REPORT to the Community

Outstanding care – every person, every day

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

Annual Report *2010-2011*

Outstanding care

"I could not have asked for more skilled, professional and compassionate people."

Central CCAC Client

every person, every day

Outstanding Care – *Every Person, Every Day*

Vision

Outstanding care – every person, every day

Mission

To deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination, and quality health care.

Values

Central CCAC is committed to ensuring that everything we do is guided by the following values:

- **Client-centred service** that encourages wellness, enhances user experience and surpasses client expectations
- **Leadership** that inspires excellence
- **Integrity, trust, respect and professionalism** that characterizes all of our relationships
- **Communication** that is accessible, open, transparent and understandable in our culturally diverse community
- **Collaboration** that drives innovation and creativity in our quest to successfully manage continuous change

"On behalf of my mother, I would like to take this opportunity to thank the CCAC and our Case Manager for the assistance, the care and the attention that you give to my mother.

From the first home visit two years ago, everyone has been caring, compassionate, professional and interested in my mother's welfare. She could not have remained independent and in her own home if not for the services of the Central CCAC.

Our phone calls are always answered in a timely fashion, visits are made on a regular basis, and you listen to our concerns and try to meet our expectations. In this time of shrinking budgets and diminished expectations, you provide the best care and service possible and it has been a great comfort to know that our mother is not just an impersonal client. For this, we are extremely grateful."

Family Caregiver

2010/11 A Message from the *Board Chair and Chief Executive Officer*

We begin our Annual Report to the community with the voices of a client and a caregiver, telling us how they feel about the care they or their loved one has received. Caring for people is what Central CCAC is all about. Their stories move us, as individuals, and challenge us to do better and to be better. They are invaluable in guiding our decision-making and improving the quality of our care.

81,164 clients

As the complexity of our clients' care needs continues to increase, and with more clients coming from hospitals, our role in transitioning people through the health and community care system has evolved and grown.

Over the last year, we focused on the pressing and immediate needs of more than 81,000 clients. We also introduced or expanded a number of initiatives that improve care, including our Home First and Medication Management Support Services programs. In addition, we developed our Strategic Plan to guide us through to 2014.

Providing health care is about partnerships and collaboration. We wish to acknowledge and thank our dedicated staff and our thoughtful Board of Directors. We also thank our committed hospital, community and Long-Term Care Home partners, as well as service providers. The funding, support, and guidance of the Central Local Health Integration Network (LHIN) has been integral to our success.

It is a privilege to work with each partner, as a team, to provide the best possible care to our shared clients.

Teddene Long
Board Chair

Cathy Szabo
Chief Executive Officer

Teddene Long
Board Chair
Central CCAC

Cathy Szabo
Chief Executive Officer
Central CCAC

Board of Directors

April 1, 2010 to March 31, 2011

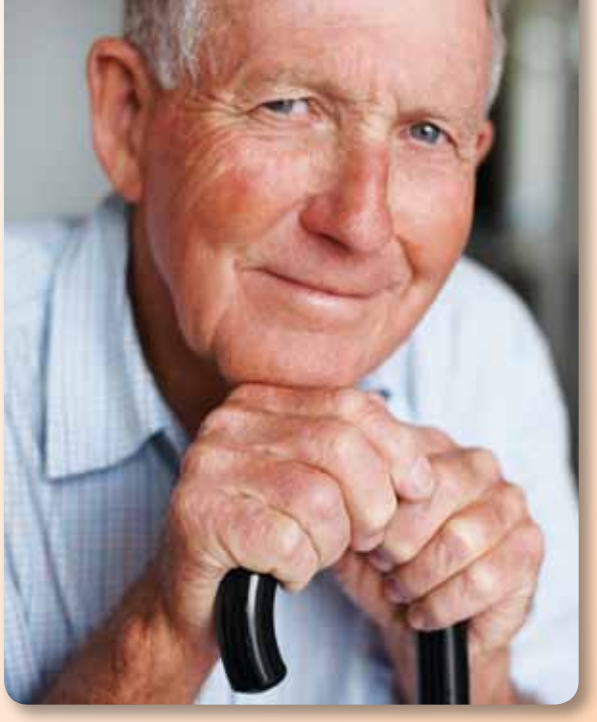
Teddene Long *(Chair)*
Mark Marchand *(Vice Chair)*
Eugene Cawthray
Marlene Close
Lorraine French
Nevzat Gurmen
Susan Kwolek
David Lai
Al Luciani
Lan Nguyen
Cathy Szabo *(Board Secretary)*

