HNHB CCAC ANNUAL REPORT

TO THE COMMUNITY

2010/2011

PARTNERSHIPS

Hamilton Niagara Haldimand Brant

ccac Community Care Access Centre

casc Centre d'accès aux soins communautaires

ABOUT THE HNHB CCAC

The Hamilton Niagara Haldimand Brant Community Care Access Centre (HNHB CCAC) connects people in our region with the health and support services they need to:

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

THE CASE MANAGEMENT ADVANTAGE

HNHB CCAC case managers lead the delivery of home care services. Case managers are regulated health professionals. They have backgrounds in nursing, social work, occupational therapy, physiotherapy or speech therapy. They also have additional training in case management. They are individuals who pride themselves on their professionalism, caring and compassion. To learn more about the value of case management, please watch a brief video about four HNHB CCAC case managers and their clients at www.hnhb.ccac-ont.ca.

72,638

The HNHB CCAC provided direct client care and support to 72,638 individuals.

Cover story: Brooke (R), is a university student and a caregiver to her mother Lisa (L), who has multiple sclerosis. Brooke received an HNHB CCAC Heroes in the Home award 2010.
Photo credit: The St. Catharines Standard November 4, 2010.

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2010 2011

The HNHB CCAC provides front-line care through staff who have clinical expertise and community knowledge. In 2010/2011, staff coordinated more than 4 million visits to over 72,600 clients and their families and helped them navigate through the complexities of the health care system.

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
Collaboration
Fairness
Care
Excellence
Innovation

GOVERNANCE

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. To learn more about our board members, meeting dates and times please visit www.hnhb.ccac-ont.ca.

Board of Directors

Gary Ostofi, *Chair*
Carole Ward, *Vice Chair*
Bernice (Bunny) Alexander
Fay Booker *
Barry Brownlow, *Treasurer*
Sheila Hosking
Jerry Lawlor
Len Lifchus
Bruce McIntosh
Fred Morison *
Dave Ringler
Dr. Karl Stobbe *

** Retired from Board during fiscal year 2010/2011*

Partners at a Glance

- 10 Hospital Corporations across 21 sites, 13 emergency departments
- 17 Family Health Teams, involving more than 190 family physicians
- 86 Long-Term Care Homes
- 80 Community Support Services
- 5 Residential Hospices

Facts at a Glance

Catchment population.....1.4 million

Budget .....$252 million

Full-time equivalent staff 660

Contracts .....43 contracts with 26 health care provider agencies

MESSAGE FROM THE BOARD CHAIR AND CEO

Gary Ostofi,
Board Chair

Melody Miles,
CEO

The Hamilton Niagara Haldimand Brant Community Care Access Centre (HNHB CCAC) is pleased to provide this 2010/2011 Annual Report to the Community which reflects on the activities of this past year.

Our geographic area is home to over 1.4 million people, including 200,000 seniors aged 65 or older. This is the largest number of seniors of all 14 health regions in Ontario. As the demand for home and community care continues to grow in our region, our services continue to evolve to meet the needs of our communities.

As a global business leader once said, "Our success has really been based on partnerships from the very beginning." That is why in this report we are focussing on the results of effective partnerships. These partnerships allow us to deliver quality client care, encourage innovation and support system flow. The strength of these partnerships is the foundation of our role as system navigators, enabling the HNHB CCAC to support people as they transition through their health care journeys.

As you will see, our staff have worked closely with our clients and their caregivers, service providers, hospitals, community partners and many others this past year. Thanks to the partnership with our Local Health Integration Network (LHIN) we have been able to forge ahead with quality care and innovation. We have also been working in collaboration with CCACs across Ontario in driving the Quality and Patient Safety agenda. The HNHB CCAC is proud to be implementing continuous improvement practices across our organization to identify efficiencies that can be reinvested into client care.

We are committed to building new and to growing existing partnerships to reach our strategic objectives as a regional health care provider, as a catalyst for care in our community and as trusted health professionals for our clients. We thank you and all of our partners for taking an interest in the work of the HNHB CCAC and invite you to visit our website for more information www.hnhb.ccac-ont.ca.

