CCACs—Community Care Access Centres—Home Care Program

Follow-Up on VFM Section 3.01, *2015 Annual Report*

RECOMMENDATION STATUS OVERVIEW					
	# 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	2	2		
Recommendation 2	2	1	1		
Recommendation 3	3	2	1		
Recommendation 4	2	1		1	
Recommendation 5	2	1	1		
Recommendation 6	1		1		
Recommendation 7	3		3		
Recommendation 8	1		1		
Recommendation 9	3	1	1	1	
Recommendation 10	1	1			
Recommendation 11	1	1			
Recommendation 12	2	2			
Recommendation 13	1		1		
Recommendation 14	5		5		
Total	**31**	**12**	**17**	**2**	**0**
%	**100**	**39**	**55**	**6**	**0**

Overall Conclusion

Note: Ontario's Community Care Access Centres (CCACs) were absorbed by the Local Health Integration Networks (LHINs) between May and June 2017.

According to the information the Ministry of Health and Long-Term Care (Ministry), Health Shared Services Ontario and the CCACs (now part of the LHINs) provided to us, as of June 30, 2017, 39% of actions we recommended in our *2015 Annual Report* had been fully implemented. The Ministry,

Health Shared Services Ontario, and the CCACs have made progress in implementing an additional 55% of the recommendations.

The Ministry, Health Shared Services Ontario, and the CCACs have fully implemented recommendations relating to areas such as ensuring care co-ordinators address overdue assessments and reassessments on a timely basis, tracking the amount and type of caregiver support provided, and following up with discharged clients within the required time frames.

As well, the Ministry, Health Shared Services Ontario, and the CCACs were in the process of implementing recommendations relating to areas such as developing standard guidelines to prioritize clients for services, conducting a provincial audit to confirm that service providers are using the personal support worker wage increase funds for the purposes intended, and reviewing performance indicators for their relevance and effectiveness.

However, the CCACs had made little progress on centralizing wait lists for community support services and on tracking rescheduled and late home-care visits in addition to missed care. The Ministry has confirmed that LHINs will pursue these recommendations.

The status of actions taken on each of our recommendations is described in the report.

Background

At the time of our 2015 audit, Ontario's 14 Community Care Access Centres (CCACs) were not-for-profit provincial government organizations that helped people access home- and community-based health care and related social services outside a hospital setting. These services included nursing, personal support, physiotherapy and occupational therapy, for example. Each CCAC was overseen and funded by a Local Health Integration Network (LHIN).

Following our 2015 audit, Ontario passed the *Patients First Act* in December 2016. The Act expands the mandate of the LHINs as the single point of accountability for home and community care. At the time of our follow-up work, the Province was in the process of dissolving the CCACs and transferring their staff, resources and responsibilities to the LHINs.

Home care is publicly funded by the Ministry of Health and Long-Term Care (Ministry). To be eligible for home-care services, a person must be insured under the Ontario Health Insurance Plan. Referrals for home-care services can be made by hospitals, family physicians, or clients and/or their families.

Ontario's 14 Community Care Access Centres (CCACs) were responsible for providing home-care services to Ontarians who might otherwise need to stay in hospitals or long-term-care homes. CCACs assessed people to determine if their health needs qualified them for home-care services, and then developed care plans for those who qualified. CCACs contracted with about 160 private-sector, for-profit, or not-for-profit service providers to provide home-care services directly to clients.

In recent years, home-care clients have had increasingly complex medical and social-support needs because, since 2009, Ontario hospitals have been expected to discharge most patients who do not really need to be in acute-care settings. In the fiscal year 2016/17, 58% (60% in 2014/15) of home-care clients were aged 65 and over.

In the fiscal year 2016/17, Ontario spent $2.7 billion to provide home-care services to 760,000 clients. This represents a 56% increase in funding and 30% increase in the number of clients compared to 2008/09, the year before our last audit of home-care services in 2010.

From 2005/06 to 2016/17, overall CCAC funding (for home care and other services) had increased by 93% (73% from 2005/06 to 2014/15), but had remained a relatively constant 4% to 5% of overall provincial health spending. The Ministry had recognized the value of home and community

care, and it had issued several reports highlighting the importance of strengthening this sector.

