ANNUAL REPORT

TO THE COMMUNITY

2009/10

Connecting you **with care**

Hamilton Niagara Haldimand Brant

CCAC CASC

Community Care Access Centre

Centre d'accès aux soins communautaires

ABOUT THE HNHB CCAC

The Hamilton Niagara Haldimand Brant (HNHB) Community Care Access Centre (CCAC) is here to help people:

- remain at home
- avoid hospital admission
- access support upon discharge from hospital and
- explore long-term care options.

Some of the services provided through the CCAC are often referred to as "home care". They include case management/care coordination, nursing, physiotherapy, social work, dietetics, occupational therapy, speech therapy and personal support.

The services are planned and coordinated by the CCAC and delivered through local agencies, at home or in a community setting. The CCAC may also recommend services such as meal programs, support groups and other resources that may be available in the community.

FACTS AT A GLANCE

• Catchment population	1.4 million
• Clients served annually	72,450
• Budget	$233 million
• Full-time equivalent staff	650
• Contracts	43 contracts with 28 health care provider agencies

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VISION, MISSION, VALUES

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:

Accountability

Care

Collaboration

Excellence

Fairness

Innovation

MESSAGE FROM THE BOARD CHAIR AND CEO

The Hamilton Niagara Haldimand Brant (HNHB) Community Care Access Centre (CCAC) is pleased to provide this 2009/10 Annual Report to the Community which reflects on the activities of this past year.

In this report, we focus on four key themes – quality, partnerships, sustainability, and accountability. Of course, these themes are inherently linked: stronger partnerships can lead to better quality of care for our clients and greater sustainability for the health care system overall. Ultimately, it is the combined efforts in these areas that drive us to deliver the best care for our clients.

Among the highlights this year, the HNHB CCAC was charged with leading the reduction of the acute Alternate Level of Care (ALC) rate. The rate dropped from 22.5% to 14.3% over 12 months. This initiative depended on the HNHB CCAC to appropriately support clients upon discharge from hospital and safely transition them to other settings. This allowed hospitals to make beds available for people with acute care needs. The results were achieved through some remarkable partnerships and government expansion of service maximums. It must be noted that this also resulted in the need to delay the start of services for some of our non-ALC clients with lower acuity needs.

The increased focus on higher acuity needs is shifting the way we deliver service and increasing our reliance on our partners. From our board members to our staff and our service providers to our hospital and community partners, we are maintaining our client-centred focus while broadening the ways in which we think about how best to provide care. At the same time, the demand for service is growing and clients and caregivers are better informed and more involved than ever before. Together, we are driving change.

We are headed in the right direction. We know because we are delivering quality care with a focus on safety and the client experience. At the same time, we are focussed on sustainability to ensure that best practice home and community care will be available to people in our community in the future. It is all possible only with the partnerships of those individuals and organizations that are committed to supporting people to live independently in our communities so that the HNHB CCAC can honour its promise to deliver outstanding care to every person we serve, every day.

Gary Ostofi, *Board Chair*

Melody Miles, *CEO*

QUALITY

Letter received from a client's husband.

To whom it may concern at the HNHB CCAC,

I thank you for the superb services that you, through CCAC, provided during my wife's sickness.

When it became apparent that she was going to lose her battle with lung cancer it was her wish that she die at home and not the hospital or a hospice. I promised her that we would fulfill that wish without having any idea what was involved.

As her condition deteriorated we needed so much in equipment – hospital bed, commode chair, 4 pronged cane, oxygen etc. etc. which all happened with one call to you.

We then reached the point where I needed some professional help with her care – nurse, assistance with bathing – a break during the night to give me some sleep time etc. and again one call and it was all there.

I had no idea that such services were available through our Health System, nor if they were that CCAC, in such an organized and professional manner coordinated them.

CCAC is a shining star in a health system that sometimes takes some negative shots from the public.

Regards,
Jack

Quality and client safety are key priorities for the HNHB CCAC. The related key performance indicators have long been measured and used to improve service delivery for our clients.

It was that kind of forward thinking that drove the HNHB CCAC to partner with the Registered Nurses' Association of Ontario (RNAO) to implement Best Practice models of care. And in 2009, the HNHB CCAC was recognized as an RNAO Best Practice Spotlight Organization in wound care, highlighting its commitment to quality in nursing care.

This year the HNHB CCAC implemented an organization-wide client safety and risk event management system (rL Solutions), that is being used to improve service delivery to individual clients and to monitor, measure and follow-up on trends in the delivery of client care.