PARTNERING FOR QUALITY CLIENT CARE

"Frail seniors can be so vulnerable at times. The client care project spearheaded by the HNHB CCAC involving frail seniors allows me to maximize my skills as a regulated health care professional and leverage partnerships with other community organizations. In the end, it creates better outcomes for our clients, improves the use of system resources, and facilitates tailored services for our clients."

Tania MacDonald,
Case Manager, HNHB CCAC

2010/2011 Highlights

- HNHB CCAC supported:
  - 62,336 clients to live at home safely,
  - 2,972 clients to transition to a Long-Term Care Home,
  - 7,828 children to receive school health support services.
- Six out of ten seniors aged 85 and over received HNHB CCAC services.

The HNHB CCAC helped more people with complex health care needs than ever before. The number of clients served with complex needs rose from an average of 403 people per month in 2009/2010 to 601 individuals per month in 2010/2011.

93% of clients and caregivers would recommend HNHB CCAC services to family and friends.

Delivering Quality Care

The HNHB CCAC has made a strategic commitment to continuous improvement and quality and patient safety.

Jenna and Tania, HNHB CCAC staff members involved in the client care model.

Three areas in particular are shaping the way we work and provide services to our clients: streamlining our processes to continue to improve our client experience, sustaining quality services through efficiency gains, and supporting the government's focus on "Excellent Care for All".

To learn more, please see the Provincial CCAC Quality Report for details about our collective work in quality and patient care.

The HNHB CCAC was proud to be one of the first pilot sites for the provincial client care model which defines the client populations served by the 14 CCACs by their care needs, including functional status, diagnosis and degree of social support, and matches these care needs with anticipated case management intensity to realize a positive client care experience and outcome. The provincial model was developed to meet a number of strategic goals, including to improve client care outcomes and the experience of care and to support clients as they navigate the health care system.

"The model of care we are implementing will focus our skills, abilities and resources on meeting the needs of defined populations within our communities," says Melody Miles, CEO HNHB CCAC and CEO Lead, Provincial Client Services Committee. "It will help to ensure the right care at the right time in the right place at the right cost."

To learn more about how we deliver quality client care please visit www.hnhb.ccac-ont.ca.

PARTNERING FOR INNOVATION

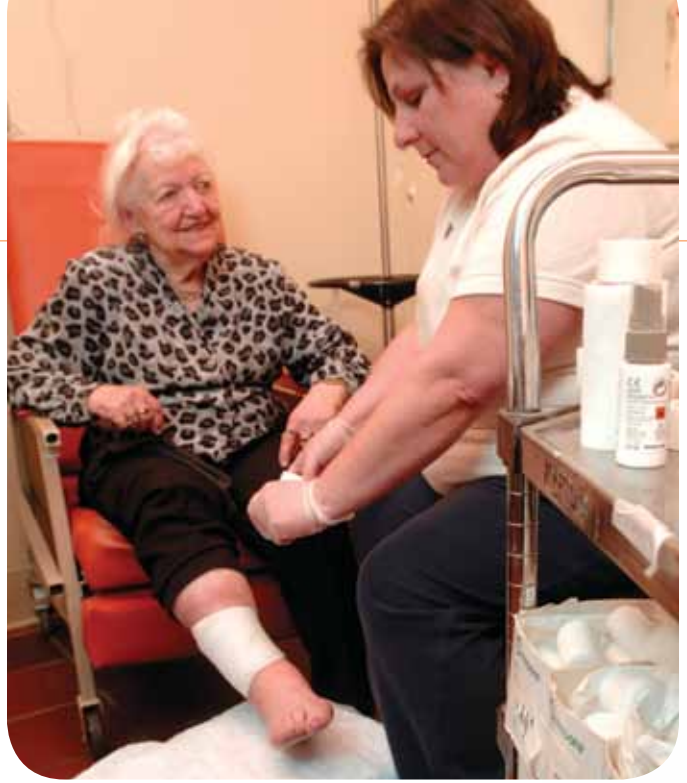
"We are working closely with HNHB CCAC on our joint promise of quality and patient safety for our clients. We are also working together to find better ways to deliver client service. At the corporate level, we are sharing information and taking a strategic approach to improving our communication and processes – this translates directly into better front-line care for our clients."

