

Community sector investment ensures care for more patients

With the support of the Central Local Health Integration Network (LHIN), between now and the end of the 2013-2014 fiscal year, the Central Community Care Access Centre (CCAC) will have the necessary resources to provide services to more patients, especially those coming directly from hospitals.

In addition to meeting the requirement of a balanced budget, Central CCAC's focus will be:

- Increasing capacity of Home First to 200 active patients at any given time (an increase of about 25 spots) to support timely discharge of patients
- Meeting our Multi-Sector Accountability Agreement (M-SAA) targets related to wait times for CCAC services – five days for hospital and 28 days for community

- Reducing waitlists for in-home patients with high and very high needs
- Meeting the new provincial target of five days for the provision of personal support services for complex patients
- Coordinating care for physiotherapy patients under the provincial physiotherapy reform initiative
- Fully implementing the CCAC expanded role for assisted living and adult day programs
- Reducing the waitlists for services for school children

We appreciate the Central LHIN's investment in the community care sector, which makes it possible for us to support more patients with complex care needs to live safely and independently in the community.

Central CCAC wins innovative best practice award

Thanks to our productive relationships with our hospital partners, the Central Community Care Access Centre (CCAC) won the prestigious 2013 Canadian Innovative Best Practice Award from National Research Corporation (NRC) for our Medication Management Support Services (MMSS).

The award is presented to the Canadian organization whose submission best demonstrates outstanding innovative best practices resulting in significant improvements in patient-centered care and health outcomes. [MORE](#)



Fast
facts

40%

Central CCAC is experiencing growth of approximately 40% every year for patients with complex needs

Data below is for April 1, 2013 to September 30, 2013

NEW HOME FIRST REFERRALS BY HOSPITAL	Q1	Q2	Q3	Q4	YTD
Humber River	27	43	-	-	70
Mackenzie Health	84	96	-	-	180
Markham Stouffville	17	22	-	-	39
North York General	31	36	-	-	67
Southlake	42	46	-	-	88
Stevenson Memorial	1	2	-	-	3
St. John's Rehab	19	10	-	-	29
Out of Area Hospitals	39	37	-	-	76
Totals	260	292	-	-	552

Data Source: CHRIS and ALC Website

552
Home First
referrals¹

For Q2 2013-2014:

- On average 8.6% of Home First patients were admitted to long-term care (LTC)
- 96.2% of Home First patients had very high or high RAI scores
- Central CCAC is exceeding the Central LHIN performance target

NEW REFERRALS BY HOSPITAL	Q1				Q2			
	Emergency	In-Patient	Ambulatory	Total	Emergency	In-Patient	Ambulatory	Total
Humber River	193	1,280	139	1,612	149	1,336	129	1,614
Mackenzie Health	331	724	128	1,183	291	755	95	1,141
Markham Stouffville	146	562	152	860	133	550	158	841
North York General	229	958	241	1,428	190	1,021	222	1,433
Southlake	287	959	333	1,579	287	895	309	1,491
Stevenson Memorial	56	96	6	158	52	105	4	161
St. John's Rehab	0	388	0	388	1	382	0	383
Out of Area Hospitals	24	1,867	110	2,001	39	1,811	75	1,925
Totals	1,266	6,834	1,109	9,209	1,142	6,855	992	8,989

Data Source: CHRIS

18,198
total hospital
referrals¹

- CCACs provide service to patients on the basis of the LHIN in which they reside, irrespective of the referral source

TRANSFERS TO LTC, CONVALESCENT CARE, INTERIM BEDS	Q1				Q2			
	LTC	CCP	Interim	Total	LTC	CCP	Interim	Total
Humber River	40	37	2	79	31	43	2	76
Mackenzie Health	23	23	5	51	18	20	9	47
Markham Stouffville	19	14	2	35	13	8	0	21
North York General	29	25	1	55	31	33	1	65
Southlake	18	12	8	38	19	13	6	38
Stevenson Memorial	6	3	1	10	5	6	1	12
St. John's Rehab	4	1	0	5	2	2	0	4
Totals	139	115	19	273	119	125	19	263

Data Source: Central CCAC Placement Team

536
hospital
transfers¹

For Q2 2013-2014:

- LTC home occupancy rate was 99.4%
- 102 crisis placements from community, as part of a hospital avoidance strategy

¹ YTD

Get in
touch

If you have any questions or comments about this report, please contact
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