improved

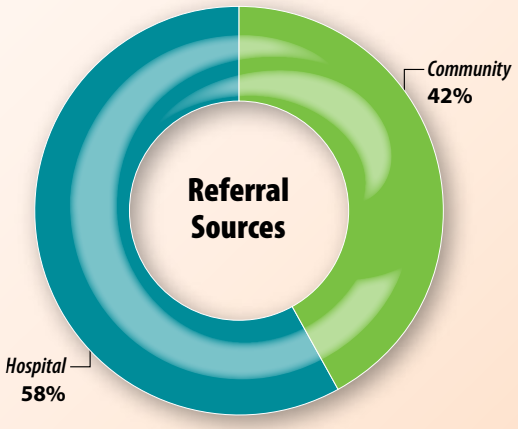
strengthened

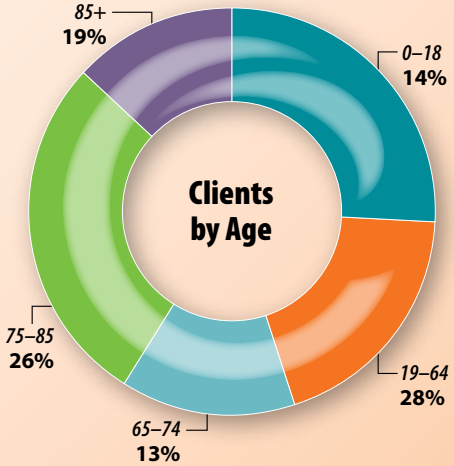
2010/11 Key Accomplishments

- **Improved** client transitions to Long-Term Care Homes through assuming responsibility for the entire placement process, meeting the July 1, 2010 legislated timeframe
- **Strengthened** our relationships with our hospital and community partners
- **Held** more than 10 quality improvement events with hospital and community partners
- **Earned** recognition as a Greater Toronto Top Employer
- **Expanded** the Home First program to every hospital in the Central LHIN area to help people return home with an intensive Case Management care plan to safely continue their healing at home after a hospital stay
- **Helped** over 1,400 clients to use their medications safely through pharmacist home visits, which reduced falls, improved pain management, and helped clients avoid unnecessary hospital visits
- **Recognized** in the inaugural provincial CCAC Quality Report for our supportive staff, our support of access to adult day programs that address the diversity in our area, and the success of our Medication Management Support Services program
- **Balanced** the 2010-2011 budget, including the elimination of the previous year's deficit
- **Introduced** a robust ethics framework to guide staff in advocating for clients



- **Reduced** wait lists for all therapies by 80%
- **Delivered** school and home care services to 9,501 children (under 19 years of age)





Our special thanks

It is with admiration and respect that we extend a warm, sincere thank you to families and friends who play a vital role as caregivers.

Your guidance, practical support and compassion make it possible for loved ones to remain in their home and community.

Thank you.

About Central *CCAC*

The Central Community Care Access Centre (CCAC) is a quality-focused health care organization funded by the Ministry of Health and Long-Term Care through the *Central Local Health Integration Network (LHIN)*.

Central CCAC's catchment area includes more than 1.7 million people who reside in South Simcoe, York Region, North York and parts of the Toronto communities of Etobicoke and York.

