and life expectancies, but achieving better healing times and building strong partnerships with our service providers."

"From Carefor's perspective, the ICCP project has provided opportunities to examine the complexity of issues that our clients face when living with diabetic foot ulcers and venous leg ulcers," says Karen Lorimer, Advanced Practice Nurse, Carefor Health & Community Services. "Through the development of care pathways and improved documentation, we are ensuring that our clients are receiving best practices delivered by a multi-disciplinary team. We value the positive impact the project has had on strengthening our relationship with our community partners, including the CCAC. We also look forward to further improvements as we incorporate what we have learned from the project into new ways of providing care."

Thanks to ICCP, our Case Managers will focus more on activities that add increased value – such as spending more time with clients, promoting chronic disease self-management and helping people navigate the larger health and social service system.

Wayne Cuddington/Ottawa Citizen.
Reprinted by permission.

We are one of four CCACs in Ontario participating in this multi-year quality improvement project. ICCP is co-sponsored by the Ministry of Health and Long-Term Care, the Ontario Association of Community Care Access Centres, and the Collaborative for Health Sector Strategy at the Rotman School of Management at the University of Toronto.

QUICK FACTS

- Clients requiring wound care account for 40% of all Champlain CCAC nursing visits.
- Approximately 90% of the clients with venous leg ulcers and diabetic foot ulcers have a chronic disease. These conditions can directly impact wound healing and rates of occurrence.
- Through ICCP, the average length of stay for Champlain CCAC clients with diabetic foot ulcers has decreased to 70 days, which exceeded the project's initial target of 84 days.
- Lower extremity assessments, including ABPI (Ankle-Brachial Pressure Index), are now being completed within seven days of admission to services in most cases.

Champlain CCAC client Yvan Charron has the dressings on his legs changed two to three times a week by a Carefor nurse.

Helping Anne: Our Client Care Model Proof of Concept

After fighting a long battle with acute leukemia, Anne* had decided to die on her own terms. For this 50-year-old, it was an important personal decision.

When Anne was referred to the Champlain CCAC by her hospital health care team, she had only days left to live. There were also concerns that her symptoms could not be managed at home.

Thanks to a new triage process for our palliative clients as part of the Client Care Model Proof of Concept project, Anne's case manager quickly identified the need for a prompt in-home assessment. During the home visit, the case manager asked a series of open-ended questions about Anne's goals of care and preferred place of death.

Anne was steadfast in her decision, explaining that she wanted to die at home, in her bed and in her clothes, with the voices and sounds of her family and friends all around her.

"I want to be in the middle of my life," she explained.

In response, Anne's case manager developed an overall care plan that connected Anne and her family with both the CCAC and non-CCAC palliative services and support. Eight days later, she received a call from Anne's family letting her know that Anne was close to death and they had just called the palliative physician. Anne died later that day the way she wanted – not in a hospital room, but at home in her own bed, surrounded by the people who loved her.

By 2013, all CCACs in Ontario will implement the new Client Care Model. The Champlain LHIN, along with five others across the province, has led the way with this Proof of Concept project.

For clients like Anne, we tested assumptions for our complex population, more specifically for clients requiring palliative care. As part of this process, the Champlain Supportive Care (Palliative) Team developed new approaches using the population-based Client Care Model to create better outcomes for our clients and build stronger partnerships.

**Client name has been changed for privacy reasons.*

System improvements with the Client Care Model include earlier intervention and contact with the clients, increased monitoring of their desired outcomes and the development of standardized tools and service quality standards. We have also succeeded in creating meaningful client and caregiver engagement, a more focused understanding of their care needs and clearer expectations by clients of the services we can provide, such as respite and nursing care.

“Having the client die in their preferred place with the right care, at the right time, can really make a difference in a palliative client’s journey,” sums up Susan Graham, Manager, Client Services. “We don’t have another chance to help, so what better gift can we give than to support them to pass away where they prefer to die.”

Anne’s story is a wonderful example of the value of the Client Care Model.

Client Care Model Vision

To help ensure the right care at the right time in the right place, we are implementing a model of care that will focus our skills, abilities and resources on meeting the needs of defined client populations.

QUICK FACTS

- Clients are contacted within two business days of their admission to the palliative caseload.
- Between June and December 2010, the time from initial contact to face-to-face client assessments was reduced by 11.4 days.
- In December 2010, 76% of CCAC clients in Ottawa who had expressed their wish to die at home, passed away in their place of choice.
- Between August and December 2010, 70.69% of clients in Ottawa who wanted to die in hospice, died in their place of choice.