Despite these positive efforts, some of the issues we raised in our 2010 audit of the home-care program still existed at the time of our 2015 audit. For example, clients still faced long wait times for personal-support services, and clients whose needs had been similarly assessed still received different levels of service depending on where in Ontario they lived.

In our *2015 Annual Report*, we found that a person assessed to receive services by one CCAC might not receive services at another. Several factors influenced this, such as a lack of provincial standards that specified what level of service is warranted for different levels of clients' needs, and the fact that per-client funding varied significantly among CCACs despite reforms to the funding formula that began in April 2012. As a result, to stay within budget, each CCAC exercised its own discretion on the types and levels of services it provided—thereby contributing to significant differences in admission criteria and service levels between CCACs. Furthermore, because CCACs could not run deficits, the time of year a client was referred, and their level of need, could also influence whether they received services or not. For instance, in our 2015 audit, we noted that at one CCAC, clients assessed after September 2014 as low to moderate needs with a client needs-assessment score of 10.5 and under would not even be added to the CCAC's wait list for services. Meanwhile, a client with the same score at the other two CCACs would have been placed on their respective wait lists for services.

Because the availability of community support services such as assisted living and respite care varied across the province (many community support service agencies were historically set up by volunteers to serve local needs; such agencies are not prevalent in rural and northern areas), some CCACs might be required to provide more services to their clients when no other agencies could provide the necessary additional support.

Our 2015 audit found that, until these overarching issues were addressed, clients in Ontario would continue to receive inequitable home-care services. Our specific observations included the following:

- The caseloads of CCAC workers who co-ordinated clients' care varied significantly from one CCAC to another, and within the same CCAC. In two of the three CCACs we visited, caseloads did not comply with guidelines developed by the Ontario Association of Community Care Access Centres. For example, one CCAC's care co-ordinators on average carried 30% larger-than-recommended caseloads for chronic clients.

- For budgetary reasons, CCACs were not able to provide personal support services to the maximum levels allowed by law. Care co-ordinators still, for the most part, assessed clients to receive up to 60 hours of personal support services per month versus 90 hours as permitted by law. Furthermore, Ontario's regulation was silent on the minimum amount of services that can be provided. As a result, there was no minimum service level requirement for personal support services that CCACs must provide to their clients—for instance, a specified minimum number of baths per week.

- At the three CCACs we visited (Central, North East, and Champlain), 65% of initial home-care assessments and 32% of reassessments for chronic and complex clients were not conducted within the required time frames in 2014/15. Some clients were not assessed or reassessed in almost one year, and some beyond a year.

- Not all care co-ordinators maintained their proficiency in, and some were not regularly tested on, the use of client assessment tools.

- CCACs did not consistently conduct site visits to ensure that the service providers with whom they had contracted were complying with contract requirements. For example, none of the three CCACs we visited had

verified that service providers accurately and completely reported incidents of missed visits.

Our recommendations included that the Ministry explore better ways to apply the funding reform formulas to address the funding inequities; develop standard guidelines for prioritizing clients for services, and monitor for compliance to those guidelines; assess the types of caregiver supports and initiatives available in other jurisdictions, and consider approaches to use in Ontario; require all health-service providers to upload complete client assessment information on a common system; and make more CCAC results on performance measures publicly available.

We also recommended that CCACs assess and reassess clients within the required time frames; require that all CCAC care co-ordinators comply with the minimum number of assessments per month and be tested on the use of the assessment tools each year, and monitor compliance with that requirement; reassess and, where necessary, revise current guidelines for care co-ordinator caseload sizes; and develop performance indicators and targets, and collect from contracted service providers relevant data that measure client outcomes.

We made 14 recommendations, consisting of 31 actions needed for improvement, and received commitments from the Ministry, the Ontario Association of Community Care Access Centres, and the three CCACs we visited during our audit that they would take action to address them.

Important Events Following Our 2015 Audit

In August 2016, the Ministry established a Levels of Care Expert Panel (Panel) to provide advice and recommendations on the development and implementation of a levels-of-care framework in Ontario. The Panel was co-chaired by a physician and a vice president of Health Quality Ontario (an agency created in 2010 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 Panel submitted a final report, "Thriving at Home: A Levels of Care Framework to Improve the Quality and Consistency of Home and Community Care for Ontarians," to the Ministry. The Ministry is currently reviewing the recommendations and expects to work with sector partners to plan for implementing the recommendations contained within this report through the summer and fall of 2017.