Carmen Carmazan,
Co-Chair, Service Provider Relations Implementation Steering Committee, Therapy Specialties

2010/2011 Highlights

- HNHB CCAC participated in 17 research projects linked with McMaster University, University of Toronto or University of Waterloo.
- The provision of nursing services in nursing care centres rose by more than 25% in 2010/2011 resulting in savings of more than $640,000.
- Since the implementation of the Registered Nurses' Association of Ontario's wound care best practice guidelines last year, the HNHB CCAC has been using these protocols with approximately 2,700 clients each month.

The HNHB CCAC was proud to invite our partners to three special events we hosted in 2010/2011 with a focus on Quality and Patient Safety. The Honourable Elinor Caplan shared her vast knowledge about effective governance for quality, in June. Dr. Ben Chan engaged a large group of staff and partners in October in a presentation about Quality Improvement in Home Care and in January, Dr. Diane Doran provided a presentation about Patient Safety in the Home Care Context.



HNHB CCAC client at a Brantford nursing care centre.

> *"I have found a place I can trust to get the care I need and the answers I need. There is nothing to worry about whatsoever. By visiting the HNHB CCAC nursing care centre, I am in control. I am not obligated to host someone in my home so I can just get on with my day."*
>
> **Zillah,**
> HNHB CCAC client

Promoting Independence

The HNHB CCAC staff plan and coordinate nursing, physiotherapy, social work, dietetics, occupational therapy, speech therapy and personal support that is delivered through local agencies, at home or in a community setting. The contracted service providers who work with the HNHB CCAC are as committed to our clients as we are. Together we are finding new and innovative ways to deliver high quality care.

Recovering from surgery or illness can be an uphill battle. Many clients require nursing services such as wound care, administration of intravenous antibiotics or changing of feeding tubes or catheters. In addition to the physical obstacles, clients often say that a loss of independence can be very frustrating. Fortunately, CCAC nursing care centres are increasing in popularity. Nursing care centres were introduced to make efficient use of health care resources and to meet the demands of clients wanting to be in control of their own nursing care schedules. All individuals referred to nursing care centres are carefully assessed to ensure they are suited to the program.

Nursing care centres are a "one-stop shop" where clients receive scheduled nursing care services. Most people visit for wound care, but the clinic also provides drug infusions and health education, such as diabetic teaching and showing families how to change wound dressings.

PARTNERING FOR SYSTEM FLOW

"Our partnership with the HNHB CCAC is innovative and cost-effective for the system. Most importantly, it works for the patients that we are honoured to serve in this diverse community. While the program data certainly highlights the value of the CREMS program numerically, the real success is in the patient stories."

Brent Browett,
Director,
Emergency Medical Services,
City of Hamilton

2010/2011 Highlights

- The CCAC staff in the Health Care Connect program linked more than 2,600 unattached patients with the services of a primary care provider.
- The HNHB CCAC Information and Referral staff spoke with over 265,000 callers in 2010/2011.
- 2,815 clients received hospice palliative and end-of-life care from the HNHB CCAC in 2010/2011.

22%
INCREASE

Nearly 4,000 hospital admissions were avoided through CCAC case managers working in partnership with hospital staff in emergency departments. This represents a 22% increase over the previous year.

Connecting with Care

HNHB CCAC is continually making new connections in the communities we serve to help our clients navigate through transitions to access the right care, at the right time, in the right place.

Photo credit: Hamilton EMS

The fall of 2010 saw an exciting pilot program emerge between the HNHB CCAC and Hamilton Emergency Medical Services (EMS). Supported by the HNHB LHIN, and tested in other jurisdictions, the program known as Community Referrals Emergency Medical Services (CREMS), partners EMS and CCAC staff to connect patients with community resources. The project is being evaluated based on its ability to connect patients with appropriate community resources and to help avoid unnecessary hospital visits while supporting patient-centered care.