**The data was captured from the Ottawa team, not across Champlain*

A Day with Case Manager Shari Greenhorn: Caring for Children and Youth through School Health Support Services

Shari Greenhorn loves her job. For the last decade, she has worked as a Case Manager, specializing in the care of children and youth. Her clients range in age from four to 21 and their care is provided on-site in 20 schools across Ottawa. It's all part of the Champlain CCAC's School Health Support Services.

Shari describes her role as rewarding and often humbling. A typical day might include setting up therapy for equipment assessments, following up with families and therapists for children who have had surgery, or coordinating home and community care needs for medically complex children, in partnership with community partners and CHEO.

"The main goal is to make sure children and youth at school are functional and safe," Shari explains. "A major part of my job is to help parents navigate the health care system and social services."

In addition to the professional health care support services provided in school, Shari arranges home care for children and youth, and links them to other community support services. She also does periodic re-assessments of her clients and visits the schools to strategize with their teams to ensure clients' needs are met.

On a warm spring day, Shari recently visited Clifford Bowey Public School and St. Pius Catholic High School, to meet with staff and some of her clients. Clifford Bowey Public School serves students with developmental and physical disabilities. More than two-thirds of the 90 students are Shari's clients. She coordinates occupational therapy, physiotherapy, speech language pathology, nursing and dietetics for them. "One of my clients is a 10-year-old girl with multiple disabilities from a developing country who never had a wheelchair until she arrived in Canada," says Shari. "Now she has a comprehensive care plan."

At St. Pius X Catholic High School, Shari works as part of an inter-disciplinary team that includes a nurse, physiotherapists, occupational therapists, speech language pathologists and school staff. Together, they care for six students in the school's developmental education class, which has been integrated into the school. Students in the program have significant physical, sensory, cognitive and/or medical challenges.

"Everyone on our team shares a common goal of helping the students to reach their optimal abilities," notes Pat Wagman, a teacher in the St. Pius program.

School Health Support Services

The role of the School Health Support Services program is to coordinate resources for children with special physical and medical needs to enable them to attend and participate in school, including home and private schools.

QUICK FACTS

- The Champlain CCAC has 22 case managers working with the School Health Support Services (SSHS) program.
- The SHSS program is delivered in 543 schools throughout the Champlain region.
- Health care services provided include nursing, occupational therapy, physiotherapy, speech-language therapy, dietetics and the training of school personnel.
- These services are provided through a joint agreement with the Ministry of Health and Long-Term Care, the Ministry of Education and the Ministry of Community and Social Services.

Outstanding Care – every person, every day, every Champlain community.

Highlights from 2010-2011

New Hawkesbury Branch Office

In December, the Champlain CCAC officially opened a new branch office in Hawkesbury. In attendance were clients and community partners, Glengarry-Prescott-Russell MPP Jean-Marc Lalonde and Hawkesbury Mayor René Berthiaume, as well as CCAC staff and board members. The new Main Street location increases the visibility of our community-based home care services. More importantly, it provides better accessibility to our clients and their families, thanks to wheelchair access and convenient parking.

L to R: Madeleine Fraser CCAC Case Manager; Lynn Graham, Champlain CCAC Board Chair; René Berthiaume, Mayor of Hawkesbury; Jean-Marc Lalonde, MPP, Glengarry-Prescott-Russell; Roger Landriault, CCAC Client; Sophie Parisien, Director, Client Services, Champlain CCAC; Gilles Lanteigne, CEO, Champlain CCAC; Mireille Delorme, Manager, Champlain CCAC and Chantal Landry, Case Manager, Champlain CCAC.

Health Care Connect

The number of full-time Care Connectors at the Champlain CCAC doubled from two to four, thanks to new provincial funding for the Ministry of Health and Long-Term Care's Health Care Connect program. Since February 2009, this province-wide initiative has increased Ontarians' access to family health care. At the core of Health Care Connect are the Care Connectors – experienced registered nurses who refer patients to a family doctor or nurse practitioner in their community. Since March 31, 2010, more than 5,000 people in the Champlain LHIN had been referred to a health care provider (family doctor or nurse practitioner) through Health Care Connect.

Thank you for connecting us with care. In August 2009, my wife, young son and I moved from Kitchener to Ottawa. We signed up with Health Care Connect in hopes of locating a new family doctor, and Dianne Michaud was assigned as our Care Connector.

