

Chapter 3

Section 3.01

CCACs—Community Care Access Centres—Home Care Program

Standing Committee on Public Accounts Follow-Up on Section 3.01, 2015 Annual Report

In May 2016, the Committee held a public hearing on our 2015 audit of Community Care Access Centres (CCACs)—Home Care Program. The Committee tabled a report in the Legislature resulting from this hearing in December 2016. The report can be found at www.auditor.on.ca/en/content/standingcommittee/standingcommittee.html.

The Committee made seven recommendations and asked the Ministry of Health and Long-Term Care (Ministry) and the Local Health Integration Networks (LHINs) to report back by the end of March 2017. The Committee directed the recommendations to LHINs rather than CCACs because LHINs were expected to assume the home-care function of CCACs, and the CCACs were to be eliminated subject to the passage of the *Patients First Act* (Act). The Act was passed in the Legislature about one week after the tabling of the Committee report. At the time of the follow-up, the transfer of home-care responsibility from CCACs to LHINs was in progress. The Ministry, Health Shared Services Ontario (formerly the Ontario Association of Community Care Access Centres) and the CCACs formally responded to the Committee on March 31, 2017. A number of issues raised by the Committee were similar to the audit observations in our 2015 audit, which we have also followed up on this year

(see **Chapter 1**). The status of each of the Committee's recommended actions is shown in **Figure 1**.

We conducted assurance work between April 1, 2017 and June 30, 2017, and obtained written representation from the Ministry of Health and Long-Term Care, Health Shared Services Ontario and the three Local Health Integration Networks (Central, North East, and Champlain) that, effective September 1, 2017, they have provided us with a complete update of the status of the recommendations made by the Committee. (At the time of finalizing this report, LHINs had taken over the responsibility of home care from the CCACs, which ceased to exist.)

Overall Conclusion

According to the information the Ministry, Health Shared Services Ontario and the CCACs (now part of the LHINs) provided to us, as of June 30, 2017, 22% of the Committee's recommendations had been fully implemented and about 70% of the recommendations were being implemented. However, there had been little or no progress on one recommendation. For example, the Ministry and the CCACs had fully implemented recommendations

Figure 1: Summary Status of Actions Recommended in December 2016 Committee Report

Prepared by the Office of the Auditor General of Ontario

	# of Actions Recommended	Status of Actions Recommended			
		Fully Implemented	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented
Recommendation 1	4		4		
Recommendation 2	2		1	1	
Recommendation 3	1		1		
Recommendation 4	2		2		
Recommendation 5	1	1			
Recommendation 6	7	3	4		
Recommendation 7	1		1		
Total	18	4	13	1	0
%	100	22	72	5	0

relating to areas such as revising the client satisfaction survey methodology to be more effective and conducting routine site visits to monitor service-provider performance. As well, the Ministry and the CCACs were in the process of implementing recommendations relating to areas such as addressing funding inequities between CCACs, developing standard performance indicators and targets for home-care services and developing standard guidelines for prioritizing clients for home-care services. However, the CCACs had made little progress in centralizing wait-lists for community-based support services. The Ministry has confirmed that the

LHINs, now responsible for home care, will pursue these recommendations.

Detailed Status of Recommendations

Figure 2 shows the recommendations and the status details that are based on responses from the Ministry, Health Shared Services Ontario and the CCACs, and our review of the information provided.