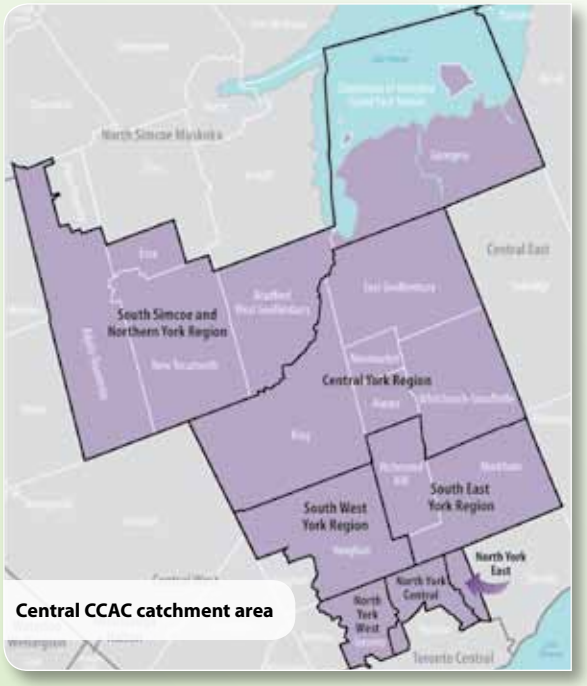
Our skilled, caring staff create individual care plans to help clients:

- **Maintain** independence in their own home
- **Avoid** hospital admission
- **Connect** with health and community organizations that provide services beyond what is offered by the Central CCAC
- **Find** the right housing or Long-Term Care Home options when living independently is no longer possible

Central CCAC's staff also connect clients to health and community organizations that provide services beyond what is offered by the Central CCAC directly, including meal programs, driving services, and homemaking.

Central CCAC At A Glance

	2010-2011	2009-2010
2010-2011 Budget	$214 million	$204 million
Total number of unique clients	81,164	65,000
Number of clients on service on any given day	26,000	26,000
Largest referral source within Central LHIN	Southlake Regional Health Centre: 3,972 people	Southlake Regional Health Centre: 4,200 people
Largest referral source outside Central LHIN	Sunnybrook Health Sciences Centre: 1,501 people	Sunnybrook Health Sciences Centre: 1,900 people
Emergency Room referrals from Central LHIN hospitals	7,824	7,000
Clients from Hip and Knee replacement	956	938
Central LHIN Partners	7 hospitals, 46 Long-Term Care Homes, 28 service providers and numerous community agencies	7 hospitals, 46 Long-Term Care Homes, 32 service providers and numerous community agencies
Community Nursing Clinics	6	6
Number of employees	680	709



Central CCAC catchment area

Case Management: The Heart of *What We Do*

Case Management is the foundation of our work and the cornerstone of our relationship with clients. Case Managers guide clients and their families to help them navigate the health and community care system.

Case Managers assess each client's unique care needs, advocate on their behalf, and develop care plans to support their individual and changing needs. Whether it is CCAC health services or other community supports, Case Managers are the source for all community care.

Central CCAC's professional Case Managers leverage their years of experience and training in their respective fields, including Registered Nurse, Occupational Therapist, Physiotherapist, Speech Language Pathologist, or Certified Social Worker. Drawing on their extensive knowledge of health and social services, and supported by a research-based, standardized assessment tool, Case Managers arrange for CCAC services. They also help people access community support services such as adult day programs, meals on wheels and transportation services.

If living independently is no longer the best option, Case Managers help clients find the right care accommodation or Long-Term Care Home.

When clients are at their most vulnerable, our compassionate, skilled Case Managers provide them with CCAC health care services and community supports, through our service providers and community support agencies.

In-Home and Community Clinic Services

	2010-2011		2009-2010	
Service Clients Visits	**Clients**	**Visits**	**Clients**	**Visits**
Nursing, including hospice	17,083	737,618	13,097	756,938
Nursing, in community clinics	6,706	44,382	4,543	30,810
Personal Support	16,884	2,183,672 hours*	22,049	2,283,821 hours*
Occupational Therapy	10,633	43,540	12,096	53,726
Physiotherapy	5,984	31,325	7,542	42,180
Speech Therapy	5,576	45,408	5,081	42,608
Social Work	866	3,261	1,391	5,874
Nutritional Counselling	966	3,442	1,255	5,481

*Personal Support service is reported in hours

Notes:

Central CCAC is impacted by changes in the health care system. We have an increasingly important role in quickly and safely transitioning people from hospital to their home and community, after acute care has been provided by a hospital.

