What Matters Most...

North West Community Care Access Centre

2015/2016
Annual Report

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

- Treating everyone with respect, empathy, fairness and integrity;
- Fostering initiative, innovation, unity, and continuous improvement in what we do;
- Actively seeking and supporting collaborative care partnerships so that clients experience integrated care;
- Being client focused, open, culturally sensitive and responsive, and accountable in our relationships and all we do;
- Remaining committed to our mission, vision, values and the communities and people we serve.

Strategic Directions

ACCESS
We help people access and navigate community-based services.

QUALITY CARE
We listen to and collaborate with our clients to deliver innovative high-quality care plans that effectively and safely meet their needs.

INFORMATION
We generate and share information that drives safe and effective client care across the health system, influences system decision making, and guides improved quality of care.

COLLABORATION
We inspire strong relationships, effective collaboration and meaningful communication with our system partners, service providers and the public.

PEOPLE
We are a people oriented organization that values the individual capabilities, strengths and contributions of others.

STEWARDSHIP
As stewards of public funds and public trust, we deliver value for money.

ACCOUNTABILITY
We strive for transparency and continuous improvement in everything we do.

A Message from the Board Chair and CEO

Based on the North West CCAC Strategic Directions, the focus of our activities have centered around four main themes:

1. Pursuit of Excellent Customer Service
2. Strategic engagement and collaboration with Health Service Partners
3. Financial sustainability and value creation
4. Organization wide Health and Safety Plan

We are here to provide care to our clients and their families and this year we are placing more efforts on making sure the services we provide are meaningful from the clients' point of view. One way of measuring our performance is through feedback from our Client Satisfaction Surveys. Surveys conducted during the fall of 2015 indicated that the North West CCAC was the top performer in Overall Experience (93.3%), Quality of Care (95.7%) and Willingness to Recommend (98.8%) among surveyed CCACs. In order to further learn from our clients we are also building a Patient/Family Advisory process. This past year we identified a small number of Patient/Family Advisors and involved them on our Quality Advisory Committee and project teams.

Excellent collaborative relationships with other Health Service Providers is essential when creating care plans for clients and also when building overall system capacity. No one Health Service Provider can meet the complex needs of clients alone, but together we can maximize scarce resources and optimize the capacity of all providers. Collectively, with our partners, we are able to provide services and care when it is most needed, where it is needed and in the most appropriate and practical way. Throughout our Annual Report you will find highlights of some of the ways we support and provide care to our clients.

As predicted, the demand for services provided by the North West CCAC exceeded the availability of resources. Every year we look to balance the needs of our communities and fiscal accountability to operate within the allocated resources. All cost containment activities were evaluated with the view of creating value to our clients. We appreciate the support and collaboration from the North West Local Health Integration Network as we worked through these challenges. We have chosen to share some of our quality improvement activities in this report that demonstrate those efficiencies.

Employee safety continues to be a priority for the North West CCAC. In order to provide excellent service to our clients, our employees need to be supported in doing their work and feel engaged and appreciated in what they do. We are very proud to report that this year the North West CCAC was the top performer among the CCACs in the provincial Employee Engagement Survey results in Overall Employee Engagement (73.6%), Satisfaction with current job (80.5%) and Rate North West CCAC as a good place to work (85.5%).

During the last quarter of the year, the Board and Leadership Team created a response submission to the *Patients First: Proposal to Strengthen Patient-Centred Health Care in Ontario* discussion paper issued by the Minister of Health on December 17, 2015. As we move forward with the anticipated changes, the task will be to sustain the positive corporate culture that we have worked hard to create, and to continue with the improvement and safety strategies to ensure our clients receive the best available services where they need them and when they need them.

Thank you to our Clients, Families, Staff, Board Members, North West LHIN, Health Service Providers and other partners for working with us to create the great results for this year.

Tuija Puiras
Chief Executive Officer

Bradley Coslett
Chair of the Board

About the North West CCAC

Profile

Land mass extends from White River in the East to the Manitoba border in the West, to James Bay and Hudson Bay in the north and to the United States border in the South. In total the North West CCAC covers an area of 458,010 square kilometres - approximately

Area Population approx. 231,000

(based on 2011 consensus)

13 District Hospitals
22 Long-Term Care Homes
15,483 clients served

The North West CCAC is one of 14 community-based, independent health care agencies funded by the Ministry of Health and Long-Term Care through the North West Local Health Integration Network. The role of the North West CCAC in Ontario's health care system is to ensure people receive the right care, in the right place, at the right time. We connect thousands of people each year with the care they need at home, at school, or in the community by:

Assessing individuals referred to the North West CCAC and arranging for health and personal support services such as nursing, rehabilitation and supportive equipment in their homes;

Managing assessments to Long-Term Care in our region and supporting individuals and families throughout the process;
Helping individuals navigate the health care system by acting as a vital link to health care services, support and resources.

