



North East

CCAC CASC

Community
Care Access
Centre

Centre d'accès
aux soins
communautaires
du Nord-Est

North East Community Care Access Centre

An overview of NECCAC services and implications for Emergency Management. Prepared by Bryce Gartner for the Greater Sudbury Emergency Management Advisory Panel. November 2012



Role of CCAC

- ❖ Provision of publically funded health services in the Client's home or school.
- ❖ Authorization of admissions to Long-Term Homes and some complex continuing care facilities based on assessment of need and eligibility.
- ❖ Responsible for processing applications and placing persons in alternative care facilities.
- ❖ Information about and referral to other community services.

Vision

“Outstanding care – every person, every day”

Values

- ❖ Equitable/Fair
- ❖ Client-focus, empowerment and self-determination
- ❖ Compassion
- ❖ Accountability
- ❖ Respect
- ❖ Integrity
- ❖ Fiscal responsibility
- ❖ Excellence in care
- ❖ Innovative
- ❖ Sustainability
- ❖ Collaboration



Mission

“To deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care”

Statistics

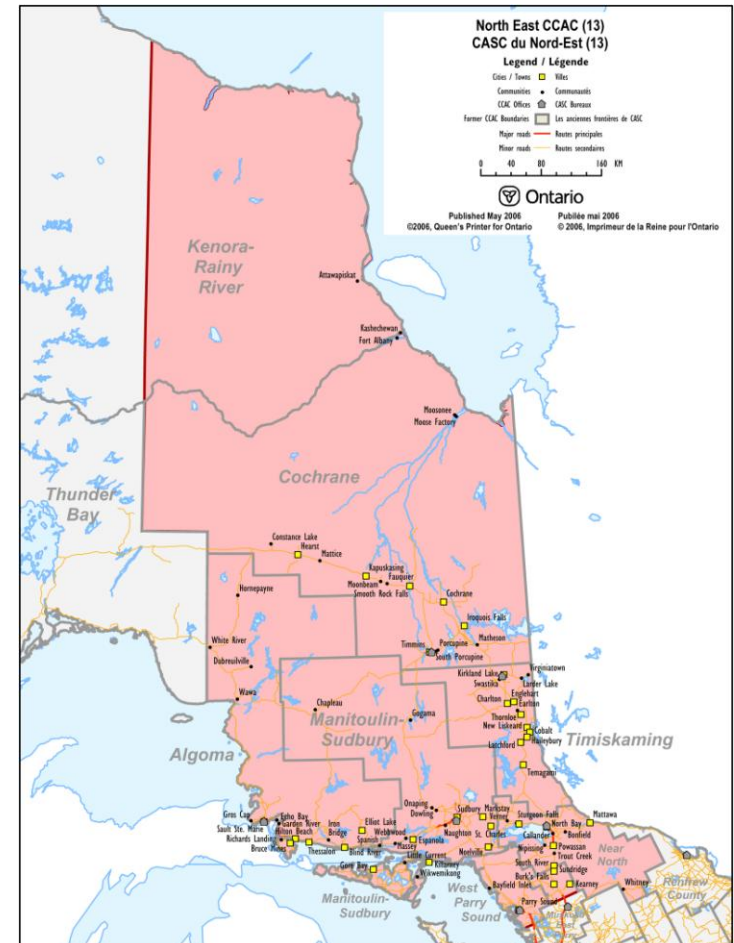
- ❖ Employs over 600 employees who work out of six branch offices, multiple satellite offices and several hospitals.
- ❖ Serves a population of over 556,00 people living across 411,000 square kilometres.
- ❖ On any given day, provides community based services to approximately 14,000 clients, of whom 55% are over the age of 65, and 26% under the age of 18.
- ❖ Has formal partnerships with over 100 contracted service providers, 26 hospitals, 47 long-term care homes and several other community support service agencies.
- ❖ One of 14 individual CCAC's in the province with oversight from OACCAC in Toronto.

Area Served

- ❖ North to James Bay coast
- ❖ West to North East shore of Lake Superior
- ❖ South to Parry Sound/Kearney
- ❖ East to Quebec border

Branch Offices

1. Sudbury (head office)
2. North Bay
3. Parry Sound
4. Kirkland Lake
5. Timmins
6. Sault Ste. Marie



Funding and Oversight

Funding and oversight for CCAC's across the province is provided by the Local Health Integration Network. Comprised of 14 not-for-profit corporations who work with local health providers and community members to determine the health service priorities of each region. The Local Health Integration Networks (LHINs) responsibility is to plan, integrate and fund local health services, including:

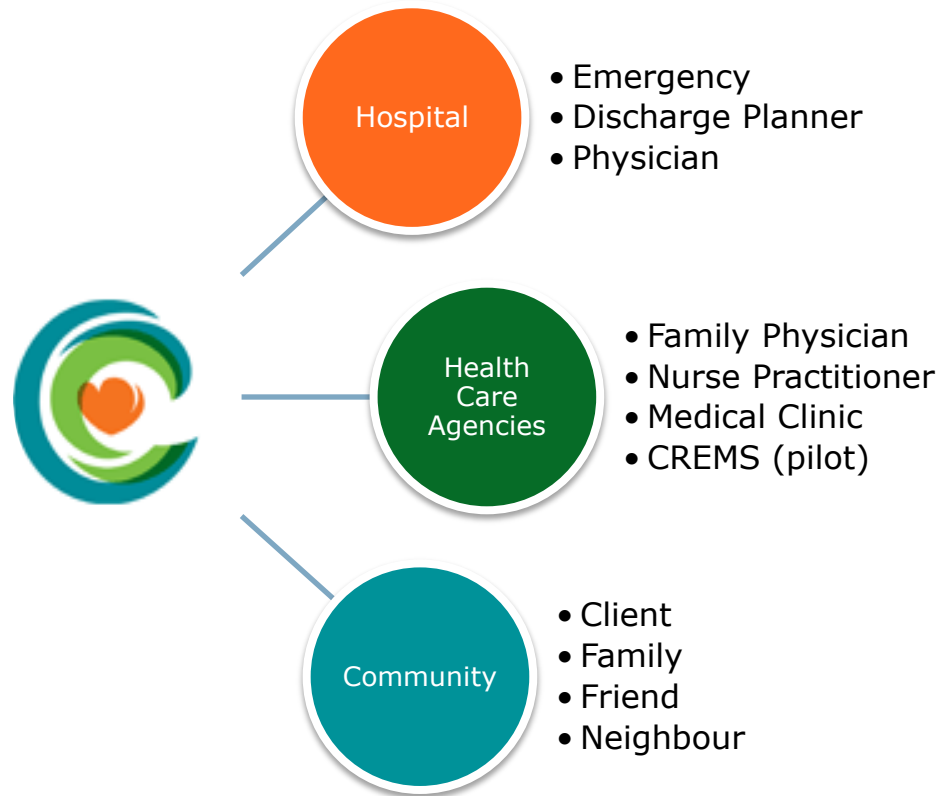
- ❖ Hospitals
- ❖ **Community Care Access Centres**
- ❖ Community Support Services
- ❖ Long-term Care
- ❖ Mental Health and Addictions Services
- ❖ Community Health Centres.



Eligibility for Services

- ❖ Valid Ontario Health Number
- ❖ Services enable the person to remain at home or make possible the person's return home from a hospital or other institution.
- ❖ Progress towards rehabilitation
- ❖ Need can be met at home with services from the NECCAC
- ❖ Needs cannot be met by hospital outpatient services or other community programs

Referral Sources



Case Management

Assess needs and match clients with services and resources to support their care in the community.

- ❖ Determine eligibility for services
- ❖ Develop treatment goals
- ❖ Determine and authorize services and frequency (client needs, Ministry criteria, availability of resources)
- ❖ Monitor provision of services to Clients (continuing eligibility, changes in service needs)
- ❖ Plan for discharge with Client and family (goals reached, eligibility no longer be met or Client/SDM wish services to stop.
- ❖ Assist ineligible Clients in finding alternative sources of care.

Nursing

- ❖ provided in home, school or clinic settings
- ❖ examples of nursing care:
 - intravenous therapy
 - wound management
 - pain and symptom management for palliative clients
- ❖ shift nursing (extended period of time)
- ❖ return to independent lifestyle as soon as possible – teaching self-care
- ❖ Services provided by contracted providers such as Bayshore Home Health, VON, Care Partner, ParaMed and others
- ❖ Ontario Drug Benefit Plan for service need that requires prescribed medication



Personal Support/Homemaking

- ❖ Client must need help with personal hygiene or activities of daily living to be eligible for personal support/homemaking
- ❖ Homemaking services may include laundry, meal preparation
- ❖ Caregiver respite
- ❖ Service provided by contracted providers



Occupational Therapy

Goal is to increase the Client's independence with activities of daily living such as dressing or bathing by:

- ❖ teaching new ways of doing things
- ❖ recommending a variety of aids to help a Client do these tasks independently, or
- ❖ recommending changes to the physical environment to assist independence.

Some Occupational Therapy is contracted out while other areas are served by NE CCAC staff.

Equipment Rental

- ❖ short-term equipment rental may be provided by the NECCAC on a trial basis
- ❖ NECCAC staff may facilitate the Ontario Ministry of Health and Long-Term Care, Assistive Devices Program (ADP) application. ADP provides financial assistance for qualified applicants who need specific equipment and supplies
- ❖ The vast majority of supplies and equipment are arranged through a contracted service provider

Dietetics

Examples of conditions where counseling by a Dietitian can help:

- ❖ Tube Feeding
- ❖ Diabetes
- ❖ Swallowing disorders
- ❖ Palliative care
- ❖ Specialized diets

Social Work

Social Workers can help clients with:

- ❖ Adjustment to illness/disability counseling
- ❖ Assistance with palliative care support
- ❖ Assessment of living situation and options
- ❖ Future planning needs
- ❖ Resource counseling
- ❖ Housing needs
- ❖ Caregiver distress

Speech Therapy

The Speech-Language Pathologist can help clients who have problems with:

- ❖ Speech
- ❖ Language
- ❖ Communication
- ❖ Swallowing



Information and Referral

- ❖ The NECCAC provides information to the general public, clients and their families on community health and social services in North Eastern Ontario.
- ❖ Acts as a link to services not provided by the NE CCAC



Placement Coordination Services

CCACs mandated by Ministry of Health and Long-Term Care to provide one point of entry to long-term care homes

- ❖ Determine eligibility
- ❖ Authorize admissions
- ❖ Prioritize admissions per Ministry criteria
- ❖ Manage waitlists



New Programs (NE CCAC)

- ❖ Mental Health and Addiction Nurses in District School Boards
- ❖ Rapid Response Nursing Program
- ❖ Nurse Practitioner Integrated Palliative Home Care Program
- ❖ Health Care Connect
- ❖ Telehomecare

Emergency Management Plan

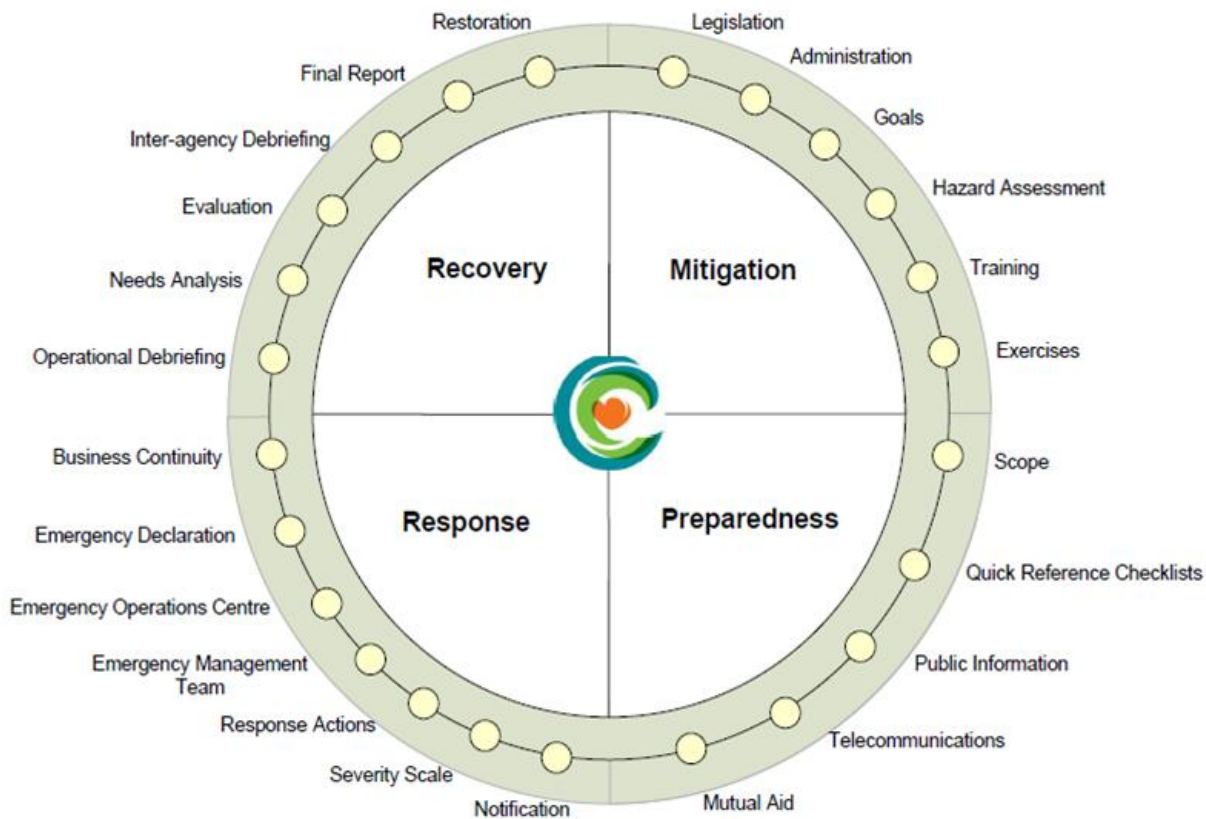
- ❖ Establishes a framework to ensure an efficient, flexible, consistent and planned approach to respond to, and manage emergencies.
- ❖ Designed to respond to internal/external emergencies.
 - Loss of facility-North Bay fire, Oct 2010
 - Mass evacuation-annual flood threat, James Bay Coast
- ❖ May require a regional response or local which would involve a local branch and/or satellite office supported by the central office and/or offices in other communities.

