

**PEEL SENIOR LINK  
BOARD CHAIR AND CHIEF EXECUTIVE OFFICER  
ANNUAL REPORT  
2009-2010**

**‘Governing & Managing Growth in Challenging Economic Times  
– The New Normal’**

What a difference a year makes, or not! Two things are for sure:

1. The economic challenges we experienced in the latter part of 2008 into 2009, are here to stay, requiring innovative solutions and deeper collaboration in developing and providing integrated quality health care within our community.
2. In addition to governing and managing growth with a 120% increase in service capacity (100 – 220 supportive housing clients), the agency was ranked #23 Best Small & Medium Employer in Canada by Queen’s School of Business and Hewitt, as well as receiving accreditation status with Accreditation Canada.

We are very fortunate and appreciative that the Ontario government chose to proceed with its investment for the Aging at Home strategy which was launched as a 3 year initiative for fiscal 2008-2011. The Mississauga Halton and Central West LHINs approved strategic service investments, and new/innovative projects on a cross-sectoral basis including the following with the leadership of Peel Senior Link and or in collaboration with partner agencies in response to identified community needs and gaps:

**Service Expansion at Existing Sites (MH LHIN Investment)**

- Wavel Villa provided its approval for expansion at Turtle Creek Manor as the property owner/manager.
- Supporting Seniors Independence & Healthy Neighbourhoods (Supports for Daily Living) – Summerville Pines.

**New Programs (MH LHIN Investment)**

- Elder Abuse Support Program (partnership with Family Services of Peel)
- Telephone Reassurance Program (partnership with Square One Older Adult Centre)

**New Programs (CW LHIN Investment)**

- Integrated High Risk Seniors Program in partnership with Supportive Housing in Peel and Punjabi Community Health Services.

## **Return on Investment – ROI**

There are several key performance indicators that are measured to determine economic viability and sustainability, both in terms of our organization and the larger health/human service system we operate within. One of these measures is based on total charitable giving which dropped from 2007 by nearly half a billion dollars, as reported by Revenue Canada . The Association of Fundraising Professionals (AFP) fundraising survey noted that just 46% of charities raised more money in 2009 than in 2008. That's the lowest percentage ever in the 10-year history of the survey.

The second indicator is jobs and economic growth – the engine of our economy, particularly small and medium sized companies! As demonstrated in recent Federal (\$25 Billion) and Ontario (5 year plan for new jobs and economic growth) budgets, government has demonstrated its commitment to and recognition that job creation and growth is key to addressing the recession.

During this past year, PSL's Health Human Resources grew by 100% in direct response to growing service demands (65 – 129 FTE's). In addition to the provision of an expanded client service base supporting independent living and an improved quality of life, the agency supported savings in Alternate Level of Care bed rates, Emergency Department utilization, and Long-Term Care diversion and wait list reductions through the repatriation of patients/residents. The value (return on these investments) have not only generated resource reallocation to a lower cost service freeing up scarce acute and Long-Term Care Home beds and significantly higher cost resources, but has also provided job opportunities for existing and new workers, maintaining a badly needed work force to enable seniors to live independently in community-based settings.

## **Aging at Home – The Journey Continues....**

The implementation of a 24-7 Supports for Daily Living program at Summerville Pines with up to 30 clients, including service to a designated neighborhood surrounding the building (hub).

We wish to acknowledge our appreciation to the MH LHIN for one-time funding support to assist us with our front line human resource, enabling technology, and organizational capacity for a large and rapid service growth. We are waiting to hear from the MH/CW LHINs in regard to the funding allocation (including stabilization) for this fiscal year. As well, we are thankful to the United Way of Peel for a 2% cost of living increase this year, particularly given the economy. Regardless, we anticipate a challenging year ahead in governing and managing our growth within an environment where our fixed costs well exceed cost of living increases, and have done so for over the last decade. This, in combination with the Public Sector Restraint Act, will widen the existing gap between community and hospital/institutional compensation. With a greater reliance on community-based workers, this will serve as a greater challenge as we work to retain and attract caring, knowledgeable, and skilled workers in the delivery of quality care.

## **Building an Integrated Health System and Community Capacity.....Together**

We wish to acknowledge the PSL Board for their continued governance and leadership, agency staff for their support and encouragement of their C.E.O., and of course to the MH and CW LHINs, United Way of Peel, service/business partners, and donors for their ongoing support of existing and enhanced service capacity to address current and future needs.

From a service perspective, PSL played a continued leadership role in the development and implementation of the Supports for Daily Living model. Steve Kavanagh, Director of Client Services, accepted the Chair position of the SDL leadership committee. Critical work with our local hospitals (Credit Valley, Trillium Health Centre, Halton Healthcare, and William Osler), with discharge planners and CCAC case managers in identifying and transitioning: Alternate Level of Care patients; Long-Term Care Home wait list and active residents to Supports for Daily Living programs through a new LHIN wide central intake function. As well, we presented the SDL model at various conferences/workshops and with Queen's Park policy staff, and introduced the Inter-RAI Community Health Assessment software with Goldcare in partnership with several LHINs. PSL staff played a major role in the provision of training for case managers/supervisors in the Inter RAI process (which has since been selected by the province as the common assessment tool).

As chair of the ASSIST model, we developed and launched the Intake, Information, and Referral components with 16 Health Service Providers. A highly successful 120 day test phase has been completed, with an evaluation currently in progress. A poster board was prepared and presented at the Regional Geriatric Program provincial conference with 90 day test phase results. The MH LHIN has placed this poster on their website as a best practice and will be supporting a region wide implementation of these components for all HSPs over the next 2 year period. We will be presenting these project results at the MH LHIN expo, Ontario Community Support Association, and Canadian Home Care Association conferences this fall, as well as at the Trillium Health Centre, 'Transforming Seniors Care within, between and beyond' conference later this month.