Senior Leadership Team (at March, 2016)

Tuija Puiras, Chief Executive Officer
Christy McClelland, Senior Director, Corporate Services
Paula Donylyk, Senior Director, Community Care
Chris Houle, Director, Finance & Information Management
Chrysta Burns, Senior Manager, Human Resources
Ian Ritchie, Director, Community Care
Kathryn Hughes, Director, Community Care
Nicole Brown, Director, Community Care
Cheryl D'Angelo, Director, Community Care
Kathy Bevilacqua, Executive Assistant
Jennifer Wintermans, Manager, Communications, Privacy & Projects

2015-2016 Board of Directors

The Board of Directors represent communities across Northwestern Ontario and generously volunteer their time.
The Board of Directors is responsible for overseeing financial viability, executive performance, strategic goals, and ensuring the achievement of high quality care provided by the North West CCAC.
Board Meetings are open to the public and past minutes and Board member profiles are available at www.healthcareathome.ca/northwest

Board Member	Title	Term
R. Bradley Coslett	Chair	September 2012 – June 2017
Jim Restall	Vice-Chair	June 2013 – June 2016
Andrew Bishop	Treasurer	June 2014 – June 2017
Terry Bortolin	Director	June 2015 – June 2018
Victor Chapais	Director	June 2015 – June 2017
Paulina Chow	Director	June 2015 – August 2015
Cindy Jarvela	Director	June 2013 - June 2016
Sandra Leonetti	Director	June 2014 – June 2017
Eric Long	Director	December 2014 – November 2015
Leola Penagin	Director	June 2015 – June 2018
Shelby Poletti	Director	December 2014 – June 2017
Elaine Scott Powell	Director	September 2013 – December 2015
Betty-Anne Grey	Executive Administrative Assistant to the Board	

From left to right – Victor Chapais, Leola Penagin, Betty-Anne Grey, Brad Coslett, Cindy Jarvela, Terry Bortolin, Shelby Poletti, Tuija Puiras

Missing from Photo: Andrew Bishop, Sandra Leonetti, Jim Restall

2015-2016 Committees of the Board

Client Services & Quality Committee
- Cindy Jarvela, Committee Chair
- Victor Chapais
- Karen Bazilewich
- Leola Penagin
- Bradley Coslett (ex-officio)

Governance Committee
- Jim Restall, Committee Chair
- Cindy Jarvela
- Sandra Leonetti
- Bradley Coslett (ex-officio)

Human Resource Committee
- Bradley Coslett, Committee Chair
- Jim Restall
- Andrew Bishop

Finance Committee
- Andrew Bishop, Committee Chair
- Sandra Leonetti
- Bradley Coslett (ex-officio)

Audit Committee
- Sandra Leonetti, Committee Chair
- Andrew Bishop
- Bradley Coslett (ex-officio)

Risk Management Committee
- Andrew Bishop, Committee Chair
- Shelby Poletti
- Terry Bortolin
- Victor Chapais
- Bradley Coslett (ex-officio)

Snapshot of our CARE

98.8%
The percentage of patients who would recommend us.

191
The number of primary care providers we work directly with.

838
The number of patients we supported in the move to long-term care.

85.5%
The percentage of employees who feel the NWCCAC is a good place to work.

475
The number of palliative care patients we cared for throughout the year.

15,483
The number of patients we provided care to.

95.7%
The percentage of people who are pleased with the quality of care.

4,979
The number of patients we support transitioning from hospital to home each year.

2,434
The number of children we support each year.

80.5%
The percentage of our employees who have satisfaction with their jobs.

14,884
The number of people we visited to talk about what services they need to be as independent as possible.

656
The number of people connected to a primary care provider.

5,005
The number of people receiving services on any given day.