Figure 2: Committee Recommendations and Detailed Status of Actions Taken

Prepared by the Office of the Auditor General of Ontario

Committee Recommendation	Status Details
<p>Recommendation 1 The Ministry of Health and Long-Term Care</p> <ul style="list-style-type: none"> • address funding inequities between Community Care Access Centres; Status: In the process of being implemented by June 2018. • establish a minimum level of care, based on assessed need, that clients can expect to receive; Status: In the process of being implemented by December 2018. • develop standard guidelines for prioritizing clients for services, and monitor compliance with those guidelines; Status: In the process of being implemented by December 2018. • ensure that clients with the highest level of assessed need are provided hours of care closer to the regulated maximum. Status: In the process of being implemented by December 2018. 	<p>The Ministry had started using population-health data in allocating base funding increases of \$100 million in 2016/17 and \$80 million in 2017/18, and another \$20 million in 2017/18 for services for high-needs clients. In making these funding increases, the Ministry considered the number of clients with complex needs and the length of time they received services at each CCAC. The Ministry indicated that it will continue to address historical inequities in home-care funding by June 2018.</p> <p>In August 2016, the Ministry established a Levels of Care Expert Panel (Expert Panel) to provide advice and recommendations on the development and implementation of a levels-of-care framework in Ontario. The Expert Panel is co-chaired by a physician and a vice president of Health Quality Ontario (an agency created in 2005 to provide advice to the Minister of Health and Long-Term Care on the quality of health care), and a senior director at the former Toronto Central CCAC. The framework is intended to introduce common home- and community-care assessment and care planning practices, and is expected to have significant implications for care co-ordination. In June 2017, the Expert Panel submitted a final report, <i>Thriving at Home: A Levels of Care Framework to Improve the Quality and Consistency of Home and Community Care for Ontarians</i>, to the Ministry. The Ministry expects to work with sector partners through the summer and fall of 2017 to plan for implementing the recommendations contained within this report. The LHINs will review the framework and work with the Ministry toward implementing recommendations relating to level of services, which may include establishing a minimum level of care, developing standard guidelines for prioritizing clients for services, and providing hours of care closer to the regulated maximum, by December 2018.</p>

Committee Recommendation	Status Details
<p>Recommendation 2 The Local Health Integration Networks</p> <ul style="list-style-type: none"> develop centralized wait-list information for all community-based support services in order to provide current information on the availability of such services to all health-service providers and clients; Status: Little or no progress. ensure that all home-care health-service providers and community support service agencies share assessment information on a common system. Status: In the process of being implemented by March 2019. 	<p>At the time of this follow-up, the LHINs had not expanded the centralized wait-list information to include all community-based support services. The former CCACs (now LHINs) had regulatory authority to manage wait-lists for some community support service agencies (for example, respite/day programs, assisted living, and supportive housing). At the time of the follow-up, LHINs did not manage wait-list information for other community-based support services, such as homemaking, caregiver support and transportation services. LHINs indicated that centralizing wait-lists for all services requires broader local planning discussions between the home- and community-care function within the LHINs and community support service agencies. At the time of our follow-up, the LHINs indicated that the passage of the <i>Patients First Act</i> and the requirement to integrate services within sub-regions present an opportunity to further explore how centralized wait-lists could be implemented.</p> <p>We noted in our 2015 audit that the Ministry introduced an online system called Integrated Assessment Record that enables agencies to share client assessment information with each other. At that time, the Ministry required only CCACs and long-term-care homes to upload assessment information to the system, but did not extend that requirement to community support service agencies, which uploaded assessment information to the system on a voluntary basis. These requirements still had not changed at the time of the follow-up. The Ministry expected to support expanding the use of this system (which could include mandating community support service agencies to upload client assessments to the system) over the 2017/18 and 2018/19 fiscal years, following a review of the levels-of-care framework.</p>
<p>Recommendation 3 The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure that low-needs clients who require personal support services receive these services from community support service agencies, where appropriate, rather than through the Community Care Access Centres or, as the pending <i>Patients First Act, 2016</i> would enact, through the community care function within the Local Health Integration Networks. Status: In the process of being implemented by December 2018.</p>	<p>As of February 2016, four of the province's 14 LHINs had provided funds to designated community support service agencies to deliver personal support services to low-needs clients, thereby improving access and allowing CCACs to focus on clients with more complex care needs. These LHINs had identified and shared lessons learned and approaches with the remaining LHINs.</p> <p>At the time of this follow-up, the remaining 10 LHINs had also started to transfer their low-needs clients to community support service agencies, and were implementing standards, guidelines and performance measures to ensure coordinated access and consistent care for clients. The remaining LHINs expect to complete the transition by December 2018.</p>