Some post-hospital clients require short-term nursing services, such as wound care or intravenous therapy. The six Central CCAC Community Nursing Clinics provide efficient and convenient specialized nursing care for these clients. This has enabled the Central CCAC to provide more clients with nursing care, either through a home visit or a client visit to a clinic. Other clients have complex health needs. This means that while acute hospital care is no longer required, these clients still have significant health care needs. The increase in Personal Support hours per person over the last two years reflects the increase in the number of clients to Central CCAC who have complex care needs.

Quality Care through *Leading Innovation*

Quality care demands both innovation and long-term sustainability. The services below highlight the Central CCAC's commitment to our quality journey in every area of our organization.

Client Care Model

Quality care at the Central CCAC begins with understanding that every client is an individual with unique care needs.

CCAC's health services provides clients and caregivers with the care and support they need, resulting in a better quality of life and improved outcomes.

We're also learning from research and science that our Case Managers can provide better care by specializing in clients with similar needs.

For example, Case Managers who specialize in supporting clients with ALS will be uniquely qualified to understand their clients' particular, and changing, care requirements, and the best practices and resources required to provide that care, with the new Client Care Model.

Hospital Transfer Team and Short-Stay Program

Our new Hospital Transfer Team (HTT) quickly assesses the care needs of clients who are not medically complex and will benefit from specific care such as short-term nursing when they return home from the hospital. This allows the in-hospital Case Managers to focus their time on supporting clients who have medically complex needs.

Our new Short Stay Program Team then provides Case Management services for these hospital clients, along with clients requiring short-stay oncology, clinic and rehabilitation services.

The HTT now manages 40% of all Central CCAC hospital referrals, which translates to more than 10,000 hospital referrals annually.

Convenient Quality Care in Your Community Clinic

Community Clinics are just one of the new ways we are delivering care in our community, with excellent results for clients and improved costs.

Central CCAC's six conveniently located community clinics offer quick and easy access to specialized care. Clients who are able to travel can receive their IV therapy, medical injections, surgical wound care and post-surgical care by pre-arranged appointments. Clients can book their treatment at a time that is convenient for them, knowing they will receive quality care from specially trained nurses.

In 2010 – 2011, Central CCAC provided service to:

6,706 **clients through**
44,382 **clinic visits**

compared with* 4,543 *clients through* 30,810 *clinic visits in 2009-2010

Resource Management Tool

Central CCAC is committed to making the best use of every dollar that taxpayers entrust to us to provide the care our clients need.

The introduction of our Resource Management Tool places financial information and analysis directly in the hands of our individual Case Managers to help them track and manage the resources available.

This information is used to help place resources where they are most needed, and plan effectively for the future.

sustainability

Central CCAC's MyChart Improves Community Care for Clients

Central CCAC took an important step forward in providing clients with secure online access to their personal health information through a partnership with Sunnybrook Health Sciences Centre. Through MyChart, close to 2,000 patients, who transition from Sunnybrook to Central CCAC annually, can create and manage their personal health information through a website. Patients can also electronically grant access to family caregivers, hospital clinicians, primary care physicians, Community Care Access Centres, and pharmacists. MyChart is accessible from anywhere at any time through the Internet and will improve efficiency in the health care system by improving clinical workflow.

"Words cannot express our gratitude and how much we have come to depend on the Balance of Care program. With no doubt, CCAC's Balance of Care program is essential for an aging population where support for individual health needs is vital."

Family Caregiver

Balance of Care – Maintaining Independence in Familiar Surroundings

With just a bit of extra help, clients who are eligible for long-term care can maintain their independence at home. The Balance of Care program makes a comprehensive selection of home-based services available through community-based agencies, at no charge. With these extra supports, existing Central CCAC clients may avoid a premature transition to long-term care and, with preventive medicine, avert unnecessary visits to a hospital emergency room.