Another exciting project that has been developed is Community Door (formerly known as Human Service Centres) in Peel. We have formed a non-profit corporation with a Board of 6 volunteers, drafted By-Laws, created a brand, engaged some 15 agencies who will share office/service space, selected two Community Door sites (one in Mississauga and one in Brampton, with plans for Caledon), with move in timelines for later this year. One of the key reasons for establishing Community Door is to improve service access through multiple providers delivering integrated services in a shared space location; establish back-office efficiencies; nurture social purpose enterprises/innovative service opportunities; build community capacity and support for small organizations and community groups; and an enhanced community profile and recognition for not-for-profit providers inclusive of staff and volunteers. We also supported the Halton community as guest speakers at their Halton Shared Space Forum last fall.

## **Collaborations/Association Support**

PSL has played a significant role over the years in participating in and supporting a broad range of organizations/associations. This past year included, but not limited to:

- Regional Geriatric Program of Toronto
- Ontario Gerontology Association
- Peel Newcomers Group
- Diversity Roundtable
- Age Friendly Communities
- Falls Prevention and Home Exercise Program
- Diabetes Bridging Program
- Ontario Community Support Association
- Metamorphosis Network
- Seniors' Health Research Transfer Network
- Community Door (formerly known as Human Service Centres)

## **Governance – Enhanced Role and Accountability**

With the initiation of Multi-Sector Accountability Agreements between HSPs and LHINs, governance boards have acquired an enhanced role in health system integration and improvements, and increased accountability for public funds. This past year, Metamorphosis developed a multi-year plan to address the accreditation requirement in the MH LHIN M-SAA for all CSS/MH&A providers. We conducted successful capacity building opportunities including learning circles, benchmarks of excellence, and workshops in collaboration with 4 accreditation bodies. Through Metamorphosis, we have introduced a Board Governance stream for the November conference on Quality including a session on accreditation. Dr. Ben Chan, CEO, Ontario Health Quality Council will serve as the keynote speaker. The MH & CW LHIN Board chairs will participate in this event as well.

The PSL Board has been represented at all MH LHIN governance 2 governance sessions this past year, and recently were invited to present two successful projects being the ASSIST and Community Support Provider Portal which were posted as well on the Governing Together website.

## **Enabling Technology**

In partnership with the MH LHIN CIO Andrew Hussain, the PSL CEO facilitated the development of a Community Provider Portal to serve as common workspace for CSS/MH&A and other health partners serving the MH and CW LHINs. This web portal is being housed at the Trillium Health Centre and will be launched shortly. PSL served as the project lead and has supported the transition of the Service Agreement and Health

Informatics Position to the CW LHIN, and governance responsibility to a new oversight governance and implementation team.

The PSL CEO, serving as co-chair of the CSS – MIS provincial project, two new software solutions (Microsoft Dynamics GP and Human Resource Information Systems) have been acquired (free lifetime licenses for CSS providers) which can be accessed through a secure web based environment with thanks to the Community Care Information Management division of the MOH&LTC. Having reached the end of the 3<sup>rd</sup> year of a 3 year implementation for MIS compliance for the CSS sector, the provincial steering committee is in the process of developing a transition plan to a new CSS governance model for oversight with the software solutions, with a deadline of March 31, 2011, for Microsoft Dynamics GP, and March 31, 2012 for the HRIS Quadrant software.

This year we have initiated discussions with PharmaTrust and Allstream to explore the introduction of a medication dispensing program within our service sites. Discussions have been held with the Region of Peel, Human Service and Public Health staff to explore this joint venture opportunity. A test phase will be initiated once we have all of the required approvals.

### **Key Themes/Trends**

In addition to the key projects and growth highlighted in this report, we will need to focus on a range of key themes/trends in our work and planning ahead including:

- Performance indicators and measures (Quality Service/Care)
- Economic constraint
- Safety and Risk management
- Results/value based investments
- Integration and collaboration opportunities
- Continuous system planning & improvement
- Back office efficiencies
- ALC/ER support
- Strategic alliances
- Innovation

### **Closing Remarks**

We wish to extend our thanks to PSL clients/caregivers; governance board members; front line and management staff; metamorphosis leadership team; volunteers; placement students; service partners, funders; donors; vendors; network/associations; and other supporters.

We welcome our new front line workers (Personal Support and Home Helpers); Navneet Lachhar as Supervisor of Client Services; Menaka Param, Bookkeeper; and Don Skorez as Finance Manager.

This coming year will present further challenges as we continue to serve complex care and at-risk clients with limited resources, and growing service demands. We will continue to focus and allocate our resources in key areas identified by the Ontario Health Quality Council 2010 Yearly Report as we have in prior years: wait times, access, patient safety, chronic disease management, and accuracy & completeness of medication information. As noted in this report, Supportive Housing is highlighted in several sections as an improvement opportunity for existing system pressures, i.e. Alternate Level of Care bed days, Emergency wait times, and premature Long-Term Care Home placements (25% could be cared for in alternate settings).

In response to our significant current and anticipated service growth, the agency recently launched an Organizational Review, and looks forward to the results of the engagement of our staff, clients/caregivers, governance board, and community partners in this process, and will communicate the results in next years annual report.

Respectfully submitted,

Carolyn Giddings  
Board Chair

Raymond Applebaum  
Chief Executive Officer