Committee Recommendation	Status Details
<p>Recommendation 4 The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure</p> <ul style="list-style-type: none"> that home-care clients are assessed and reassessed within the required time frames; Status: In the process of being implemented by March 2019. that care co-ordinators maintain their proficiency in, and are regularly tested on, the use of assessment tools. Status: In the process of being implemented by December 2018. 	<p>In September 2014, the home- and community-care sector began a review of assessment and reassessment performance metrics and targets that were developed and implemented as part of the Client Care Model. All CCACs use this model (a population-based approach to segmenting client services) to help them identify different patient populations based on their assessed care needs to support care planning. The sector then put this work on hold pending the finalization of the province’s levels-of-care framework, which is expected to have significant implications for care co-ordination, including assessment and reassessment time frames. The Levels of Care Expert Panel submitted the framework to the Ministry in June 2017, and the Ministry expects to begin implementing the framework in early 2018. Following the implementation of the framework, the LHINs expect that care co-ordinators will assess and reassess clients within the required time frames by March 2019.</p> <p>In the meantime, the individual CCACs that we visited in our 2015 audit had implemented initiatives to support and enhance the timeliness of assessments and reassessments. For example, one CCAC standardized scheduling practices for its community care co-ordinators by scheduling in advance a set amount of assessments and reassessments per week. Another CCAC had implemented standard procedures for conducting telephone reassessments for certain patient groups.</p> <p>At the time of our 2015 audit, all CCACs had access to a provincial online testing system to test care co-ordinators’ assessment competency on a regular basis. At the time of our follow-up, the CCACs that we visited in our 2015 audit indicated that the LHINs will deliver further assessment competency training as the home- and community-care sector transitions to an assessment tool called inter-Resident Assessment Instrument-Home Care in 2018. In the meantime, the CCACs had developed and implemented their own policies regarding the minimum number of assessments and competency testing for the care co-ordinators. For example, one CCAC provided its staff with targets for the minimum number of assessments they must complete per month and tests its staff bi-annually on their competency with assessment tools. Another CCAC conducted the assessment tool competency testing annually.</p> <p>The levels-of-care framework was submitted to the Ministry in June 2017. The LHINs planned to review the framework and implement any recommendations related to assessments, which may include the requirements for the minimum number of assessments care co-ordinators must complete per month and the frequency of competency testing, by December 2018.</p>
<p>Recommendation 5 The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, ensure that all home-care clients are contacted for follow-up after discharge. Status: Fully implemented.</p>	<p>At the time of this follow-up, CCACs had implemented various initiatives to follow up with clients discharged from home care. For example, one CCAC had implemented interactive voice response technology to follow up with discharged clients by telephone. The client can respond to questions, for example, about their current condition at home and whether they would like further follow-up from the CCAC. Another CCAC contracted an independent company to conduct direct client calls.</p>

Committee Recommendation	Status Details
<p>Recommendation 6 The Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks,</p> <ul style="list-style-type: none"> • demonstrate that funding meant for Personal Support Worker wage increases was spent as intended; Status: In the process of being implemented by June 2018. • develop performance indicators and targets for home-care services; Status: In the process of being implemented by December 2018. • collect relevant data that measures client outcomes; Status: In the process of being implemented by December 2018. 	<p>At the time of the 2015 audit, we noted that the Ministry only required contracted service providers to annually self-declare that they had complied with the personal support worker wage increase, but did not have any audit process to ensure that the funds it provided were spent to recruit and retain personal support workers according to the intention of the initiative. At the time of this follow-up, this was still the case. The Ministry indicated that service providers attest to their compliance with the Personal Support Worker Wage Enhancement Directive and Addenda through a certificate of compliance; this attestation required the signature of the highest ranking officer in the organization and confirmation by the organization's board chair. The CCACs (now LHINs) tracked the receipt of these attestations over the course of the three-year initiative and brought to the Ministry's attention issues of non-compliance, which were subsequently resolved. The Ministry indicated that it will collaborate with the 14 LHINs to conduct a provincial audit by June 2018 to ensure funds provided were spent to recruit and retain personal support workers.</p> <p>Beginning in spring 2016, the home-care sector participated in the provincial Home and Community Care Indicators Review led by Health Quality Ontario, which assessed the home care indicators that all CCACs currently report to the public. The review was completed in March 2017. At the time of our follow-up, the Ministry was examining the outcome of the indicators review and considering improvements to the current methodology, which it expected to complete by September 2017. It then plans to establish, by December 2018, service targets for these new indicators to track progress in improving consistency of care. The Ministry also plans to work with Health Quality Ontario to identify new patient experience indicators that are most meaningful to patients, caregivers, and the public.</p> <p>At the time of this follow-up, the home-care sector was working with Health Quality Ontario on the development of quality standards for the care and rehabilitation of hip fractures. The development of the quality standard on hip fracture and associated recommendations for adoption is in the final stages of approval with Health Quality Ontario and will be released in fall 2017. It also worked with the Rehabilitative Care Alliance on the development of rehabilitative care best-practice frameworks for patients with hip fractures and primary hip and knee replacement. The home-care sector was also developing indicators to measure CCAC performance in this area. The home-care sector was establishing a provincial rehabilitation community of practice—a group of professionals who share their intelligence and learning concerning rehabilitation services—to support the sector in implementing the standards once finalized. The LHINs will continue to develop more outcome-based indicators on an ongoing basis, but expect most of this work to be completed by December 2018.</p>