In December 2016, the *Patients First Act, 2016* was passed. The Act expands the mandate of LHINs as the single point of accountability for home and community care through the transfer of CCAC staff, resources and services to the LHINs. By streamlining the delivery of services and removing a layer of administration within the CCACs, the Ministry expects the health-care system to be more responsive to people's needs. The transfer of all 14 CCACs into LHINs took place in stages, region by region, in May and June 2017. As well, on March 1, 2017, Health Shared Services Ontario officially became operational. The organization, chaired by an associate deputy minister of the Ministry of Health and Long-Term Care and led by the former chief executive officer of the Ontario Association of Community Care Access Centres (Association), replaced the Ontario Association of Community Care Access Centres and two other former LHIN service organizations. It is tasked with supporting LHINs with health system integration and providing key shared service functions and supports to the LHINs.

Standing Committee on Public Accounts

On May 11, 2016, the Standing Committee on Public Accounts (Committee) held a public hearing on our 2015 audit. In December 2016, the Committee tabled a report in the Legislature resulting from

this hearing. The Committee endorsed our findings and recommendations. The Committee made seven additional recommendations. The Ministry, Health Shared Services Ontario, and the CCACs reported back to the Committee in March 2017. The Committee's recommendations and follow-up on their recommendations are found in **Chapter 3**, **Section 3.01** of **Volume 1** of our *2015 Annual Report*.

Status of Actions Taken on Recommendations

We conducted assurance work between April 1, 2017, and June 30, 2017. We 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 have assumed the responsibilities of the former CCACs we visited, that effective September 1, 2017, they provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Assessment of Client and Family Needs Requires Improvement

Recommendation 1
To ensure that all home-care clients receive the most appropriate and timely care, Community Care Access Centres, in conjunction with the Ontario Association of Community Care Access Centres, should:

- *assess and reassess clients within the required time frames;*
  Status: In the process of being implemented by March 2019.

Details
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 used 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 outcome of the work under way on developing a 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.

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.

- *inform clients of the expected wait time for assessments and reassessments, especially when the required time frames will not be met;*
  Status: Fully implemented.

Details
At the time of our follow-up, the CCACs we visited in our 2015 audit indicated that they notify patients about the timing of their assessment upon completion of the intake process. At reassessment, clients are provided with a notice on the timing of the next reassessment. The team assistant communicates to the client any changes to scheduled assessments.

- *require managers to review reports on overdue assessments and reassessments and better ensure care co-ordinators act on addressing overdue files as soon as possible;*
  Status: Fully implemented.

Details

At the time of our follow-up, managers at the CCACs we visited in our 2015 audit told us they routinely receive and review reports on overdue assessments and reassessments to better ensure care co-ordinators address overdue files as soon as possible. For example, managers in one CCAC have begun using a report to review the status of assessments that are overdue by more than 18 months and follow up with care co-ordinators. At the time of our follow-up work, there were 62% fewer overdue assessments at this CCAC compared to the time of our 2015 audit, reflecting that the care co-ordinators had been addressing overdue files.

- *require that all CCAC care co-ordinators comply with the minimum number of assessments per month and be tested on the use of the assessment tools each year, and monitor compliance to that requirement.*
  Status: In the process of being implemented by December 2018.

Details

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 com-

plete per month and tests its staff bi-annually on their competency with assessment tools. Another CCAC conducted the assessment tool competency testing annually.

The levels-of-care framework was submitted to the Ministry in June 2017, and the Ministry expects to begin implementing the framework in early 2018. 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.

Recommendation 2

To support caregivers so that home-care clients can receive care at home for as long as needed and to ensure the level of support to caregivers is sufficient,

- *the Ministry of Health and Long-Term Care, through the LHINs, should assess the types of caregiver supports and initiatives available in other jurisdictions, and consider approaches to use in Ontario;*
  Status: In the process of being implemented by March 2018.

Details

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.

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.

- *Community Care Access Centres should track the amount and type of caregiver support provided, and assess whether supports provided are sufficient and appropriate.*
  Status: Fully implemented.

Details

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.

Co-ordination of In-Home Services Could Be Better Managed

Recommendation 3

To ensure care co-ordinators are deployed optimally in accordance with caseload guidelines and to encourage equitable service levels across the province, the Community Care Access Centres, in conjunction with the Ontario Association of Community Care Access Centres, should:

- *seek to understand the reasons for caseload variances and determine how these can be addressed;*
  Status: Fully implemented.