Also in the interest of quality and client safety, the CCAC participated in the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) Clinical Care Connect program to ensure physicians have timely electronic access to information related to their patients who receive CCAC services.

The HNHB CCAC is interested in learning about and improving the overall client experience. Over the past year, the CCAC engaged in a provincial Client and Caregiver Experience Evaluation survey. The survey results will inform the development of our services into the future.

To support the oversight of quality initiatives, the HNHB CCAC established a Board Quality and Safety Committee. The Committee's role is to develop an Annual Quality and Safety Plan for the organization which includes the setting and monitoring of quality and safety indicators.

QUALITY

2009/10 Highlights

- One out of every 20 people in the HNHB region received CCAC services

- The HNHB CCAC served 54.7% of seniors aged 85 and over

- Implemented RNAO Best Practice Guidelines for:
  - Wound Care (four care pathways)
  - Falls Prevention
  - Dementia / Delirium / Depression

  Since implementing the third of four wound care best practice guidelines, the CCAC has been using these protocols with more than 700 clients each month

- Planned and hosted first annual Client Safety Week for staff and service providers, with an education focus on falls prevention

- Completed 31,000 client assessments (RAI-HC) for long-stay clients

- 79 Speakers' Bureau events and presentations.

PARTNERSHIPS

Letter received from a client's granddaughter.

Thank you for giving me the opportunity to provide some client feedback. As I have noted in the CCAC Client Satisfaction Survey, I could not be more impressed with the services provided by CCAC.

Throughout the past year, we were managing a very difficult situation with my 94-year-old grandmother who is living with complex dementia. She had been living independently in her own home, since the death of her husband almost 20 years ago. Over the last five years my grandmother's dementia has resulted in increasing hallucinations, paranoia and delusions. Though we were getting support from a support program, my grandmother was unable to take her medications consistently and denied all in-home services offered to her.

The last two years have been particularly challenging but with a referral to CCAC by two community agencies we were connected with a wonderful case manager. She was the consummate professional. Upon meeting my grandmother she was able to engage her unlike any other service provider has been able to do. My grandmother, who typically would not even let services providers into the house, sat and chatted with our case manager and felt comfortable with her. Though my grandmother was not able to comprehend the reasons she required support, our case manager made every attempt to find a way to get some in-home care.

My grandmother ended up going into crisis and was put on the "urgent placement" list. Our case manager was able to provide advice and guidance which was invaluable to me during such an emotional time. With no other family members to consult with during such a stressful time our case manager was my 'go-to-person' when I needed someone to help navigate me through my countless questions about the processes with accommodations, hospitals, service agencies, etc.

My grandmother is now doing better than I have seen her in over ten years. The care she is receiving in long-term care has been a lifesaver for her. She looks healthy, her demeanour is wonderful, she is finally eating regularly, bathing and getting her medication consistently for the first time in many years. Her admission to long-term care has finally given her the quality of life she deserves. Our case manager and CCAC were invaluable to both my grandmother and me and I will forever be thankful for the wonderful support and services.

Sincerely, Angela

The HNHB CCAC is committed to building and maintaining strong partnerships with the people and organizations that can make a difference for our clients and their caregivers. From our staff and service providers to hospitals, long-term care homes and community support service agencies, the HNHB CCAC is working closely with our partners to provide outstanding care to every person we serve, every day.

In 2009 CCACs across Ontario launched our shared brand along with access to one easy phone number "310-CCAC" that connects people from across Ontario to local CCAC services.

The HNHB CCAC also strengthened partnerships where it matters most to clients, by committing staff to family health teams and hospital emergency departments to support system navigation and appropriate use of system resources. The CCAC was also pleased to be the backbone of the Health Care Connect program, designed by the Ministry of Health and Long-Term Care, to link Ontarians to primary care providers.

A partnership between the HNHB LHIN, hospital partners and the HNHB CCAC resulted in the development and implementation of the HNHB LHIN–wide Integrated Data Warehouse and Business Intelligence Solution. It links patient-level data across multiple sources, sectors and episodes. This innovative technology application enables data to be shared between the HNHB CCAC and hospitals to better support patient care and inform forecasting and decision making at a system level.