Committee Recommendation	Status Details
<ul style="list-style-type: none"> collect data on missed, rescheduled, and late visits from each contracted service provider; Status: In the process of being implemented by December 2018. 	<p>In January 2015, CCACs revised the definition of “missed care” and began collecting provincial data to help set new provincial targets for “missed care”. In March 2016, CCACs updated the agreement with service providers to include the revised definition and the targets. The CCACs planned to report on this indicator under revised methodology in the third quarter of 2017/18. With respect to rescheduled and late visits, CCACs measure these incidences by asking related questions in a client satisfaction survey.</p>
<ul style="list-style-type: none"> conduct routine site visits to monitor the quality of care provided by service providers; Status: Fully implemented. 	<p>At the time of our follow-up, the CCACs we visited indicated that staff conduct audits and/or site visits to monitor the quality of care provided by service providers in clients’ homes. For example, one CCAC began visiting service providers in 2015 with a focus on patient safety, and intended to focus on contractual obligations related to performance and quality improvement in 2017/18. Another CCAC in 2015/16 and 2016/17 completed both desk audits and on-site audits of its service providers to investigate specific quality-improvement opportunities.</p>
<ul style="list-style-type: none"> review and revise the client satisfaction survey methodology to ensure that client satisfaction survey results can be used to effectively monitor the performance of service providers; Status: Fully implemented. 	<p>The CCACs made the following changes to the client satisfaction survey methodology to increase the accuracy and reliability of survey responses:</p> <ul style="list-style-type: none"> updated survey inclusion/exclusion criteria to optimize responses and the sample size, which improved data reliability (for example, the survey now excludes any patient who has completed a survey in the last 12 months and any patient who has refused to participate in a survey in the last nine months); updated the survey sampling methodology and calling protocol to increase the likelihood of receiving responses to the survey (for example, the survey now pulls samples that contain only primary contact information, which helps ensure that the interviewer contacts the most appropriate caregiver if the patient is unable to be interviewed; as well, the interviewer can now contact up to three caregivers, rather than one, to increase the likelihood of getting a response to a survey); and added modules in the client satisfaction survey for clinic patients and patients transitioning from hospitals to home care to increase the accuracy of information for specific services/clients.
<ul style="list-style-type: none"> apply appropriate corrective actions to service providers that perform below expectations. Status: Fully implemented. 	<p>At the time of our 2015 audit, the CCACs we visited indicated that they were monitoring the performance of their service providers against a set of performance standards that are part of all service provider contracts. Where a service provider did not achieve a standard, a CCAC could issue a quality improvement notice, which required the service provider to develop an action plan to improve performance. If performance issues were not resolved, CCACs could decrease the amount of service volume allocated to a poorly performing provider or terminate the contract. In the fiscal year 2016/17, some CCACs had issued quality-improvement notices to service providers, but these CCACs did not decrease service volumes or terminate any contracts.</p>

Committee Recommendation	Status Details
<p>Recommendation 7</p> <p>The Ministry of Health and Long-Term Care ensure that caregivers receive a sufficient level of appropriate support.</p> <p>Status: In the process of being implemented by March 2018.</p>	<p>In March 2016, the Ministry conducted a gap analysis and jurisdictional scan of caregiver training and education programs. The report identified the following gaps: Ontario had many disease-specific, but insufficient general, caregiver training and education programs; skills-based caregiver training programs were lacking; Ontario had limited programs offered in languages other than English and for different cultures and groups; Ontario had limited programs targeted to those caring for frail seniors; and Ontario had no lead organization that co-ordinates caregiver supports.</p> <p>To address these gaps, the Ministry expects to fund \$4 million over two years beginning fall 2017 to support the development and delivery of caregiver training and education programs. As well, the Ministry engaged a consultant in 2016 to assess the need for a lead organization to co-ordinate supports and resources for caregivers across the province. Based on the report by the consultant, the government announced in April 2017 its intention to launch a caregiver organization. The Ministry also intends to develop a caregiver toolkit, and make it available to caregivers by March 2018.</p> <p>The Ministry provided funding of \$40 million in total in July 2016 and April 2017 to enhance in-home caregiver respite. The CCACs tracked the use of these funds, including information such as service hours, individuals served, and amount spent. The CCACs reported this information back to the Ministry to inform the future direction of caregiver support programs.</p>