Emergency Management Plan

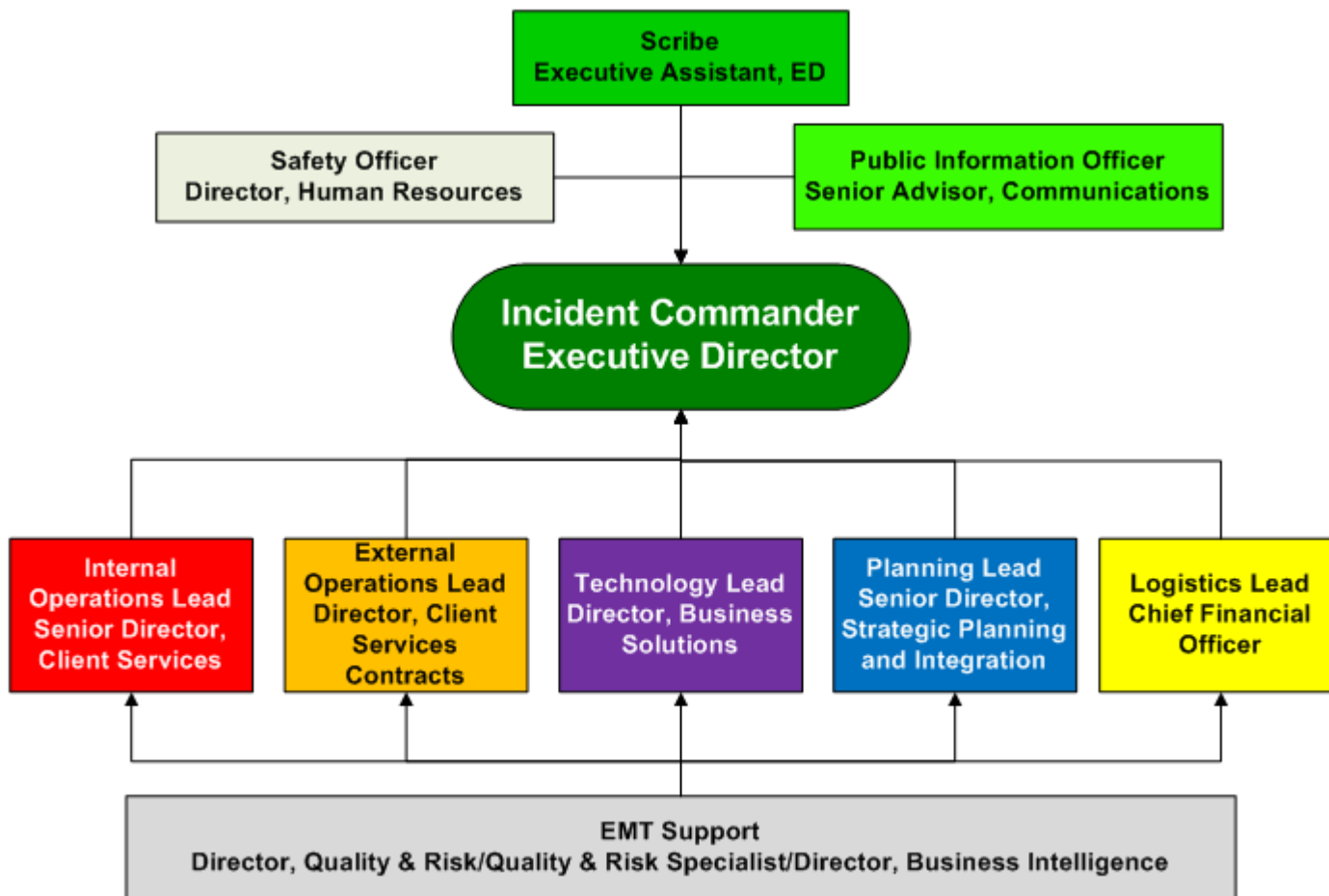
- ❖ Framework based on “mitigate, prepare, respond, recover”
- ❖ Designed with elements of IMS (Incident Management System) but adapted slightly to fit NE CCAC structure
- ❖ Notification can come from any source within or outside of the NECCAC
- ❖ Admin On-Call System to provide 24/7 coverage
- ❖ Senior management informed and evaluate need for activating elements of emergency management plan based upon severity
- ❖ Emergency Notification system
- ❖ Business Continuity Plans
- ❖ Pandemic Plan