PARTNERSHIPS

2009/10 Highlights

- Managed more than 110 referrals from area hospitals every day (CCAC Case Managers sited at 21 hospital sites / 13 emergency departments)
- Supported 3,541 hip and knee replacement clients to return home from hospital with CCAC supports and services
- Partnerships with 17 Family Health Teams / Organizations resulted in CCAC Case Managers having stronger working relationships with more than 250 family physicians leading to more integrated care for clients
- The CCAC staff role in the provincial Health Care Connect program has resulted in more than 900 unattached patients being linked with the services of a family physician in the HNHB region
- Participated in 8 research projects linked with academic institutions
- Provided leadership for the development and implementation of provincial CCAC Service Provider Relations Framework.

Our system partners include:

- Hamilton Niagara Haldimand Brant Local Health Integration Network
- 81 Community Support Service Agencies
- 10 Hospitals across 21 sites
- 17 Family Health Teams / Organizations involving more than 250 family physicians
- 88 Long-Term Care Homes

SUSTAINABILITY

Excerpt from letter received from the HNHB Local Health Integration (LHIN) Board of Directors

"On behalf of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration System (LHIN) Board of Directors, I would like to thank you for your current and on-going commitment to improve patient flow for residents of our LHIN.

We recognize the time, effort, and resources that you and your organization have contributed to reduce the time patients wait in acute care beds, access an appropriate level of care setting and the time they wait in emergency rooms. Of particular note, is the cooperation and collaboration between hospitals and the HNHB Community Care Access Centre (CCAC) that has been evident across the LHIN, in supporting clients to return home from hospital…

These accomplishments are not just successes for your organization and our LHIN at the system level, but more importantly, they demonstrate our collective successes for LHIN residents who deserve access to the best and most appropriate care available."

Juanita G. Gledhill
Board Chair

Several key initiatives were introduced in 2009/10 to support sustainability, to enable the HNHB CCAC and the system to continue to provide services people need, well into the future.

The HNHB CCAC had Alternate Levels of Care (ALC) targets enshrined in its accountability agreement and played a lead role in the HNHB LHIN ALC Steering Committee. Working with our service providers, hospitals and other partners, the CCAC supported the HNHB LHIN to address the ALC challenge. Through improved communication, clear targets, consistent monitoring and system integration at key transition points, the regional ALC rate was significantly reduced and opportunites for future improvements have been identified.

To better utilize client assessment (RAI-HC) data to inform strategic decisions and to advance interRAI related research, HNHB CCAC entered into a unique partnership with the University of Waterloo in February 2010. This will lead to improved care planning through more detailed profiles of key client populations, evaluation of programs, and measurement of outcomes.

Sustainability is also a driver behind increased service delivery though congregate settings such as clinics, which can be a more convenient way for clients to access care while focussing resources to serve more people.

SUSTAINABILITY

2009/10 Highlights

- Alternate Level of Care (ALC) rate reduced from 22.5% in April 2009 to 14.3% in March 2010
- ALC rate reduction effectively freed up more than 150 acute care beds
- Nearly 3,300 hospital admissions were avoided due to referrals to the CCAC through CCAC case managers working in partnership with hospital staff in emergency departments
- HNHB CCAC operated efficiently; the portion of budget spent on administration was 7.7%
- Responded to nearly 12,000 information–related calls to connect individuals with care in the community or for assessment for CCAC services through centralized Information and Referral team
- Worked in partnership with HNHB LHIN and hospital partners to establish the LHIN-wide ALC Information System to gather and share data to track and trend ALC rate progress
- The provision of nursing services in congregate settings rose by more than 20% in 2009/10 resulting in savings of more than $250,000.

ACCOUNTABILITY

The HNHB CCAC is accountable to the HNHB LHIN as its funder through the Ministry of Health and Long-Term Care. Working with the LHIN, the HNHB CCAC operates under an accountability agreement which requires tracking and reporting on a number of indicators for greater transparency. These indicators are intended to ensure that the CCAC operates in an effective and efficient manner, and that it is a cooperative partner in the broader health system.

The HNHB CCAC is equally committed to managing its financial resources within its allocation from the HNHB LHIN to ensure that those services are available to Ontarians in our region who have the greatest needs and therefore balanced the budget in 2009/10.

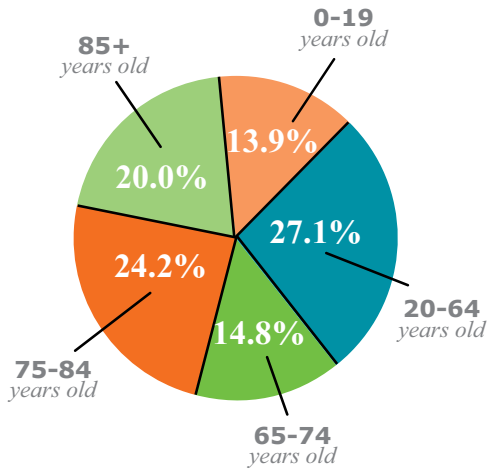
Our greatest accountability is to the individuals we serve. On a daily basis, staff and providers are engaged with our clients in developing care plans and delivering the services they need.