CARE...where you need it

The NWCCAC provides assistance for those who have difficulties leaving their homes to access healthcare services. We provide services right in the comfort of the clients/patient's homes. The NWCCAC Community Care Coordinators are regulated health professionals, with expertise in nursing, social work, occupational therapy, physiotherapy or speech therapy. They work directly with patients in hospitals, doctor's offices, communities, schools and in patients' homes

At the first phone contact and/or home visit, your Community Care Coordinator will work with you and your caregivers to learn and understand more about your needs; situation, answer questions, provide information on community resources and complete a health care assessment.

In collaboration with you, a comprehensive care plan is completed to meet your needs ensuring connections are made to appropriate community resources.

Telehomecare

The telehomecare program is a 6 month self-management program for patients with COPD or Heart Failure. Using technology, patients are connected remotely to a registered nurse who monitors their vital signs and provides health coaching.

During the 2015/16 fiscal year we expanded the program to 22 communities throughout the North West LHIN and enrolled 37 patients onto the program from the West and 24 from the East. The program is available to anyone living in a road accessible community.

Chronic Disease Self-Management Program

The Self-Management Program (SMP) offers programs in Chronic Disease Self-Management (CDSMP) in most communities in Northwestern Ontario. CDSMP workshops are led by peers through a six week program that empowers a patient to live a healthier life with one or more chronic disease. It is through a variety of tools that the participant learns how to communicate with their health care team and their families, set goals, deal with challenges and develop confidence and self-efficacy. During the 2015/16 fiscal year we had 209 participants attend one of 38 workshops that were delivered by 116 volunteer peers in teams of 2 or more.

Along with CDSMP programs we offer workshops for clinicians that help build their skill level in motivational interviewing through one of two programs. Brief Action Planning and Choices and Changes which enhances the skills of clinicians with guide conversations and how to work with the patient in making healthier choices. Last fiscal year we provided training to 89 clinicians. Most attendees are from the City of Thunder Bay, although we started delivery in other communities with Atikokan being the first with 10 participating.

CARE...when you need it.

Short Stay Patients

Short stay patients have been referred to North West CCAC after an acute illness, disability or injury that cannot be managed in an out-patient setting. They receive an assessment to determine their needs which will assist them to return to their baseline functions. They are people that have predictable and stable care needs that require short term education, care or support. They have the potential or ability to regain their functional status/independence and return to their previous functional level. They will also be linked to any additional health and community resources as they progress.

Patients typically require professional services such as nursing or therapies and are seen in their homes by nurses and therapists for wound care, IV antibiotics, injections, teaching, exercises, strengthening, and resources. They have defined goals and outcomes and are usually on service from one day to several months, depending on their progress.

Palliative and End-of-Life Services

The North West CCAC Palliative Care service continues to grow and adapt to the needs of the region.

Care begins with a holistic assessment by a Community Care Coordinator for End of Life services. The services for community clients are provided across the care continuum by assessing and anticipating the medical and practical needs of clients and families as they approach the end of their lives.

The Hospice Palliative Care Nurse Practitioner Program is working to meet the needs of regional communities. Primary Care Providers are being supported to provide end-of-life care in the community to clients who would benefit from a palliative approach to their chronic disease management, as well as caring for end-of-life clients throughout Northwestern Ontario. Together with the Cancer Care Ontario Clinical Lead for Palliative Care, Nurse Practitioners are able to facilitate the coordination of this care across care settings and follow clients throughout their end-of-life journey, so they can remain in their homes for as long as possible. Care is provided in an array of innovative methods including home visits, telephone calls, and by the use of telemedicine applications.

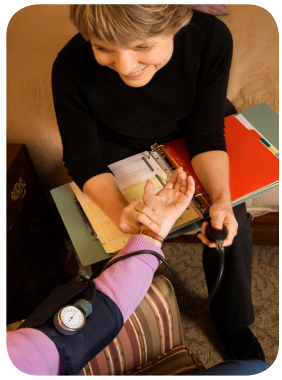
The coordination of care for end-of-life clients has improved as dedicated individuals from the North West CCAC and other service provider agencies meet weekly to identify ways to improve the care for end-of-life clients, and those clients who may benefit from a palliative approach to their chronic disease management.

The Palliative Pain and Symptom Management Consultation Program provides education needs to Palliative Care providers and generalist providers. Program work has involved providing education, collaborating with emerging palliative care committees in the region as the regional palliative care program rolls out, and participating in consultation tables for the planning of palliative care services.

Helping in providing care...