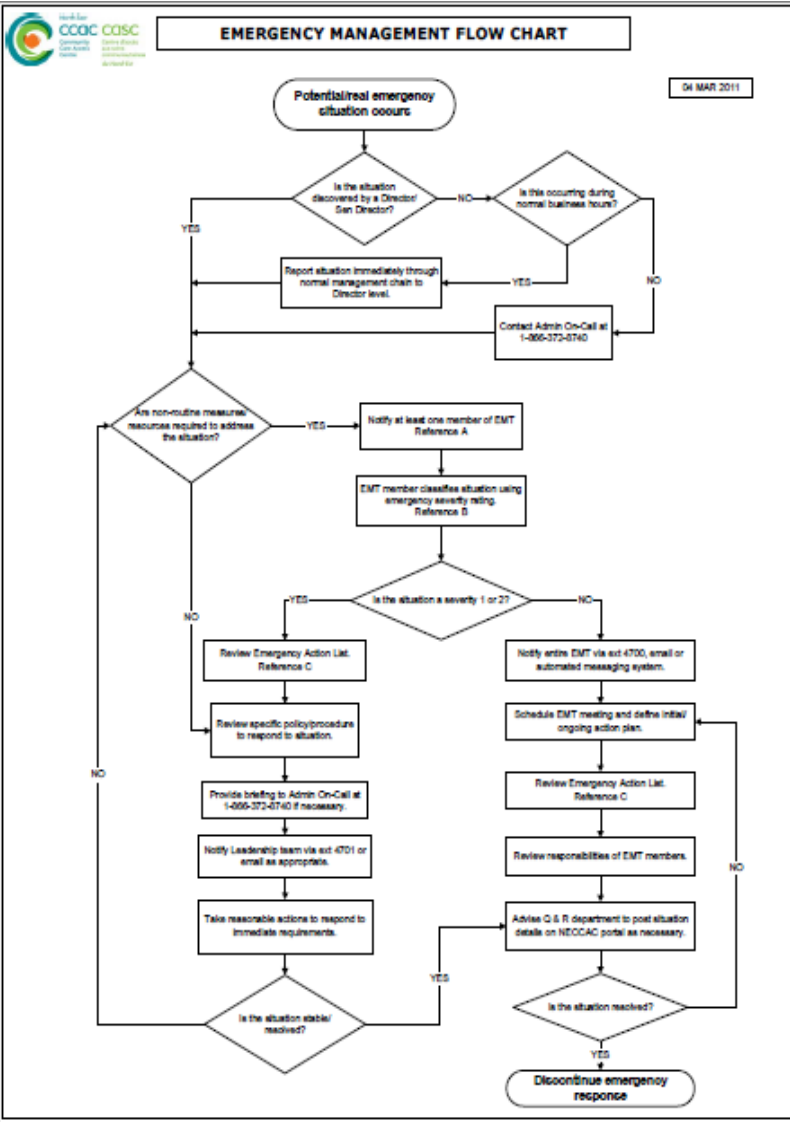
Emergency Management Framework

EMERGENCY MANAGEMENT FRAMEWORK



IMS Structure-(Adapted)





Initial Response Decision Tree

- ❖ Quick reference decision tree
- ❖ Designed for Managers/Directors to make initial choices regarding “level” of emergency
- ❖ NE CCAC divides situations into two categories “urgent, level I and II” and “emergency, level III, IV, V”
- ❖ Decision tree forces user to take specific steps and get emergency response moving

Severity Matrix & Initial Actions

- ❖ Matrix assigns "Severity" to the situation based on ability to maintain operations vs impact to clients
- ❖ Increasing level of severity requires more comprehensive response
- ❖ Emergency Action List defines tasks that must occur based on the severity (ie. emergency declaration mandatory for level IV and V)

REFERENCE B: EMERGENCY SEVERITY MATRIX

		ABILITY TO MAINTAIN OPERATIONS						
		1	2	3	4	5		
		IMPACT TO CLIENTS					EMERGENCY SEVERITY	
		1	2	3	4	5	1 TO 2	3 TO 4
Near normal	1	1	2	3	4	5	LOW-1	
Minor	2	2	4	6	8	10	ELEVATED-2	
Significant	3	3	6	9	12	15	MEDIUM-3	
Extreme	4	4	8	12	16	20	SIGNIFICANT-4	
Extreme/widespread	5	5	10	15	20	25	SEVERE-5	

LOW **HIGH**

REFERENCE C: EMERGENCY ACTION LIST

	ACTION	1	2	3	4	5	LEAD
1	Notify Leadership Team	✓	✓	✓	✓	✓	EMT Member
2	Notification of CEO	✓	✓	✓	✓	✓	EMT Member
3	Announce on PMA portal	J	J	✓	✓	✓	Public Information Officer
4	Initiate Quick Reference Checklists	*	J	✓	✓	✓	Incident Commander
5	Notify NELHIN	*	J	✓	✓	✓	Incident Commander
6	Notify MOHLTC	*	J	✓	✓	✓	Incident Commander
7	Emergency Declaration	*	*	J	✓	✓	Incident Commander
8	Press release	*	*	J	✓	✓	Public Information Officer
9	Notify OACCAC	*	J	J	✓	✓	Incident Commander
10	Notify Board Members	*	J	J	✓	✓	Incident Commander
11	Activate EOC	*	*	J	✓	✓	Incident Commander
12	Notify Health Units	*	J	J	J	✓	Public Information Officer
13	Open Media Centre	*	J	J	J	✓	Public Information Officer
14	Notify Impacted Service Providers	✓	✓	✓	✓	✓	Operations Lead-External
15	Notify All Service Providers	J	J	J	J	✓	Operations Lead-External
16	Notify Impacted NECCAC staff	✓	✓	✓	✓	✓	Public Information Officer
17	Notify All NECCAC Staff	J	J	J	J	✓	Public Information Officer
18	Activate Business Continuity Plans	*	*	J	J	✓	Incident Commander
19	Notify Impacted Hospitals & LTCH	J	J	J	J	✓	Public Information Officer
20	Notify bargaining units	J	J	J	J	✓	Public Information Officer

Client ERL Codes (Emergency Response Level)

- 1. Very High Risk;** 1a dependent upon electrical; or 1b totally dependent on formal support system – no caregivers
 - ❖ Due to physical/cognitive limitations, client requires assistance **within 1-12 hours**; may require mechanical/ electrical equipment to sustain life; requires professional assistance in the event of an evacuation (i.e. ambulance)
- 2. High Risk**
 - ❖ Client requires assistance **within 13-24 hours**; may have high needs and a limited support network; client may require non-professional assistance in the event of an evacuation; client's mobility impaired and unable to access outpatient venue for services