For example, an elderly woman found herself frequently calling EMS for assistance because she was unable to lift her husband after he had fallen down. The CCAC was able to connect the patient with a Falls Prevention Clinic funded by the local LHIN Aging At Home program.

"This can reduce hospital congestion by training paramedics to recognize the occasions when transporting a patient to a hospital emergency department will be unnecessary and counterproductive if the CCAC becomes involved instead," noted Robert Howard, in an Editorial in the Hamilton Spectator, March 2011.

PARTNERING FOR ACUTE CARE

"Hamilton Health Sciences and the CCAC have been working together to help patients avoid unnecessary hospital visits, and transition home safely after their acute care needs have been met in hospital. This work ensures that the resources of the health care system are optimally utilized. It also improves patients' experiences since they receive more care at home. We're looking forward to greater collaboration with the HNHB CCAC in the future."

Brenda Flaherty
Executive Vice-President Clinical Operations
Hamilton Health Sciences
McMaster University Medical Centre

2010/2011 Highlights

- 100 HNHB CCAC staff work in hospitals across our region.
- There was a reduction of patients waiting in hospital to move into a long-term care home from 428 people in April 2010 to 197 people in March 2011.
- 3,103 clients with hip and knee replacements returned home from hospital with CCAC supports and services.
- HNHB CCAC managed admissions to 118 Assess/ Restore and Slow Stream Rehab beds, benefitting over 800 people.
- 11,412 HNHB CCAC clients received wound care services last year.

The Alternate Level of Care (ALC) rate in acute care dipped even lower to 12.6%, after a decrease from 22.5% to 14.3% the previous year, effectively freeing up 189 acute care beds over two years.

"I am so grateful to those that made it possible for me to return to my own home," says Ruth. "It is still true, as the old saying goes, "There's no place like home," (except for grandma's). The people who care for me at home are like my guardian angels. I sincerely thank each and every one involved in getting me set up and going again at home."

Ruth,
CCAC Client

Caring for Ruth

The HNHB LHIN, hospitals and the HNHB CCAC are working together on a philosophy of care planning called "Home First". For patients in hospital, the goal is to help people return home from hospital and stay safely at home with community supports. For people living in the community, the goal is to avoid hospital admission or premature admission to long-term care.

One of the CCAC's clients, Ruth, recently benefited from this philosophy. Ruth, who is 92 years old, spent over four months in two local hospitals. She accepted that moving away from her home of over 40 years was inevitable. But she did not want to go directly from the hospital. She wanted to go home first, to enjoy the garden she has nurtured over the years. Working together, Ruth's caregivers, family, friends and neighbours made it possible for her to live at home safely and comfortably while she waits for a place in a long-term care home. Although her physical limitations prevent her from venturing into her garden as often as she would like, a friend takes photos of her hyacinths and brings them in for Ruth to enjoy.

PARTNERING FOR OUR COMMUNITIES

"You seemed to know exactly what to say to reassure me, and in doing so demonstrated that there are compassionate, humane and professional staff working to find the best solution for my mom. Thank you for being so generous with your time and so forthcoming and CLEAR in explaining the process."

Daughter of an
HNHB CCAC client,
Burlington.

2010/2011 Highlights

- One out of every 20 people in the HNHB region received CCAC services.
- HNHB CCAC staff spoke with over 2,000 people at 66 Speakers Bureau events, including seniors information fairs and community presentations.
- 200 individuals were recognized as HNHB CCAC Heroes in the Home, at five events across our region.

The HNHB CCAC partners with five community information resource centres enabling access to the region's most comprehensive database. This allows the CCAC to provide custom-tailored information to callers seeking community services.

HNHB CCAC staff are available from 8:30 am to 8:30 pm, 7 days per week, 365 days per year at **1-800-810-0000**.