The North West CCAC has built strong relationships with many trusted care providers thoughout the region.

The services provided are delivered by health care providers who are under contract to provide services on behalf of the North West CCAC and have completed a rigorous quality review.



- Nursing
- Personal support (help with bathing, dressing, etc.)
- Physiotherapy
- Occupational therapy
- Speech-language therapy
- Social work
- Nutritional counselling
- Medical supplies and equipment

Our Contracted Service Providers 2015/2016

- Atikokan General Hospital: Physiotherapy, Occupational Therapy, Nutrition
- Bayshore Home Health: Nursing, Personal Support & Homemaking, Occupational Therapy and Physiotherapy
- CarePartners: Personal Support & Homemaking **Corporate name changed to CarePartners Oct.2014*
- Creative Therapy Associates: Occupational Therapy, Speech Language Pathology
- Dryden Regional Health Centre: Physiotherapy, Occupational Therapy, Nutrition
- Firefly: Speech Language Pathology, Physiotherapy, Occupational Therapy
- Manitouwadge General Hospital: Nursing
- New Hope Speech Language Pathology Services: Speech Language Pathology
- Northwestern Independent Living Services Inc.: Personal Support & Homemaking
- Partners in Rehab: Physiotherapy, Occupational Therapy, Speech Language Pathology
- ParaMed Home Health Care: Nursing, Personal Support & Homemaking, Nutrition
- Red Lake Margaret Cochenour Memorial Hospital: Occupational Therapy
- Saint Elizabeth Health Care: Nursing, Personal Support & Homemaking
- Sean Sloan: Physiotherapy
- Shoppers Drug Mart Inc.: Medical Supplies and Infusion
- Shoppers Home Health Care: Equipment
- Superior Speech Services: Speech Language Pathology
- Superior Therapy Services: Occupational Therapy
- Trout Forest Physical Therapy: Physiotherapy
- Victorian Order of Nurses: Nursing, Personal Support & Homemaking, Social Work

Integrated Safety Project

The North West Community Care Access Centre is working together with our service provider organizations and a client and family advisor to develop an Integrated Safety Strategy and Falls Prevention Program. The goal is to develop a culture of safety that includes falls risk assessments, falls prevention plan for clients, and education for staff and clients to communicate clear expectations and protocols for safety within the community.

Falls is one of the leading causes of preventable injury in Ontario amongst seniors and often leads to avoidable emergency department visits, hospitalizations, and admissions to long-term care facilities. The creation of the Integrated Falls Prevention Strategy will assist in identifying and developing preventative measures to improve the delivery of care for clients, decrease instances of falls and increase quality of life for seniors.

The collaborative efforts will allow us to utilize available resources to ensure safety and falls prevention strategies support the organizations ability to provide service when safety concerns/issues arise. By reducing the chance of harm to our clients, employees, and service provider organizations, we can ensure people in the region experience better health outcomes and a higher quality of life.

CARE...how we provide it.

Client and Family is Always at the Centre of our CARE

The North West CCAC values the input from clients and families for improvements in the healthcare journey.

In September 2015 the North West CCAC hosted a focus group with clients and families of people who had received our services. The most significant takeaway from the focus group was the recommendation to start small with more of a grass roots influence. In addition, it was decided to focus on creating actionable tasks and obtaining the feedbck and engagement from the client/patient and family advisors (PFA's).

In 2015/2016 the North West CCAC spent time and great efforts to identify four dedicated PFA's and integrate them throughout our organization. Currently our PFA's participate on project teams, the Quality Advisory Committee, and chair a committee. Future plans will include further PFA recruitment for more specific engagement related to project teams, and assistance with generating improvments to care by reviewing experiences related to patient and client care.

The North West CCAC will continue to assess and develop measurements for the Client and Family Care Strategy to monitor the progress and evaluate program outcomes.

What Our Clients and Patients Are Saying

The North West CCAC routinely asks the people who have received our care about the services provided by the North West CCAC and our contracted service providers. The survey, conducted by National Research Corporation Canada, is done on a quarterly basis and the results assist us to identify areas where we can improve the care experiences for the people of Northwestern Ontario.

Results have indicated that we have continued to improve on the experience we provide with an increase in overall client satisfaction from 91.5% in 2014/2015 to 92.4% overall experience rating from April to December 2015.