Details

During this follow-up, the CCACs we visited in our 2015 audit indicated that they continually review

and revise caseloads when balancing the needs of patients and the growing demand for care. However, caseload guidelines are only one of many factors that CCACs must take into consideration when reviewing caseload sizes and variances. Other factors that affect caseload sizes include how long a patient had been receiving home care, the specialized needs of different patient populations, geographic location and population density, availability of resources (including human resources and other local programs and services), and local health system issues (such as the need to reduce the number of patients who occupy hospital beds but could be treated elsewhere).

- *reassess and, where necessary, revise current provincial guidelines for care co-ordinator caseload sizes;*
  Status: In the process of being implemented by March 2019.

Details

At the time of our follow-up, the CCACs had put the review of care co-ordinator caseload sizes on hold pending the release of the levels-of-care framework. 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 to review care co-ordinator caseload sizes by March 2019.

- *follow up with discharged clients within the required time frames.*
  Status: Fully implemented.

Details

At the time of this follow-up, the CCACs we visited in our 2015 audit 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.

Inadequate Information on Community Support Services Available

Recommendation 4

To effectively navigate clients to obtain necessary community-based services and to ensure current information on the availability of such services is easily accessible to all health service providers and clients, Community Care Access Centres should:

- *track all referrals made to community support service agencies;*
  Status: Fully implemented.

Details

In our 2015 audit, we found different CCACs maintained different statistics and data on referrals to community support services. Since our 2015 audit, the CCACs and the LHINs had made changes to the provincial home-care information system. The system now includes a referral function that allows exchange of patient referral information with, and tracking the status of patient referrals to, over 500 community support service agencies. In addition, in March 2016, the CCACs streamlined electronic referral packages for personal support services for low-needs patients, respite/day programs, and assisted living to ensure consistent referral information is provided to the receiving agencies.

- *in conjunction with their funding Local Health Integration Networks, consider developing centralized wait-list information for all community support services.*
  Status: Little or no progress.

Details

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 services (for example, respite/day programs, assisted living and supportive housing), but not for others, such as homemaking, caregiver support and transportation services. LHINs indicated that centralizing wait lists for all services would require 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 *Patients First Act* and the requirement to integrate services within sub-regions present an opportunity to further explore how centralized wait lists could be implemented.

Recommendation 5

To increase sharing of assessment information and to avoid duplication of effort, the Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks, should:

- *require all health-service providers to upload complete assessment information, including assessor's notes, on a common system;*
  Status: In the process of being implemented by March 2019.

Details

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.

- *establish a feature in the system to alert staff working in CCACs and community support service agencies when a client's assessment record is already in that common system.*
  Status: Fully implemented.

Details
In our 2015 audit, CCAC staff informed us that neither the Integrated Assessment Record system nor the provincial home-care information system had a feature that alerts care co-ordinators when a client's information has already been collected by another agency and is on the system, which would often lead to a duplication of efforts as they collect and upload clients' assessment records again. In March 2017, the Integrated Assessment Record system was updated so that staff working in CCACs and community support service agencies can be notified when the system receives new or updated assessments for clients in their care.

Access to Home-Care Services Is Inconsistent and Dependent on Funding Levels

Recommendation 6
To ensure CCACs receive funding that enables the provision of equitable service levels across Ontario, the Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks and the Community Care Access Centres, should explore better ways to apply the funding reform formulas to address the funding inequities.
Status: In the process of being implemented by June 2018.

Details
The Ministry has 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 allocate and revise home-care funding in coming years in order to advance and achieve funding equity.

Recommendation 7
To ensure Ontarians receive equitable and appropriate levels of home-care services, the Ministry of Health and Long-Term Care, in conjunction with the Local Health Integration Networks and the Community Care Access Centres (CCACs), should:

- *develop standard guidelines for prioritizing clients for services, and monitor for compliance to those guidelines;*
  Status: In the process of being implemented by December 2018.

Details
The levels-of-care framework was submitted to the Ministry in June 2017, and the Ministry expects to begin implementing the framework in early 2018. The framework will offer guidance to the LHINs in providing similar levels of service to clients with similar needs, regardless of where they live, based on provincial care policies and processes. At the time of the follow-up, the LHINs have committed to reviewing the recommendations of the framework and developing the standard guidelines and monitoring for compliance by December 2018.