Client ERL Codes (Emergency Response Level)

3. Medium Risk

- ❖ Client requires assistance **within 25-72 hours**; clients in this category may be similar to a higher risk client but remain uncompromised within this timeframe because of a good support network

4. Low Risk

- ❖ Client can be placed **on hold for up to 5 days**; clients in this category may have other support to provide treatment/care or access to external supports

5. No Risk

- ❖ Client service can be placed **on hold until the emergency situation has resolved**

Virtual Emergency Operations Centre (VEOC)

Home | Communications | Corporate Services | Human Resources | Performance Management | Strategic Planning | Talent Development

Home > Performance Management & Accountability (P.M.A.) > Emergency Resources > North West Out Fire

Virtual Emergency Operations Center

VEOC EMAIL ADDRESS
emergencymanagement@ne.ccac-ont.ca

VEOC Significant Announcements

EOC Significant Event/Announcement Log

EOC Significant Event/Announcement Log	Date
<p>IL state of emergency lifted By Gartner, Brian State of Emergency has been lifted for Kildare Lake. Following this morning's announcement that KX Fire #1 is now "being held", The Kildare Lake Community Control Group has lifted the State of Emergency for the community. The area is still...</p> <p>Date Created: 5/28/2012 2:00 PM</p>	5/28/2012 1:19 PM
<p>IL state of emergency continues By Gartner, Brian IL FIRE UPDATE - Kildare Lake Hour Bill Droux has informed CRL FM that the Community Control Group has decided to continue the state of emergency for Kildare Lake until further notice.</p> <p>Date Created: 5/28/2012 4:00 PM</p>	5/28/2012 3:33 PM
<p>Timetable State of emergency ended By Gartner, Brian Timetable King 9</p> <p>Calm westerly wind, together with cooler temperatures and intermittent rain, continue to help fire suppression efforts today. The fire has not grown since Saturday and is not expected to grow today. It is currently 39,518 ha.</p> <p>Efforts...</p> <p>Date Created: 5/28/2012 4:00 PM</p>	5/28/2012 3:36 PM
<p>Monday Morning from IL By Gartner, Brian Call from Nancy Ables, CAG, IL. Residents being allowed back into Goodfish and Nettle Lake areas. As fire is still deemed Out of Control, state of emergency still active...but situation much improved.</p> <p>Date Created: 5/28/2012 9:15 AM</p>	5/28/2012 1:56 PM
<p>Saturday Morning Update</p>	5/28/2012 9:54 AM

Important Links

[Click to View All Links](#)

- Kildare Lake radio station
- Kildare Lake Weather
- 590 Fire Station
- Current Fire Map
- Municipality of Kildare Lake

[Add new link](#)

Important Contacts

[Click to View All Contacts](#)

Last Name	First Name	Public Phone
Duffy	Judy	1705-529-9625
Engelhart District Hospital	Admin on Call	
Kildare Lake Emergency Helpline	Kildare Lake Emergency Helpline	
IL OFF office	IL OFF office	
IL Service Provider Emergency Contact List		
McWilliams	Angela	705-262-0968
McWilliams	Angela	1-705-262-0968
Macdonald	Priscilla	
Horsman (Secondary site contact)	Pat	705-642-7334
NE UEN confidential fax	NE UEN	
(Phone Status...)		

[Add new item](#)

Important Documents

[Click to View All Documents](#)

Type	Name
	2012 PMW-25 Busi. Cont. At Risk Report (NECAC) for Deal Report 2
	IL Service Provider Contacts and Capacity
	IL Service Provider Capacity
	Tennessee Service Provider Capacity
	UEN All Contacts list May 25
	Access Coverage for the Weekend of May 26th
	2012-05-25 4 Steps Long Term Care Best Practices across the North East
	Kildare Lake Staffing Week Ending May 26, 2012
	CASE MANAGERS WHO ARE CALLING CLIENTS

[Add new document](#)



Kirkland Lake Forest Fires May 2012

Tuesday, May 22, 2012

Over the weekend, extensive forest fire activity near Kirkland Lake resulted in a declaration of emergency by the municipality. Some residents have been evacuated.

Municipal coordinators were contacted and high needs client list was provided (as per Judy Dolhy CSM, Kirkland Lake).

Some rain last night slowed fire activity but alert to evacuate remains high. Meeting of NECCAC Emergency Response Team scheduled for 10am.

Currently there are 45 active fires in the province, 17 of which are listed as Not Under Control. There are 28,870 hectares burning in the province, predominantly in the Northeast Region.

Priority fires remain Kirkland Lake 08 at 2,757 hectares and Timmins 09, which has been re-mapped at 21,088 hectares. An estimated 450 people have been evacuated due to these two fires and some highway closures have resulted. Ontario Fire Rangers are engaged in value protection work on structures near both fires. Waterbombers are working on the fires and Incident Management Teams have been dispatched.