Improving Along the Way

Clients receiving services from the North West CCAC have experienced a marked improvement in the length of time it takes to initiate the services in their homes. There is a 30% reduction in wait time from the time the referral is received at North West CCAC until the first visit. In the fiscal year 2014/2015 there were 9 out of 10 people waiting 42 days compared to 23 days in Q4 2015/2016 and 33 days in the first quarter of 2015/2016.

These improvements are a result of department monitoring of age and priority with all referrals, implementing revised processes and timeliness guidelines. The North West CCAC staff continue to look for ways to further reduce the time it takes to initiate services for the people of Northwestern Ontario.

Managing Risk for Improved CARE

During 2015/2016 the North West CCAC continued to embed the Enterprise Risk Management Framework throughout the organization. Risk Champions worked to identify risks, possible mitigation strategies and improvements. Improvements were assessed mathematically by the Project Management Office (PMO) and the highest scored were then analyzed and added to the PMO schedule for implementation. The improvements will ultimately reduce risk throughout the organization.

CARE...why it is important.

Casey and 'the Boss'

In December 2015 Casey spent a brief amount of time in his local community hospital for some minor treatment. His condition did not improve and he was transferred to the larger regional hospital for further testing. Investigations had indicated that at the age of 43, Casey had an incurable cancer that involved his bones. Upon initiating his cancer treatment, it was confirmed that his cancer had spread to his bones from his stomach.

Upon being discharged from the regional hospital Casey and his caregiver, affectionately known as "the Boss", were contacted by a Community Care Coordinator from the North West CCAC. The Coordinator had attempted to set up treatment at the request of one of the oncologists, however both Casey and the Boss were not interested. "We brushed off their calls as we were craving the alone time and little did I know this organization would become my main counterpart in this hopefully once in a lifetime journey."

The initial contact from the North West CCAC was in Thunder Bay when Casey was receiving treatment and both Casey and his Caregiver felt comfortable as the Coordinator did her assessment. "They answered all my questions and I learned that the in-home services that would be provided in my home town would be available to us with no charge. I was very pleased as I was trying to organize our finances around the treatment and travel required."

When Casey returned to his home town he was met by one of the local Community Care Coordinators and he and the Boss felt at ease with her care. "She was extremely passionate and professional." "She had a gentle approach and a very calming effect on Casey and me both." Both Casey and the Boss realized what they were up against and they were pleased with the care and services that the North West CCAC was able to provide. "The reality had set in for us by this time and we knew we needed her and the services her organization could provide as we were in over our heads."

Casey had a request to not die in hospital and he had expressed this from the moment of his diagnosis. The Care Coordinator had been informed of Casey's wishes and performed her duties and care to suit his needs. "She did everything in her power to ensure this young man was granted this wish in the presence of his best friend and his girl."

Both Casey and his Caregiver knew that the joys of living in a small town brought several challenges when it came to the resources Casey would require throughout his journey. Both had concerns about working the equipment, the distances to get supplies, and how far staff would have to travel. Casey and the "Boss" were pleased that all worked out and Casey's journey had the care and resources needed. "Everyone worked as a team and made Casey's last days a little more comfortable and a little more bearable." "They allowed him the dignity of seeing friends and family for the last time in the privacy of his own home."

Health Links Makes a Difference

In November 2014, the City of Thunder Bay Health Link began working with Health Link participants. Health link participants are individuals who are medically complex patients, and tend to access the hospital at a higher frequency for their medical care.

The participants work with a North West CCAC Bridge Coordinator to develop a health care plan. Once their goals have been identified and outlined, a North West CCAC Health Coach will provide personalized assistance to help participants achieve their goals, take control of their health and improve their well-being.

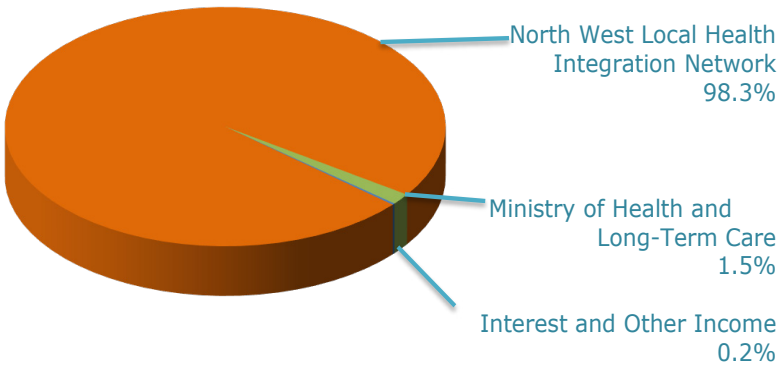
JP is a Health Link participant who has been able to make considerable positive changes in his life, by participating in the Health Link program. He states that prior to his involvement with the Health Link program he was "...kind of lost, but ever since getting involved in health links I decided to change my life." "I'm trying to turn something positive out of all I've been through and all the tragedy in my life."