In addition, at the time of the follow-up, the LHINs were developing a provincially consistent approach to manage and prioritize patients on a wait list for personal support services. The LHINs expect this work to be completed in fall 2017.

- *evaluate ways to provide more service hours closer to the regulated maximum limits for those assessed as requiring such services;*
  Status: In the process of being implemented by December 2018.

Details

The levels-of-care framework was submitted to the Ministry in June 2017, and the Ministry expects to begin implementing the framework in early 2018. The framework would introduce common home- and community-care standards across the province, and have common standards for who will be eligible for home care and how services will be allocated across the province. At the time of the follow-up, the LHINs committed to working with the Ministry toward implementing the recommendations of the framework, which is expected to set out expectations related to service levels, by December 2018.

- *consider establishing a minimum level of services that clients can expect to receive from CCACs.*
  Status: In the process of being implemented by December 2018.

Details

In our follow-up, the CCACs we visited in our 2015 audit indicated that they were awaiting the release of the levels-of-care framework to inform their next steps. They also indicated that their compliance with implementing standard service levels will depend on equitable funding across CCACs. The levels-of-care framework was submitted to the Ministry in June 2017, and the Ministry expects to begin implementing the framework in early 2018. The LHINs have committed to reviewing the recommendations of the framework and implementing any recommendations related to level of services, by December 2018.

Recommendation 8

To enable Community Care Access Centres (CCACs) to focus their efforts on clients with higher levels of need, the Ministry of Health and Long-Term Care, in collaboration with the Local Health Integration Networks and the CCACs, should expedite the process of transferring and diverting low-needs clients needing personal support services from CCACs to community support service agencies.

Status: In the process of being implemented by December 2018.

Details

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.

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 co-ordinated access and consistent care for clients. The remaining LHINs expect to complete the transition by December 2018.

Oversight of Contracted Service Providers Needs Improvement

Recommendation 9

To help ensure that service providers provide the best-quality home-care services to clients, Community Care Access Centres should:

- *develop performance indicators and targets and collect relevant data that measure client outcomes;*
  Status: In the process of being implemented by December 2018.

Details

All CCACs participated in the work being led by Health Quality Ontario to develop quality standards for the care and rehabilitation of hip fractures. As well, they worked with the Rehabilitative Care Alliance (a province-wide collaborative established in April 2013 by all 14 LHINs to support the improvement of rehabilitative services) to develop rehabilitative care best-practice frameworks for patients with hip fractures and primary hip and knee

replacement. The CCACs (now LHINs) also helped to develop indicators to measure patient outcomes.

In addition, the CCACs (now LHINs) had participated in the work being led by Health Quality Ontario on developing wound care quality standards that would apply across the health-care system. As part of that work, LHINs have begun reviewing performance indicators for the service providers with whom they contract. The LHINs expect to implement these quality standards and the associated indicators by December 2018.

- *reassess the use of "missed care" versus tracking all possible scenarios of missed, rescheduled and late visits;*
  Status: Little or no progress.

Details

In January 2015, CCACs revised the definition of "missed care" and began collecting provincial data to help set provincial targets for "missed care." This new definition does not include any visits where the service provider arrived late or rescheduled a visit without notifying the patient ahead of time. Instead, the CCACs measure those incidents by asking related questions in a client satisfaction survey. In March 2016, CCACs updated the agreement with service providers to include both the revised definition and the targets for "missed care." The CCACs planned to begin reporting on this indicator under the revised methodology in the third quarter of 2017/18. These changes have not addressed all aspects of missed care.

- *consistently apply appropriate corrective actions to service providers that perform below expectation.*
  Status: Fully implemented.

Details

At the time of our 2015 audit, the CCACs we visited indicated that they monitor the performance of their service providers against a set of performance standards that are part of all service provider contracts. Where a service provider does not achieve

a standard, a CCAC may issue a quality improvement notice, which requires the service provider to develop an action plan to improve performance. If performance issues are not resolved, CCACs can decrease the amount of service volume allocated to a poorly performing provider or they can terminate a 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.