Kirkland Lake Forest Fires May 2012

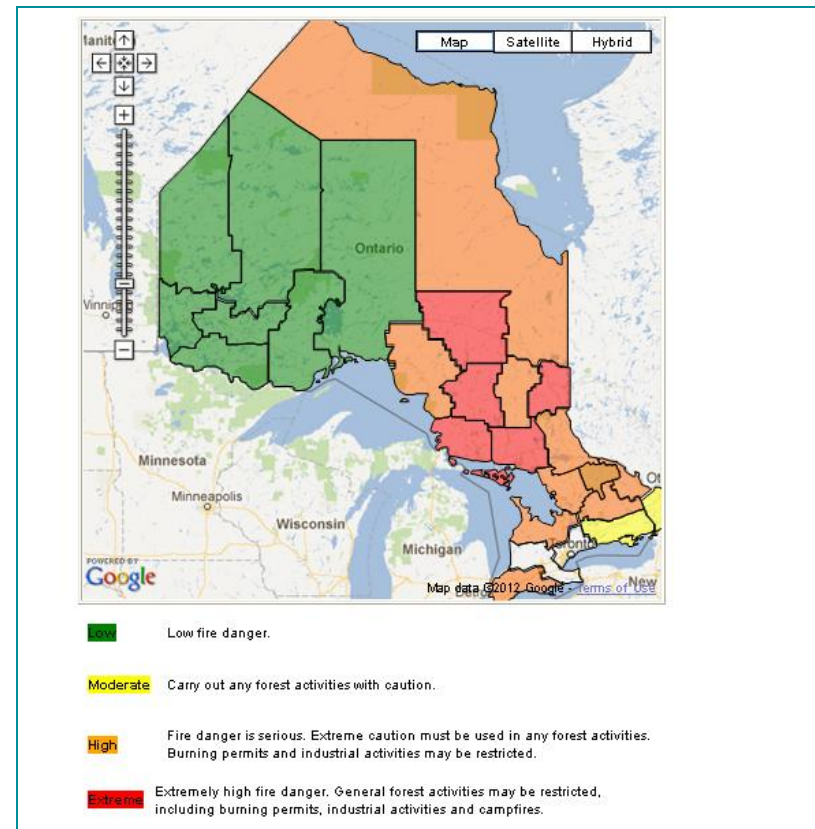
Posed multiple problems to NE CCAC

- ❖ Loss of staff/facility in Kirkland Lake
- ❖ Relocation of residents from 2 local LTCHs
- ❖ Identification of high needs clients in the community

Municipality of Kirkland Lake acting as command

State of emergency declared with evacuation order imminent (4-12 hours notice)

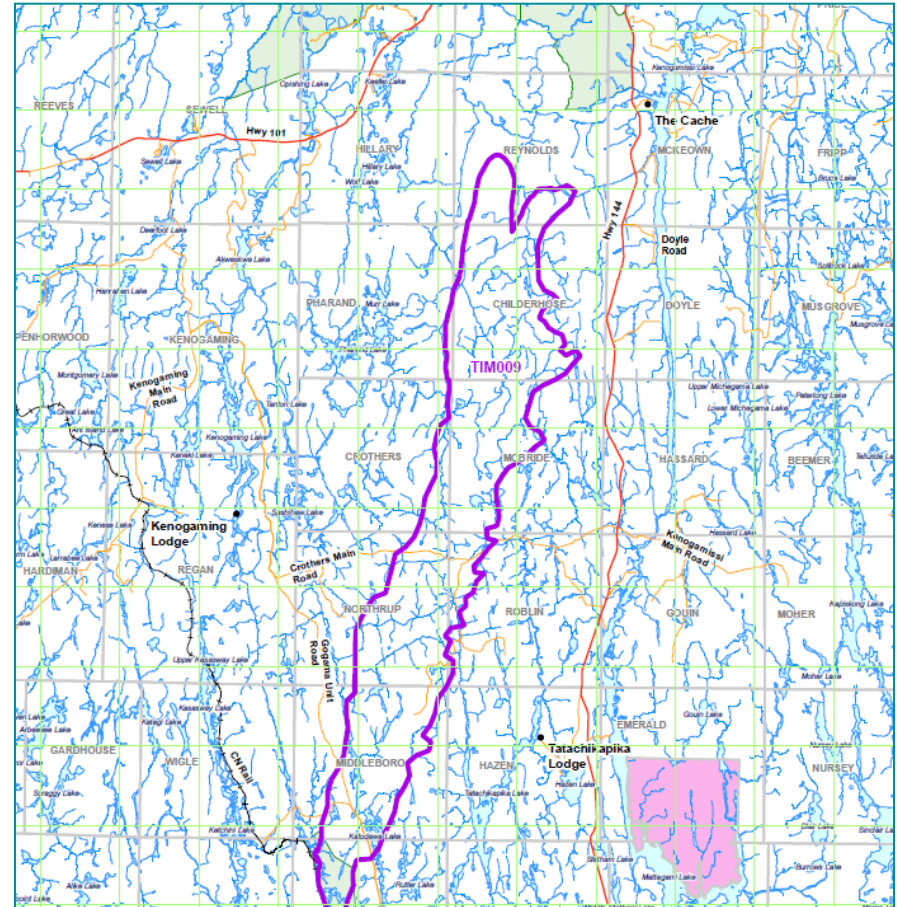
Evacuation routes being planned, city identifying collection centres