ACCOUNTABILITY

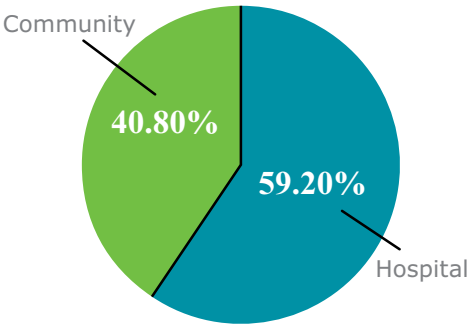
2009/10 Highlights

- The HNHB CCAC provided direct client care and support to 72,450 individuals
- 61,484 clients supported to live at home
- 2,553 clients supported to move to a Long-Term Care Home
- 2,650 clients supported to receive palliative care at home or in a hospice
- 8,190 children provided with school health support services
- In 2009/10 the maximum hours of personal support that the CCAC was allowed to provide in a month has risen from 60 hours to 90 hours
- Transitioned to community-based board (previously appointed through Order-in-Council).

CLIENT AGE DISTRIBUTION



ADMISSION SOURCE



FINANCES

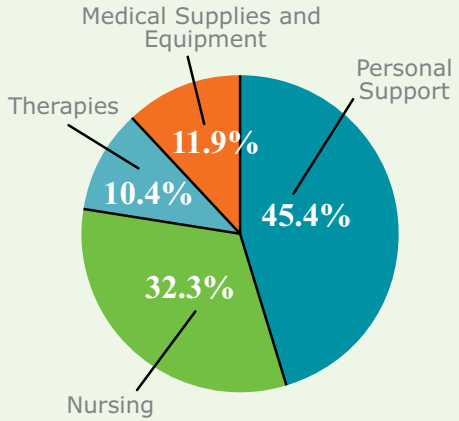
HAMILTON NIAGARA HALDIMAND BRANT COMMUNITY CARE ACCESS CENTRE

Statement of Financial Position

March 31, 2010, with comparative figures for March 31, 2009

	2010	2009
Assets		
Current assets:		
Cash	$ 14,036,478	$ 15,490,522
Accounts receivable	643,059	1,292,169
Prepaid expenses	634,945	570,404
	15,314,482	17,353,095
Capital assets	4,100,939	5,710,242
	$ 19,415,421	$ 23,063,337
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	$ 13,626,882	$ 15,401,999
Due to MOHLTC/LHIN	1,469,221	1,449,193
Deferred operating contributions	218,379	501,903
	15,314,482	17,353,095
Deferred capital contributions	4,100,939	5,710,242
Net assets	-	-
	$ 19,415,421	$ 23,063,337

EXPENDITURES BY SERVICE TYPE



FINANCES

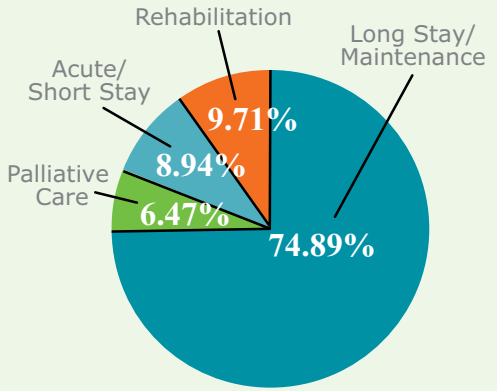
HAMILTON NIAGARA HALDIMAND BRANT COMMUNITY CARE ACCESS CENTRE

Statement of Operations and Changes in Net Assets

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Revenue:		
MOHLTC/LHIN	$ 229,994,569	$ 216,055,546
Interest income	50,733	290,356
Miscellaneous income	734,388	733,471
Amortization of deferred capital contributions	1,781,366	1,659,229
	232,561,056	**218,738,602**
Expenses:		
Purchased client care services	148,495,944	137,845,638
Client care medical supplies and equipment	19,975,904	19,630,104
Salaries and benefits	52,474,518	48,584,882
Other non salary	9,833,324	11,018,749
Amortization of capital assets	1,781,366	1,659,229
	232,561,056	**218,738,602**
Excess of revenue over expenses	-	-
Net assets, beginning of year	-	-
Net assets, end of year	**$ -**	**$ -**