Recommendation 10

To ensure that the client satisfaction survey results can be used to effectively monitor the performance of the service providers, the Ontario Association of Community Care Access Centres, in conjunction with the Community Care Access Centres, should review and revise, where necessary, the client satisfaction survey methodology to increase the accuracy and reliability of survey responses.
Status: Fully implemented.

Details

All CCACs made the following changes to the client satisfaction survey methodology to improve the accuracy and reliability of survey responses:

- updated survey inclusion/exclusion criteria to optimize responses and sample sizes, which improved data reliability (for example, the survey now excludes any patient who has already 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.

Recommendation 11

To ensure that information submitted by service providers is complete, accurate and reflects their performance, the Community Care Access Centres should conduct routine site visits to monitor quality of care and verify the accuracy and completeness of information reported to CCACs.
Status: Fully implemented.

Details

At the time of our follow-up, the CCACs we visited in our 2015 audit indicated that their staff conducts 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.

Recommendation 12

To ensure that complaints brought to the attention of either the Community Care Access Centres or the service providers are appropriately addressed on a timely basis, the Community Care Access Centres should:

- *prioritize the complaints they receive by level of risk and respond to the most urgent ones first;*
Status: Fully implemented.

Details

At the time of our follow-up, each of the CCACs we visited in our 2015 audit had established a process to document, prioritize and respond to the complaints it receives. For example, one CCAC indicated

that it acknowledged complaints within two business days. This CCAC also instituted a daily meeting of care co-ordinators to review new complaints and to provide updates on investigations into active complaints. Another CCAC established a policy of prioritizing responses to complaints. This CCAC prioritized complaints based on their impact on the client, which was categorized as high, medium or low, and responded to clients in the order of high impact to low impact.

- *require service providers to identify common areas of concerns as reported by their complainants, and analyze this information for further action.*
Status: Fully implemented.

Details

In our 2015 audit, we noted that neither the Ministry nor the LHINs required CCACs to report the nature of local complaints, and only one of the three CCACs we visited reported the nature of complaints to its LHIN. At the time of this follow-up, all three CCACs indicated that every quarter, service providers report on the number and nature of complaints, areas of concern, and the actions taken to address the complaints. For example, one CCAC required service providers to document client complaints in a system; the CCAC then analyzed this information to identify opportunities for quality or performance improvement. Another CCAC launched an information report in April 2017 to record high-risk events related to infusion and medication errors.

Recommendation 13

To ensure that the funds provided to recruit and retain personal support workers are spent for the purposes intended, the Community Care Access Centres should conduct inspections of service provider records, on a random basis, and share the results with the Ministry of Health and Long-Term Care.
Status: In the process of being implemented by June 2018.

Details

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. 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.

CCACs Measured against Different Targets for Common Areas

Recommendation 14

To ensure that critical operational and financial areas are consistently assessed and are transparent to the public, the Ministry of Health and Long-Term Care, in collaboration with the Local Health Integration Networks, the Community Care Access Centres, and Health Quality Ontario, where applicable, should:

- *review and assess whether all the indicators collected continue to be relevant for determining efficient and effective performance of home care;*
  Status: In the process of being implemented by September 2017.

Details

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 Health Quality Ontario currently reports 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. 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.

- *make more CCAC results on performance measures publicly available;*
  Status: In the process of being implemented by December 2017.

Details

At the time of our 2015 audit, CCACs had publicly reported their performance against targets in the areas of finances, volumes, services, quality improvement and cost/patient served. At the time of our follow-up, the Ministry was assessing the outcome of the Home and Community Care Indicators Review, which it would use to determine the future public reporting of performance measures.

- *consider establishing targets for all performance areas where needed;*
  Status: In the process of being implemented by December 2018.

Details

At the time of this follow-up, the CCACs and the Ministry were working with Health Quality Ontario to review the indicators for home-care services at the provincial level, the LHIN level and the service-provider level. It then plans to establish, by December 2018, service targets for these new indicators to track progress in improving consistency of care.

- *develop more outcome-based indicators to measure against overall CCAC performance;*
  Status: In the process of being implemented by December 2018.

Details

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 estab-lishing 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.

- *make hospital readmission data available to Community Care Access Centres on a more timely basis.*
  Status: In process of being implemented by September 2017.

Details

In May 2017, the Ministry provided hospital data to Health Shared Services Ontario. At the time of this follow-up, the two parties were working together to ensure data quality.