504 clients benefited from the Balance of Care program in 2010-2011
compared with 412 clients in 2009-2010

Home *First*

Home First is a new service from the Central CCAC for *'Alternate Level of Care' (ALC)* hospital clients who need extra help to return home safely to continue healing. In addition, it allows clients and their families the time they need to decide if living independently at home is a safe option or if other care options need to be considered.

This program helps hospitals to have beds available for those who require in-hospital care.

Last year, 382 clients were admitted to the Home First program. We're pleased to report that more than 60% of these clients were transitioned to regular CCAC services, within their home. Previously, many of these clients would have been transferred to a Long-Term Care Home.

Home First – A Case Manager Explains

We've always believed that if we gave hospital patients more time to recover in the home, they might not need a long-term care option. Now, with Home First, it's a reality.

Central CCAC Hospital Case Manager

"My mother was in intensive care at St. Michael's Hospital receiving a very specialized medication. Her wish and our hope was that she spent her remaining months at home. The Central CCAC worked with the hospitals and had staff undertake special training so that they could provide her intensive medical treatment that would normally only be available in a hospital setting. We are forever grateful."

Family Caregiver

support

Medication Management Support Services (MMSS) recognized at Innovations in Healthcare Expo, 2010.
From l to r: Mary Burello, Central CCAC Senior Manager, Deb Matthews, Minister of Health and Long-Term Care, and Lisa Sever, Lead Pharmacist, MMSS

Medication Management

Many people take several prescriptions for chronic conditions such as high blood pressure or diabetes. As a result, some medicines don't work as well as they should. And sometimes they mix or interact in ways that cause new problems.

Central CCAC's award-winning Medication Management Support Services helps clients to:

- **Find** the best ways to organize and schedule medicines
- **Learn** to take medicines more safely and avoid drug interactions
- **Avoid** visits to the hospital or Emergency Room caused by medicine-related problems

Our service is offered in partnership with York Central Hospital pharmacists, supported by nursing service providers. In 2010-2011 we visited 1,420 clients in their homes to help clients use their medications properly, and worked with their physicians and other care providers when there were questions about their medications.

After receiving this service, 96% of clients rated their ability to manage their medications as good or excellent after receiving MMSS. In addition, clients experienced fewer falls and a greater ability to manage their pain.

Medication Management Support Services (MMSS) – A Pharmacist Explains

After more than 1,400 in-home medication reconciliation consultations, we know that many clients do not understand what medications they are taking, how they interact, what they do and how they can potentially cause harm.

Our role is to help clients organize their medications, safely, and provide guidance – through conversation and written documents – to the client, their care providers, their service providers and even their physicians for safety, simplicity and correctness of medications.

Through MMSS, the pharmacist assesses each medication, alone and in combination, for appropriateness, dosage, and interactions with each other. We also look for side-effects, such as new pain or falling, and we look for symptoms of disease that might be relieved through a change in medications.

The overall effect is relief for our clients – from pain, from falling, from visits to the ER – and an improved quality of life. MMSS does all this and more.

Lisa Sever, B.ScPHM, ACPR, RPh
Lead Pharmacist, MMSS, York Central Hospital

"I can't say enough about the wonderful people who came to support us during the last week of my husband's life. The daytime care providers were very helpful, and the evening care provider was so lovely, quiet, and reassuring at night. The palliative care nurse was outstanding and went above and beyond the call of duty. His professionalism and empathy were so impressive… Thank you for all your hard work in coordinating everything. I really felt that you were doing all you could to make this experience bearable, and I will never forget your thoughtful manner and efficiency."