I would like to give special recognition to Dianne who was most helpful during this process. She found a doctor for us with her second referral and I may now speak to the quality, caring, attentive and helpful treatment that Dr. Heather Mills has provided to our family.

Sincerely,

Ari Daigen

Paramedic and Community Care Team (PACCT)

The PACCT program was recently rolled out in Ottawa, enabling paramedics to refer their clients directly to the Champlain CCAC for services. The program connects elderly and vulnerable residents at risk in the community with the health and support services they need. PACCT is an innovative partnership between the Ottawa and Renfrew County Paramedic Services, the Regional Paramedic Program for Eastern Ontario and the Champlain CCAC.

Assisted Living Services for High Risk Seniors

Launched in November 2010 by the Champlain Local Health Integration Network, Assisted Living is part of an innovative provincial strategy aimed at helping high risk seniors remain in their own homes by providing frequent, regular and urgent support. Champlain CCAC Case Managers use standardized assessment tools to determine eligibility for the 520 Assisted Living spaces throughout Eastern Ontario. Community health care agencies provide services including personal care, assistance with grocery shopping, meal planning, medication cueing and unscheduled visits by a personal support worker.

LEADS

To attract, engage and develop the talent required to lead community care health system transformation now and in the future, a focus on leadership development was identified as a priority at the Champlain CCAC, as well as across the CCAC sector. The Champlain CCAC has adopted the *LEADS In A Caring Environment Leadership Capabilities Framework*. LEADS (Leadership Excellence and Dynamic Solutions) is a leadership framework which identifies the competencies required to manage in a complex and ever-changing health care environment. It is supported by the Canadian Health Leadership Network and the Canadian College of Health Leaders; and has been adopted by a growing number of jurisdictions and health organizations across Canada.

The Champlain CCAC was at the forefront of proposing and adopting the LEADS framework in Ontario, and has quickly integrated LEADS into its talent management practices, specifically for recruitment and hiring, performance management, succession planning and learning and development activities.

The Paediatric Complex Care Coordination Pilot Project

In its second year, the Paediatric Complex Care Coordination Pilot Project is reducing the length of hospital stays and emergency room visits at CHEO for children with multiple complex conditions. It is also resulting in less duplication of tests and services. Most importantly, families participating in the pilot project have reported satisfaction with the coordination of care.

The project is a partnership between CHEO, the Ottawa Children's Treatment Centre, Coordinated Access and the Champlain CCAC. A key part of the project is the identification of a family coordinator as the primary health care navigator for each family.

The Results Are In

Evaluating each client's care experience is a key part of our quality program and this year's survey results are stellar. 95% of clients surveyed said their questions were answered and 89% of respondents felt that the home health care providers were informed and up to date about all the care or treatment they were receiving. Eight out of 10 respondents agreed that the CCAC offered client-centred care and 93% would recommend the Champlain CCAC services to family and friends in need.

Heroes in the Home

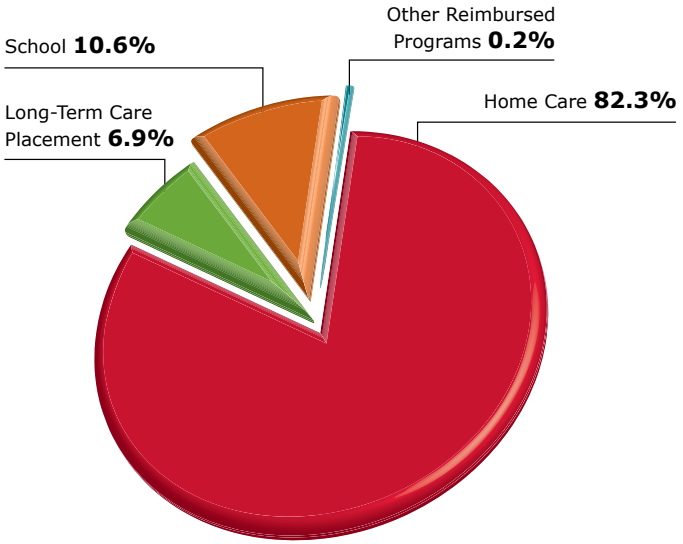
The *Heroes in the Home Caregiver Recognition Awards* celebrate, empower, connect and say thank you to the special individuals who give so much to help others in need. The awards were presented to caregivers – including family members, friends, volunteers and health care professionals – whose kindness and commitment allows others to live full lives in their communities, despite the limitations of age, illness or disability. This year, 134 deserving recipients, nominated by family, friends and co-workers, were honoured at special award ceremonies in Cornwall, Ottawa and Pembroke.