Kirkland Lake Forest Fires May 2012

Wednesday, May 23, 2012

- ❖ Meeting held with MOHLTC Emergency Management Branch and LHIN
- ❖ Evacuation is imminent arrangements to evacuate the hospital and 2 LTCHs identified as priority
- ❖ Originally identified as requiring beds were 181 residents from the 2 LTCHs
- ❖ NE CCAC only had access to 20 beds across the North East
- ❖ After lengthy discussion it was determined that less than 20 of the LTCH clients required transfer to another LTCH
- ❖ NE CCAC ran internal report on high needs clients and initiated call out. Resulted in 6 clients requiring specialized transportation and care at destination.



Kirkland Lake Forest Fires May 2012

Thursday, May 24, 2012

LTCH A

- ❖ 81 residents
- ❖ 7 need ambulance transfers including two palliative
- ❖ 62 can be bused – majority in wheelchairs
- ❖ 17 dementia
- ❖ 5 can go with family

LTCH B

- ❖ 96 residents including 1 in respite bed
- ❖ 2 can stay with family
- ❖ 1 resident in hospital
- ❖ 40 need wheelchair accessible transportation; none (with possible exception of one in hospital) will need ambulance transfer
- ❖ 16 residents can be transported by family



**NE CCAC was able to secure
and hold 37 beds**

Kirkland Lake Forest Fires May 2012

Friday, May 25, 2012

- ❖ Kirkland Lake fire uncontrolled but no longer moving toward the city
- ❖ New Timmins fire expanding
- ❖ Evacuation route to Englehart, New Liskeard, North Bay now cut off by third small fire

Saturday, May 26, 2012

- ❖ Fires slowly controlled but continued to burn for weeks
- ❖ No evacuation orders of hospital or LTCH



Kirkland Lake Forest Fires May 2012

Title	Date Created
KL state of emergency lifted	5/29/2012 2:00 PM
Timmins State of emergency ended	5/28/2012 4:00 PM
KL state of emergency continues	5/28/2012 4:00 PM
Monday Morning from KL	5/28/2012 9:15 AM
Saturday Morning Update	5/28/2012 9:00 AM
Timmins Fire Update	5/25/2012 5:00 PM
Message from Sen Director CS	5/25/2012 5:00 PM
Client Services Weekend staff	5/25/2012 5:00 PM
Planning Update - Friday Weather	5/24/2012 11:00 PM
Power Outage - Kirkland Lake and Englehart Offices	5/24/2012 6:00 PM
Hwy # 11 south of KL closed-some local evacuations	5/24/2012 4:00 PM
NE CCAC message to OACCAC	5/24/2012 2:00 PM
MNR Fire Update-Map attached	5/24/2012 2:00 PM
Potential Timmins Clients	5/24/2012 2:00 PM
KL Service Provider Capacity Information	5/24/2012 12:40 PM
NECCAC high needs clients at home	5/24/2012 12:00 PM
NECCAC Contact posted on KL website	5/24/2012 10:00 AM
Facilities and Records update	5/24/2012 10:00 AM
LHIN update	5/23/2012 3:00 PM
KL Update from Judy Dolhy	5/23/2012 10:00 AM
KL Staff Relocation Phone Line 1-800-461-2919	5/23/2012 10:00 AM
Message from CEO	5/22/2012 3:00 PM
Northern News Article	5/22/2012 1:30 PM
Approved Messaging for Clients	5/22/2012 1:00 PM
Potential relocation site	5/22/2012 1:00 PM
Town of Kirkland Lake announcement	5/22/2012 11:00 AM
MNR Update	5/22/2012 11:00 AM
Forest Fire Activity	5/22/2012 12:00 PM

- ❖ VEOC Major Announcement Log
- ❖ Tracked all incoming/outgoing information that was considered "significant"
- ❖ Excellent resource to draw back on (statistics, history)
- ❖ Decision tree forces user to take specific steps and get emergency response moving

Kirkland Lake Forest Fires May 2012

What did we learn?

- ❖ Expectations of other agencies were unrealistic
- ❖ Emergency Plans were not “aligned”
- ❖ Command and control may have been established locally, but was not communicated to all stakeholders regionally
- ❖ Other agencies may not be as prepared as you expect
- ❖ Scope of responsibility not clearly defined or understood (between agencies, between levels of government)

Kirkland Lake Forest Fires May 2012

What did we change?

- ❖ Developed quick response form to send to LTCHs for identifying clients who “need” transfer
- ❖ Document (in process) of identifying clients in the community quickly (Manager in KL had experience, others don't)
- ❖ Trying to find opportunities to align with other agencies regarding expectations, preparations.

Contact:

❖ Cathy Barnhart
Director, Quality & Risk
705-476-2220 x 2248
cathy.barnhart@ne.ccac-ont.ca

❖ Bryce Gartner
Quality and Risk Specialist
705-476-2220 x 2342
Bryce.gartner@ne.ccac-ont.ca

1-866-372-8740 24/7 admin on call

**Thank you,
Questions?**