Family Caregiver

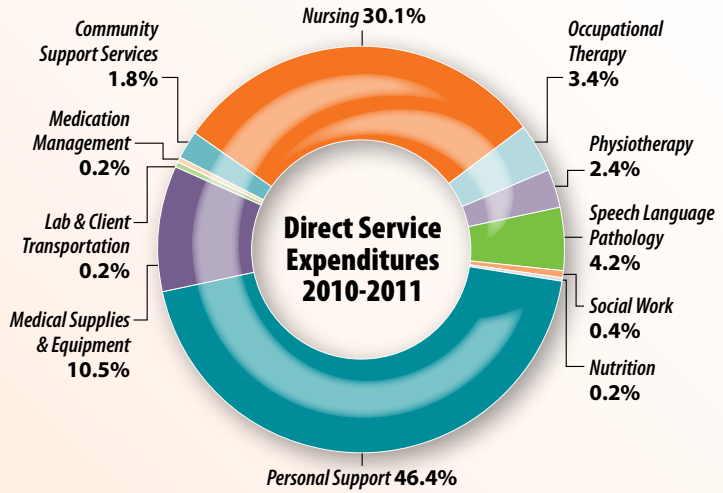
Central CCAC *Expenditures*

Direct Service Expenditures

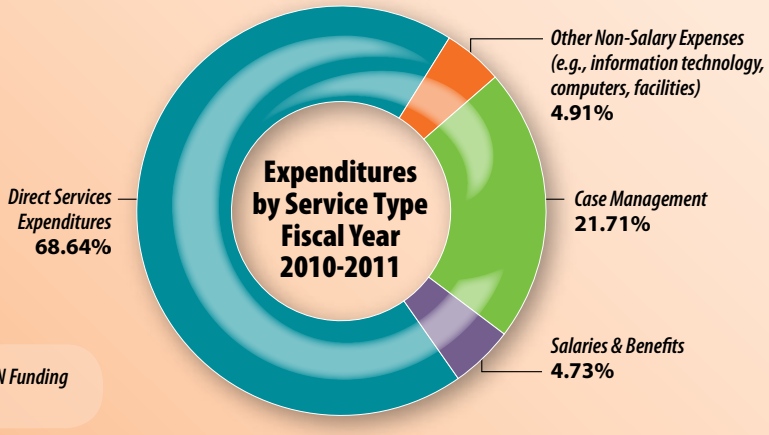
Notes:

Active Referrals: Central CCAC clients receiving services in 2010-2011, including clients who came on service in the previous fiscal year(s).

Direct Service Expenditures include: nursing, personal support workers, social work, physiotherapy, occupational therapy, speech language pathology, nutrition, medical supplies and equipment, and lab. Also includes services offered through the Aging at Home Projects: Balance of Care, Medication Management Support Services, and Home First.

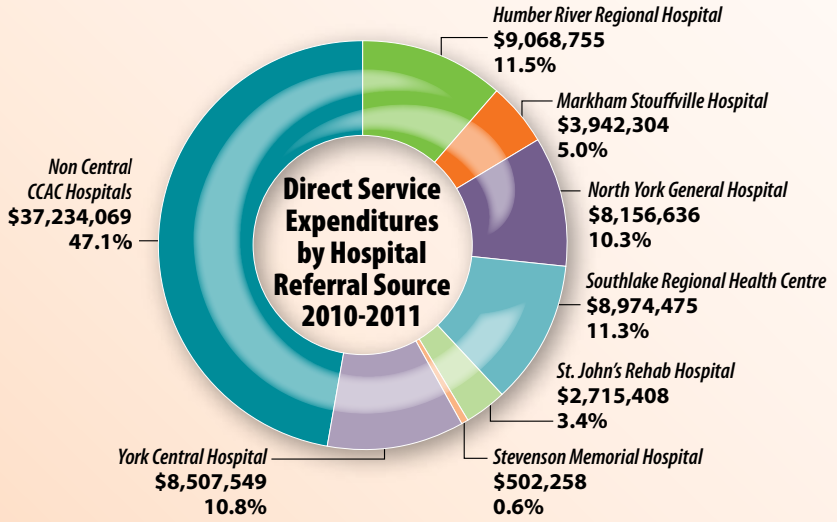


Direct Service Expenditures by All Referral Sources $145,457,727



Expenditures by Service Type

The 2010 to 2011 actual funding for Central CCAC was $214 million. Of the $214 million, 68% is contracted out for services, supplies and equipment for clients.