EXPENDITURES BY TYPE OF CLIENT
(categories exceed 100% due to rounding)



FINANCES

HAMILTON NIAGARA HALDIMAND BRANT COMMUNITY CARE ACCESS CENTRE

Statement of Cash Flows

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses	$ -	$ -
Item not involving cash:		
Amortization of capital assets	1,781,366	1,659,229
Amortization of deferred capital contributions	(1,781,366)	(1,659,229)
Change in non cash operating working capital	(1,454,044)	(4,265,891)
	(1,454,044)	(4,265,891)
Investing activities:		
Purchase of capital assets	(172,063)	(826,597)
Amounts funded by deferred capital contributions	172,063	826,597
	-	-
Decrease in cash	(1,454,044)	(4,265,891)
Cash, beginning of year	15,490,522	19,756,413
Cash, end of year	**$ 14,036,478**	**$ 15,490,522**

Complete audited statements available upon request.

HNHB CCAC BOARD AND COMMITTEES

The **HNHB CCAC** Board of Directors is a volunteer board, which provides governance and strategic direction to the organization. Board meetings are open to the public. Meeting dates and times are posted at www.hnhb.ccac-ont.ca

Board of Directors

Gary Ostofi, Chair
Bernice (Bunny) Alexander (1)
Fay Booker (1)
Barry Brownlow, Treasurer (1)
Jeff Hamblin (3)
Sheila Hosking
Jerry Lawlor (1)
Len Lifchus (2)
Bruce McIntosh
Ross McCrimmon (3)
Dave Ringler (1)
Dr. Karl Stobbe
Carole Ward, Vice Chair
Melody Miles, CEO*

Board members served throughout 2009/10 unless noted as follows:

(1) Member as of September 2009
(2) Member as of November 2009
(3) Member until September 2009

Committees

(as at March 31, 2010)

Audit / Finance
Barry Brownlow, Chair
Jerry Lawlor
Len Lifchus
Gary Ostofi*
Cindy Ward**
Melody Miles, CEO*

Governance
Bruce McIntosh, Chair
Bernice (Bunny) Alexander
Fay Booker
Sheila Hosking
Len Lifchus
Gary Ostofi*
Melody Miles, CEO*

Quality and Safety
Carole Ward, Chair
Bernice (Bunny) Alexander
Sheila Hosking
Bruce McIntosh
Gary Ostofi*
Dave Ringler
Melody Miles, CEO*

* *Ex-Officio*
** *Community Member*

Senior Leadership Team

Melody Miles,
Chief Executive Officer

Darlene Arseneau, Senior Director,
Corporate Services

Barbara Busing, Senior Director,
Client Services

Janet Doering, Senior Director,
Performance Management and Accountability

Sheila Jaggard, Senior Director,
Human Resources and Organizational Development

Tom Peirce, Senior Director,
Strategic Planning and Integration

Mary Siegner, Director,
Communications

SPECIAL THANKS

The HNHB CCAC is its people. From the volunteer Board of Directors to the staff, our people are committed to helping clients and their caregivers access the home and community care they need.

The HNHB CCAC cannot deliver quality, client-centred care alone. The participation of our partners, including service providers, long-term care homes, hospitals, community agencies and elected officials, along with the leadership provided by the HNHB LHIN and the Ministry of Health and Long-Term Care, enable the HNHB CCAC to provide outstanding client care.

And, most importantly in client care, are the partnerships we have with caregivers, the individual family members, friends, neighbours and volunteers who work selflessly to provide care to the people in our communities who need them – thank you.

HOW TO CONTACT US

Call the HNHB CCAC toll free: **1-800-810-0000**
or contact the office in your area.

Area	Phone number	Address
Brant	519-759-7752	274 Colborne Street Brantford ON N3T 2H5
Burlington	905-639-5228	440 Elizabeth Street 4th floor Burlington ON L7R 2M1
Haldimand-Norfolk	519-426-7400	76 Victoria Street Simcoe ON N3Y 1L5
Hamilton	905-523-8600	310 Limeridge Road West Hamilton ON L9C 2V2
Niagara	905-684-9441	149 Hartzel Road St. Catharines ON L2P 1N6

For more information, please visit our website: **www.hnhb.ccac-ont.ca**

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The HNHB CCAC is funded by the Government of Ontario through the Hamilton Niagara Haldimand Brant Local Health Integration Network.

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CASC Centre d'accès aux soins communautaires

Ontario