

Presentation to the SARS Commission Public Hearings

IMPACT OF SARS ON COMMUNITY CARE ACCESS CENTRES

Julie Foley, Executive Director

Janet Rajroop, Director of Client Services

**Scarborough Community Care Access
Centre**



Jim Armstrong, CEO

Ontario Association of CCACs

Why are we here?

- To highlight the role the Community Care Access Centres (CCACs) played in the SARS crisis by maintaining community services and relieving pressures on hospitals
- To share lessons learned and recommendations for improving the management of future emergencies

What are Community Care Access Centres

- CCACs provide coordinated, one-stop access to:
 - health and support services at home and at school,
 - long-term care facility beds, and
 - Information about and referral to other community services

Community Care Access Centres

- Each year, CCACs provide home care services to approximately ½ million people across the province
- Approximately 40% of referrals to CCACs come directly from acute care hospitals
- CCACs manage all placements into LTC facilities, including people coming from acute care to long-term care

Community Care Access Centres

- CCACs interact uniquely with all other parts of the health care system – hospitals, physicians, long-term care facilities and other community services
- CCACs are, therefore, in a unique position to facilitate integration and information sharing

905/GTA CCACs

- SARS affected CCACs across the province
- The 10 CCACs in the 905/GTA area experienced the most direct impact: quarantine
 - ill workers

905/GTA CCACs

Durham

East York

Etobicoke York

Halton

North York

Peel

Scarborough

Simcoe County

Toronto

York Region

Communications during the SARS Crisis

- Daily teleconferences with 905/GTA CCACs, Ministry of Health and POC
- Daily communiqués to home care service providers across the 905/GTA area
- Weekly teleconferences with all provincial CCACs

Communications during the SARS Crisis

- Regular bulletins to all CCACs to ensure they were prepared should SARS be identified in their communities
- Hospital status report initially posted on the Scarborough CCAC website
- Directives and other communications posted on website of Ontario Association of CCACs (OACCAC)

Other Initiatives

- Consolidated ordering of medical supplies (masks and gowns)
- Central coordination of data collection for long-term care facility placement and for referrals for people needing home care
- Provision of extended services in the home and in LTC facilities to prevent hospital admissions

Key Directives

- Initial restrictions on admissions and discharges from acute care facilities
- 1A priority designation to facilitate discharge of ALC patients to LTC facilities
- Precautions when providing home care to a patient discharged from a Level 2 or 3 hospital

Evaluation of CCAC Effectiveness During SARS Crisis

- 905/GTA CCACs collaborated on an evaluation to determine:
 - Effectiveness of initiatives
 - Barriers to implementation
 - Issues and Areas for Improvement
 - Ideas for further initiatives

Evaluation of CCAC Effectiveness During SARS Crisis

- Feedback was solicited from
 - CCAC senior management and staff
 - Hospitals
 - Home Care service providers in the community
 - LTC facilities
 - Ministry of Health and Long-Term Care
 - Provincial Operations Centre

Evaluation of CCAC Effectiveness During SARS Crisis

- Issues and Recommendations fell into the categories of:
 - Communication
 - Cross-sectoral cooperation
 - System-wide infection control procedures
 - Health system emergency planning

Feedback from Hospitals

- CCACs showed collective leadership in setting up processes that met the needs of patients, families and hospitals
- Coordination and collaboration between hospitals and CCACs produced success (i.e. many more placements than usual from hospitals into LTC facilities)
- Need to address issues associated with client choice, special needs populations and where clients wait for long-term care on a system-wide basis

Feedback from Home Care Service Providers

- Communication mechanisms worked well
- Enhanced service levels were effective in maintaining people in the community
- More direct communication with clients would have been helpful
- Mechanisms for supply distribution worked well
- Many staff work for multiple employers
- Education on proper use of protective equipment required

Feedback from Long-Term Care Facilities

- Effective coordinated communications
- 1A placement category assisted facilities to fill vacancies
- Improvement needed regarding accuracy of information on applications and appropriateness of placements
- CCAC services helped maintain clients in place
- Need for system wide emergency planning

Feedback from CCACs outside the GTA

- Communiqués provided consistent and timely messages
- Coordinated management of supplies worked well and allowed costs to be tracked centrally
- Buddy system allowed each CCAC to have a contact for SARS information and issues
- Collaborative development of directives improved the clarity
- Hospital staff did not have current information about community directives
- Access to public health was challenging, with delays in screening of individuals in voluntary quarantine

Feedback from Ministry of Health and Long-Term Care

- CCACs showed leadership and commitment
- CCACs drafted and operationalized protocols that formed the basis of provincial directives
- Effective communication about emerging issues and requirements
- Central management of supplies was effective, particularly given initial supply shortages

Feedback from Provincial Operations Centre

- Effective communication and issue identification
- CCAC system worked as a team
- CCACs and providers were not recognized for their strong contribution in managing SARS

Overarching Issues and Recommendations

- Enhance consistency of communications across all sectors
- Ensure all groups affected have input into directives
- Collaborative system-wide planning for emergencies
- Establish processes to coordinate placement into Chronic Continuing Care and Rehab

Overarching Issues and Recommendations

- Continue central coordination of CCAC response for communication, supplies and data collection
- Increase collaboration and communication with Public Health
- Consistent provincial message from Public Health
- Ensure health providers outside the publicly funded system are included in communications.