"I think Heroes in the Home is a terrific event. It is public recognition that we [as caregivers] aren't alone in all of this. The Champlain CCAC is there, the Government of Ontario is there. It reinforces that we're not walking this road alone."

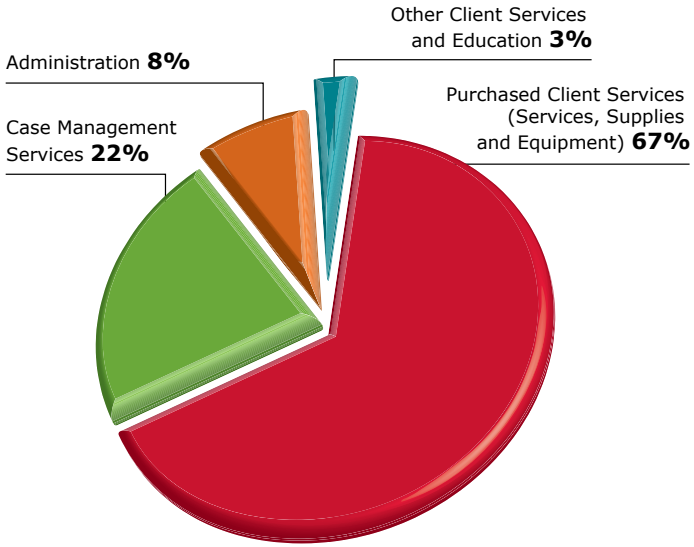
— Ken Koch, recipient, Heroes in the Home Caregiver Recognition Award 2011

Financial Information for 2010-2011

2010-2011 Unique Individual Clients Served by Service Type



2010-2011 Expenditures by Category



2010-2011 Unique Individual Clients Served by Service Type

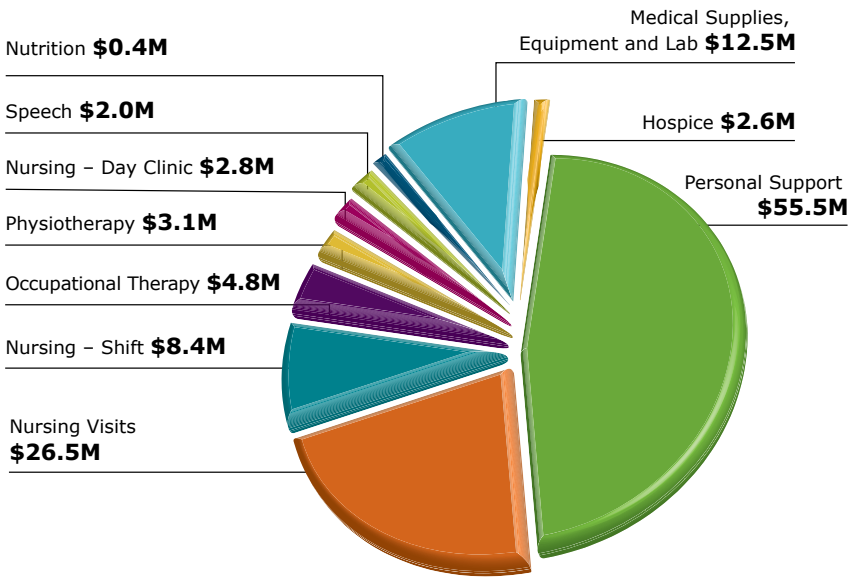
Total Unique Individual Clients Served: 52,329	
Referral service type	Number of Clients
Home Care	43,048
Long-Term Care Placement	3,592
School	5,570
Other Reimbursed Programs	119
Total	**52,329**

2010-2011 Expenditures by Category

Category	**Expenditure (M)**
Purchased Client Services (Services, Supplies, and Equipment)	119.0
Case Management Services	38.9
Administration	15.2
Other Client Services and Education	4.7
Total	**177.8**