JP's health has improved a great deal due to his hard work and involvement with the City of Thunder Bay Health Link. He has dramatically decreased his visits to the hospital emergency department and has a positive outlook and improved well-being.

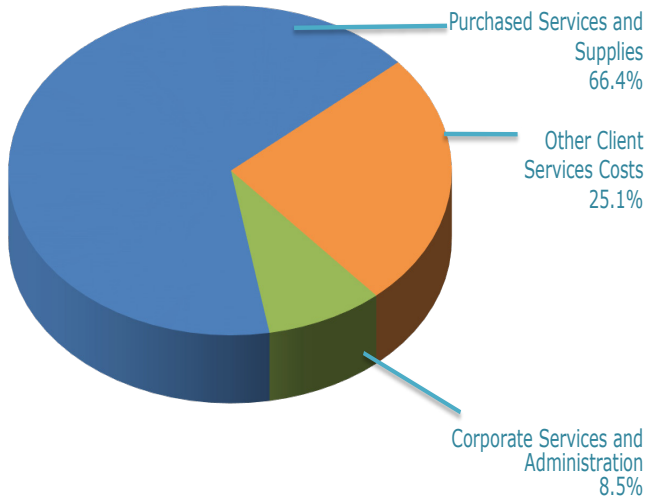
To find out more about JP and the success he has had with the health link program visit:
http://healthcareathome.ca/northwest/en/Who-We-Are/Provincial-Initiatives/Health-Links

Financial Overview

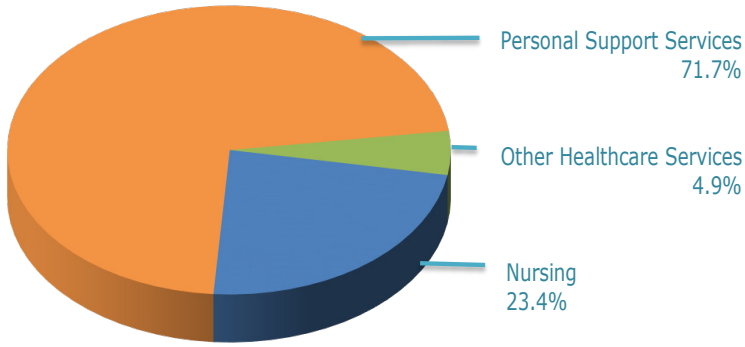
Revenue



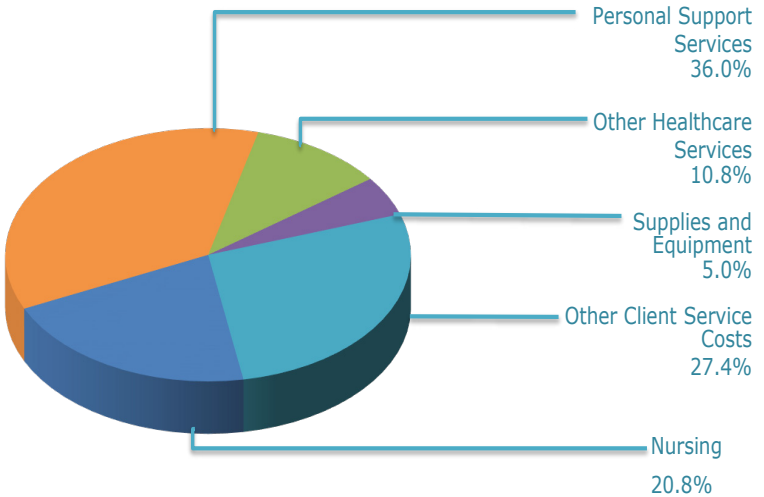
Expenditures



Allocation of Services



Client Services Expenditures



Statement of Financial Position

As at March 31, 2016

	2016	2015
ASSETS		
Current		
Cash	**$ 3,722,791**	$ 5,227,401
Accounts receivable	**218,269**	235,501
Prepaid expenses	**88,680**	67,728
	4,029,740	5,530,630
Capital assets	**36,530**	68,913
	$ 4,066,270	$ 5,599,543
LIABILITIES		
Current		
Accounts payable and accruals	**$ 2,517,670**	$ 3,206,676
Accrued wages and employee benefits	**1,283,238**	1,309,219
Due to the North West Local Health Integration Network	**230,412**	1,016,315
	4,031,320	5,532,210
NET ASSETS		
Operating	**34,950**	67,333
	$ 4,066,270	$ 5,599,543