Recognizing Heroes in the Home

Serving over 70,000 clients takes tremendous dedication on the part of the HNHB CCAC staff, service providers, community agencies and our health sector partners. We are continually looking for ways to provide the quality services our communities expect and our clients deserve. In the fall of 2010, the HNHB CCAC hosted its first Heroes in the Home caregiver recognition award ceremonies to honour the incredible work caregivers do. We were thrilled to accept 200 nominations from our staff, service providers, community agencies and the public, to recognize unpaid caregivers from across our region. There were five ceremonies across our region, one in Brantford, Simcoe, St. Catharines, Hamilton and Burlington. At these important events, HNHB CCAC had an opportunity to recognize and say thank you to the special individuals who give so much of themselves to help others in our communities.

Ines is honoured by her family at the Heroes in the Home event, St. Catharines, in November 2010. Ines cares for her daughter Ida who suffered a massive brain injury due to a pulmonary embolus in 2007. Photo credit: The Welland Tribune November 5, 2010.

In her opening remarks, Melody Miles, CEO explained, "We help 70,000 people every year to access home and community care. And we can do it because of people like our Heroes in the Home. The award winners represent the very best of humanity. Their ability to overcome what many people might consider tragic circumstances is a testament to their commitment to the people they care about." To learn more, watch a brief video at www.hnhb.ccac-ont.ca.

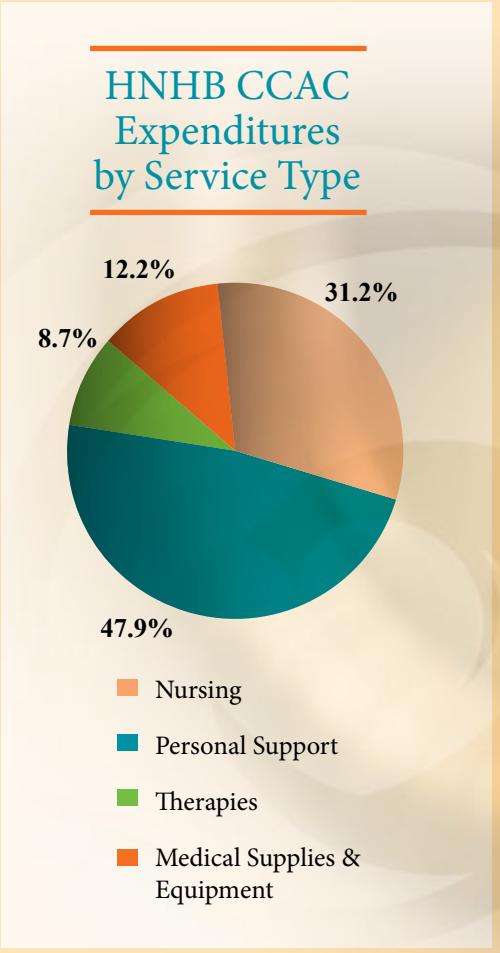
FINANCES

HAMILTON NIAGARA HALDIMAND BRANT COMMUNITY CARE ACCESS CENTRE

Statement of Financial Position

March 31, 2011, with comparative figures for March 31, 2010

	2011	2010
Assets		
Current assets:		
Cash	$14,576,538	$14,036,478
Accounts receivable	1,439,475	643,059
Prepaid expenses	708,787	634,945
	16,724,800	15,314,482
Capital assets	2,880,548	4,100, 939
	$19,605,348	$19,415,421
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	$16,357,221	$13,626,882
Due to MOHLTC/LHIN	82,291	1,469,221
Deferred operating contributions	285,288	218,379
	16,724,800	15,314,482
Deferred capital contributions	2,880,548	4,100,939
Net assets	-	-
	$19,605,348	$19,415,421