Complete audited financial statements are available at www.champlain.ccac-ont.ca

2010-2011 Expenditures by Service Delivery Type



2010-2011 Expenditures by Service Delivery Type

Service Delivery Type	Expenditure(M)
Personal Support	$55.5
Nursing – Visits	$26.5
Nursing – Shift	$8.4
Occupational Therapy	$4.8
Physiotherapy	$3.1
Nursing – Day Clinic	$2.8
Speech	$2.0
Social Work	$0.3
Nutrition	$0.4
Medical Supplies, Equipment and Visiting Home Lab	$12.5
Hospice	$2.6
Other	$0.1
Total	**$119.0**

2010 – 2011 Facts and Figures

Case Management Visits (Face to Face): 50,937

Case Management Visits (Telephone): 87,381

Case Management Visits (Face + Telephone): More than 138,000

Nursing/Therapy Visits: Over 560,000

Personal Support Services: More than 1.8 million hours of care

Long-Term Care Admissions/Transfers Facilitated: 3,390

Catchment area: 18,000 sq km of eastern Ontario

Catchment population: 1.2 million (2009)

Offices: One head office and 9 branch offices

Hours of service: 8am to 8pm, 365 days a year

Contracts: 23 contracts with 13 health care and medical equipment/supply agencies

Budget: $177.8 million

Staff: 679 full-time, part-time and casual employees

Clients Served: 52,329

Our Service Providers

The Champlain CCAC works with 13 contracted service providers who deliver a range of services to our clients. These services include nursing, personal support, physiotherapy, occupational therapy, social work, speech language pathology, dietetics, infusion therapy, and the provision of medical supplies and equipment.

These Service Providers work with CCAC Case Managers to monitor each client's health status and to provide quality health care services. Thank you to these valued partners:

Access Health Care Services Inc.

Bayshore HealthCare Ltd.

Carefor Health & Community Services

Revera Health Services Inc. (operating as Comcare Health Services)

CommuniCare Therapy Inc.

Paramed Home Health Care

Canadian Red Cross Society

Saint Elizabeth Health Care

VHA Rehab Solutions

We Care Health Services LP

Medigas (a division of Praxair Canada Inc.)

Mulvihill Drug Mart Limited

Ontario Medical Supply Limited

Our Board of Directors

The Champlain CCAC Board of Directors provides governance and strategic direction to the organization and has sub-committees that focus on finance/audit, client services/quality and governance.

Thank you to our committed community volunteers:

Lynn Graham, Chair
Michael Ennis, Vice-Chair
Ralph Moxness, Treasurer
Dr. Denise Alcock
Marilyn Barry
Jean Brisson
Jocelyne Constant
Diane Hupé
Bob Kulas
Barbara Lajeunesse
Louise Logue
Anne Noonan
Colette Rivet
Michael Tate

Back Row (left to right): *Bob Kulas, Michael Tate, Barbara Lajeunesse, Anne Noonan, Diane Hupé, Colette Rivet, Ralph Moxness (Treasurer).* ***Front Row (left to right):*** *Dr. Denise Alcock, Lynn Graham (Chair), Gilles Lanteigne (CEO), Michael Ennis (Vice-Chair).* ***Missing from photo:*** *Jocelyne Constant.*

Our Executive Team

Gilles Lanteigne, Chief Executive Officer

Patrice Connolly, Vice-President, Human Resources, Organizational Development and Communications

Kim Peterson, Vice-President, Client Services

Deryl Rasquinha, Vice-President, Corporate Services

Andrew Gallardi, Vice-President, Quality, Safety, Performance and Accountability

"I had been well and independent for all of my 80-plus years until a bad fall down the stairs in the winter of 2010. I had a number of injuries, the worst of which was a gaping wound on my leg. Regardless of that, I wanted to recover from the fall at home. The Champlain CCAC stepped in and, though I was confined to my home for upwards of four months, the injuries healed due in large part to the care given to me by a variety of workers assigned by my CCAC Case Manager. I knew very little about the CCAC before I needed them, but now am one of their biggest champions!!"

Mavis McArthur, Client

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Champlain CCAC
100-4200 Labelle Street
Ottawa ON K1J 1J8
310-CCAC (2222)

www.champlain.ccac-ont.ca

- For information about health and social services across the Champlain region visit **www.champlainhealthline.ca**
- To make a referral to the CCAC, or to inquire about our community services, please call **613-310-CCAC (2222)**.

The Champlain CCAC is funded by the Champlain Local Health Integration Network (LHIN), an agency of the Government of Ontario.

Ontario
Champlain Local Health Integration Network
Réseau local d'intégration des services de santé de Champlain