Statement of Operations

As at March 31, 2016

	2016	2015
Revenue		
North West Local Health Integration Network - General	**$ 55,535,746**	$ 51,685,678
Ministry of Health and Long Term Care - Other programs	**846,848**	1,110,609
Other Revenue	**109,950**	143,123
	56,492,544	52,939,410
Expenses		
Client services -		
Purchased services and supplies	**37,515,884**	34,857,273
Other client services costs	**14,176,423**	12,988,449
	51,692,307	47,845,722
Corporate services and administration –		
Administration	**4,800,235**	5,048,622
Amortization	**32,385**	124,322
	4,832,620	5,172,944
	56,524,927	53,018,666
Deficiency of revenue over expenses for the year	**$ (32,383)**	$ (79,256)

Statement of Cash Flows

As at March 31, 2016

	2016	2015
Cash provided by (used for) the following activities		
Operating		
Cash received from funding agencies and customers	**$ 55,728,001**	$ 52,975,886
Interest received	11,971	26,656
Cash paid to suppliers and employees	**(57,244,582)**	(52,722,554)
	(1,504,610)	(279,988)
Capital activities		
Purchases of capital assets	**-**	(45,066)
Increase (decrease) in cash resources	**(1,504,610)**	234,922
Cash resources, beginning of year	**5,227,401**	4,992,479
Cash resources, end of year	**$ 3,722,791**	$ 5,227,401

**Complete audited statements available upon request.*

North West CCAC CASC

Community Care Access Centre

Centre d'accès aux soins communautaires du Nord-Ouest

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961 Alloy Drive
Thunder Bay, ON P7B 5Z8
Tel: 1 807 345 7339
Toll-free: 1 800 626 5406

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Toll-free: 1 877 661 6621

Dryden
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Dryden, ON P8N 1B7
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Toll-free: 1 877 661 6621

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110 Victoria Avenue
Fort Frances, ON P9A 2B7
Tel: 1 807 274 8561
Toll-free: 1 877 661 6621

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Toll-free: 1 866 449 3313

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Rainy River, ON P0W 1L0
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Toll-free: 1 877 661 6621

Red Lake
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Red Lake, ON P0V 2M0
Tel: 1 807 727 3455
Toll-free: 1 877 661 6621

Sioux Lookout
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Visit us online at:

www.healthcareathome.ca/northwest

Copies of this Report can be obtained from the North West Community Care Access Centre Head Office in Thunder Bay or as a pdf from the website at www.healthcareathome.ca/northwest

NorthWesthealthline.ca

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGRÉMENT CANADA

Caring Through the Transition-Hogarth Riverview Manor

The expansion of Hogarth Riverview Manor (HRM) was completed in January 2016. The long-term care home, operated by St. Joseph's Care Group, expanded from the original 96-bed home to 416 beds . The project resulted in the transfer of up to 300 residents from the two closing homes, Grandview Lodge Long-Term Care Home and Dawson Court Long-Term Care Home.

The final stage of the HRM is under construction and will have a variety of amenities and connect Sister Leila Freco Apartments and HRM. Once all construction is complete the HRM will be home to 544 residents.

The success of the opening was not without help. Over the last year the City of Thunder Bay, St. Josephs' Care Group, the North West Local Health Integration Network and the North West CCAC, collectively worked together to plan the move, which was deemed the largest transfer of people, in such a short amount of time, to a new facility. The North West CCAC was a large part of the counselling, communication, and admission process for the move. We are pleased with the outcome and all the hard work our Placement Department did to ensure residents and families were informed and cared for throughout the process.

CARE

The North West Community Care Access Centre is funded by the Government of Ontario through the North West Local Health Integration Network.

Disponible en français.

Ontario
North West Local Health Integration Network
Réseau local d'intégration des services de santé du Nord-Ouest