Expenditures by Hospital Referral Source $79,101,453

Financials

Central Community Care Access Centre
Statement of Operations and Change in Net Assets as of March 31, 2011

Revenue	2011 ($)	2010 ($)
MOHLTC/LHIN	214,074,128	204,789,004
Interest and other income	512,478	544,479
Recoveries	628,244	1,444,854
Amortization of deferred capital contribution	716,886	955,169
	215,931,736	207,733,506
Expenses		
Purchased client care services	129,861,632	131,826,056
Client care medical supplies and equipment	15,596,095	15,646,145
Case Management	46,015,965	43,086,009
Salaries and benefits	10,029,712	8,664,967
Other non salary	11,552,191	9,714,415
Amortization of capital assets	716,886	955,169
	213,772,481	209,892,761
Excess (deficiency) of revenue over expenses	2,159,255	(2,159,255)
Net assets, beginning of year	(2,529,398)	(370,143)
Net assets, end of year	**(370,143)**	**(2,529,398)**

"The conversation about placing our mom in a Long-Term Care Home has been a very difficult one for our family. But, because her Alzheimer's continues to progress, we, along with her family physician, now feel that a Long-Term Care Home, with its in-house medical professionals, will provide a much safer alternative than her being cared for at home.

Central CCAC staff is working extremely hard on our mom's case. We, as taxpayers, are truly impressed with such an outstanding service."

Family Caregiver

Audited financial statements are available upon request by emailing: info@central.ccac-ont.ca

Community Leadership and *Collaboration*

Health Care Connect

The Central CCAC is pleased to support Health Care Connect, a ministry program that helps people find a primary care physician or nurse practitioner in their community. Just call **1-800-445-1822** for this service, or register online at www.ontario.ca/healthcareconnect.

leadership

Speaker's Bureau

Central CCAC attends over 80 health fairs and community events annually, and offers presentations in a number of languages, including Russian, Cantonese, Mandarin, Hebrew, Italian, Gujarati, Urdu, Hindi, and more. If your community group would like to learn more about Central CCAC and the services we provide in the community, please contact us at: **1-888-470-2222** or email us at: info@central.ccac-ont.ca.

Community Care Resources

www.central.communitycareresources.ca is a website that provides easy access to community and health services. There are over 1,350 organizations on the site. You're one click away from the services you need.

Top Employer 2011

Greater Toronto's Top Employers 2011

Central CCAC is proud to have been selected as one of the GTA's Top Employers for 2011.

This acknowledgement is a strong indicator of the quality of our organization and its culture.

collaboration

The Road *Ahead*

Central CCAC is placed in a unique stewardship role in the health system. We are responsible for providing safe, quality health services to clients, as well as connecting people to additional health and community resources.

safety

Today, more than ever, our clients and their caregivers value care for people in the community so they and their loved ones can remain at home safely. As our clients' care needs become more complex, coupled with an increase in post-hospital care clients, we are developing new and innovative programs, services and care paths that help them transition safely from hospital to the next step of their care journey.

The role of CCACs as system navigators who guide and refer clients to health and community services is also expanding.

Central CCAC is committed to four strategic directions which will build and strengthen our capacity to meet the current and future needs of our clients, our community and the health system.

science

service

At the heart of the Central CCAC Strategic Plan is a focused and sustained drive to improve quality, defined by three components:

Safety *(don't harm me)*

Science *(heal me)*

Service *(be nice to me)*

For more information, visit:
www.central.ccac-ont.ca

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

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Join us:
For job opportunities, visit
www.ccacjobs.ca

Referrals:
To make a referral to the CCAC or to inquire about services in the community, please call us at
1-888-470-2222

Ontario
Central Local Health Integration Network

Central CCAC is funded by the Ministry of Health and Long-Term Care through the Central Local Health Integration Network