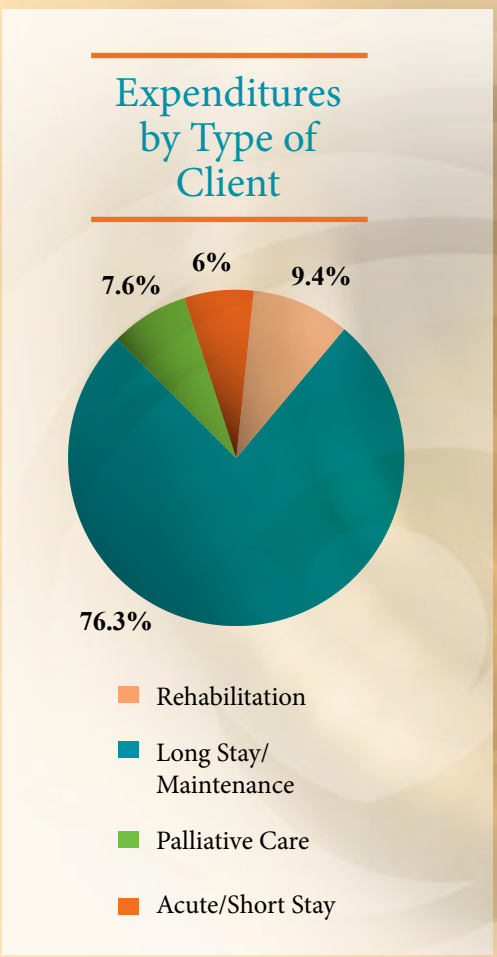
FINANCES

HAMILTON NIAGARA HALDIMAND BRANT COMMUNITY CARE ACCESS CENTRE

Statement of Operations and Changes in Net Assets

Year ended March 31, 2011, with comparative figures for 2010

	2011	2010
Revenue:		
MOHLTC/LHIN	$248,597,320	$229,994,569
Interest income	18,625	50,733
Miscellaneous income	1,337,582	734,388
Amortization of deferred capital contributions	1,541,718	1,781,366
	251,495,245	**232,561,056**
Expenses:		
Purchased client care services	159,450,116	148,495,944
Client care medical supplies and equipment	22,238,784	19,975,904
Salaries and benefits	55,891,169	52,474,518
Other non salary	12,373,458	9,833,324
Amortization of capital assets	1,541,718	1,781,366
	251,495,245	**232,561,056**
Excess of revenue over expenses	-	-
Net assets, beginning of year	-	-
Net assets, end of year	$ -	$ -



FINANCES

HAMILTON NIAGARA HALDIMAND BRANT COMMUNITY CARE ACCESS CENTRE

Statement of Cash Flows

Year ended March 31, 2011, with comparative figures for 2010

	2011	2010
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses	$ -	$ -
Item not involving cash:		
Amortization of capital assets	1,541,718	1,781,366
Amortization of deferred capital contributions	(1,541,718)	(1,781,366)
Change in non cash operating working capital	540,060	(1,454,044)
	540,060	(1,454,044)
Investing activities:		
Purchase of capital assets	(321,327)	(172,063)
Amounts funded by deferred capital contributions	321,327	172,063
	-	-
Increase (decrease) in cash	540,060	(1,454,044)
Cash, beginning of year	14,036,476	15,490,522
Cash, end of year	$14,576,538	$14,036,478

Complete audited statements available upon request.

ACKNOWLEDGEMENTS

The HNHB CCAC is about partnerships. The partnerships we have today, and those we are building, all have the same goal in mind – to provide outstanding care to every person we serve, every day we have the privilege of serving them.

Our commitment to quality client care, innovation, system flow, acute care and communities depends on the strength of our partnerships. Strong partnerships with all of our partners including service providers, hospitals, community agencies and the broader health sector, 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 clients and their caregivers. Family members, friends, neighbours and volunteers provide the care necessary to support people to remain at home, avoid hospital admission, access support upon discharge from hospital and explore long-term care options. Their contributions are a vital and necessary part of our communities.

A special note of thanks to the individuals, photographers and media who granted permission for their photos to be used for this annual report and to our clients and system partners who took the time to share their stories and remarks.

Sara, HNHB CCAC staff member, with her client Harry. Harry's wife Doreen was recognized as a Hero in the Home.

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**

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

Hamilton Niagara Haldimand Brant
CCAC Community Care Access Centre
CASC Centre d'accès aux soins communautaires

Gwynette, HNHB CCAC staff member, with her client Vera.

Ontario