

COMMUNITY CARE ACCESS

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Eric Law has multiple sclerosis, cancer behind his eye, diabetes and a serious thyroid condition. After several years of receiving home care, he has been told his home care service is being cut off.

SENIOR IS ON HIS OWN

DANI-ELLE DUBE
Ottawa Sun

Home care to end for man with MS, cancer and diabetes

It's a lifeline Eric Law can't live without.

And it's in danger of being cut.

Law has multiple sclerosis, cancer behind his eye, diabetes and a serious thyroid condition.

Now after several years of receiving home care, the 63-year-old has been told his service is being cut off.

"I know that there is a lot of cutting and slashing in the service," Law told the *Sun*. "But it peeves me off that I'm the one getting screwed around with."

Law, who receives the care from the Champlain Community Care Access Centre (CCAC), was told by his case worker that his services would end in three weeks and that the reason behind the centre's

decision to cancel his care was due to budget cuts.

Without the aid of a care worker, Law won't be able to bathe or dress himself, cook or perform the mobility stretching exercises he needs to keep from stiffening up.

The service is essential to his survival, Law says.

But the Access Centre says there haven't been any cuts to the budget at all. In fact, it has received a 7% increase overall to its \$221-million budget since last year.

And although the centre is still waiting on its budget allocation for the current year, it's planning for another 1.5% increase.

The Centre says the real problem is a huge increase in demand in its services.

This has forced it to change

how it manages its budget and staff.

"Our challenge is that demand has been outstripping funding for several years," said Jennifer Schenkel, director of communications and stakeholder engagement at the Champlain CCAC.

"We have undertaken a number of measures to ensure a sustainable budget position and minimize impact to clients and staff wherever possible."

She told the *Sun* the changes don't include firing staff. But Connolly confirms

that they aren't filling vacant positions when employees leave.

"It's a question of how we can do the work more efficiently and maybe less people," Connolly said. "There have been some positions where we think that we can do the work differently and we don't require the head count that we have."

Since last year, the Champlain CCAC has experienced an 11.3% increase in the number of clients served, bringing its total number of

clients to 59,000.

And most of them, says Patrice Connolly, vice-president of people and stakeholder engagement, tend to be much sicker.

"Your care can be reduced at any time, not just because of this but because people do get better," said Connolly. "We are focusing more and more on people with very high needs. We are prioritizing those people and they are the ones getting the service."

The increase in demand, says Schenkel, is due to the aging population in the area.

And how they determine the urgency of those needs is by conducting regular assessments of their patients.

If clients are showing signs of improvement, their services can be reduced.

But Law, who was able to walk around his apartment with the help of a walker three years ago, is no longer able to stand. His MS has caused him to lose mobility, making him reliant on his motorized scooter, wheelchair and people.

And his wife, Tammy White, 52, is unable to do any heavy lifting because of ongoing back problems and her own battle with mental illness.

However, for current clients like Law who need the care now, they'll have to make do and turn to other services, most of which have a lengthy waiting list or are not providing the type of individualized care needed.

For the next three weeks, Law will continue to receive his current care and fight to keep it.

"I know that there is a lot of cutting and slashing in the service. But it peeves me off that I'm the one getting screwed around with"

Eric Law

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HEALTH-CARE CRISIS?

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Furor over home care cuts

Community Care Access Centre unable to deliver services to seniors, critics say

Accountability is one of the pillars by which the Champlain Community Care Access Centre is governed.

By their own mission statement, that is defined by “transparency, fairness and value for money.”

Try selling that line to the people like Eric Law, who are being told that their lifeline of support — the critical services delivered to clients’ homes to allow them to live independently — are suddenly being severed.

Or to the suffering seniors like Kevin Scott, left waiting for much-needed care whose promise now won’t be delivered.

As the furor grows over the CCAC strategy of balancing demand for service within its

budget, the *Sun* attempted to clarify conflicting views on how frontline staff, and the clients they serve, will be impacted in the balancing act.

Those clients may have also wanted answers to some other questions, like why the supply of services is being trimmed at a time when the agency itself acknowledges that demand is higher than ever.

Or how, when facing such a crisis, six more CCAC executives landed on the “sunshine list” of Ontario public servants who make in excess of \$100,000 salary, from 17 employees in 2012 to 23 at last count.

Or what Champlain CEO Gilles Lanteigne did last year to warrant a 27% bump in salary — a \$67,130 raise that brings his annual earnings to nearly \$315,000.

Or why an internal memo from senior CCAC managers, obtained by the *Sun*, discourages staff from directing disgruntled clients to express their disgust to their MPP or to the media.

Frontline staff are instructed instead to direct clients — who have presumably just been told their home care is being reduced or eliminated — to follow the CCAC’s formal feedback process, which includes a client relations review that takes between 30 and 60 days to complete.

But the agency “respectfully declined” an interview request.



AEDAN HELMER

In Monday’s *Sun*, CUPE Local 503 national representative Jean-Marc Bezaire said the union was confounded by claims made by the CCAC that no staff would be laid off, despite walking out of a Monday meeting at CCAC headquarters with a list of 10 names of nurses and other frontline health care workers who will be out of a job by Christmas.

Working with union

Agency spokesman Jennifer Schenkel responded by e-mail that the agency is working with the union to “mitigate the impact,” but, citing due process, would not comment further.

The union has also heard from its members within the CCAC that since slashing of services began in earnest on Sept. 16, dozens of seniors have been cut off from vital home care.

Schenkel said it’s “normal practice” for the agency to re-assess clients, who may then be “approved for service increases or decreases, transferred to other services or discharged.”

The CCAC is facing an 11%

spike in the number of clients it serves — a number that now stands at more than 59,000 people in a rapidly aging Ontario population — while receiving a 7% bump to its taxpayer-funded \$221-million budget.

Critics say the agency should have seen the storm clouds brewing.

“Given Ontario hospitals have been staring at zero-base budgeting for several years now, what did they expect?” asks OPSEU’s health-care watchdog in an analysis of the *Sun* story.

“Champlain is in free fall and the government needs to step in to protect the health care of patients who absolutely need service from the CCAC.”

Political critics agree.

“This is no surprise. We’ve known for the last decade we’re going to have a larger senior population, and the government hasn’t planned properly for seniors’ health care in the province,” said Tory leadership hopeful Lisa MacLeod.

“Now you’re seeing seniors who require care in a variety of ways, and the government says they want them to age at home — there are fewer long-term care beds available, which has created a crisis in some of our hospitals — and then the services in the home are simply not there.”

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DANI-ELLE DUBE/OTTAWA SUN

Kevin Scott, left, 60, is another patient caught in the middle of Champlain CCAC home-care cuts. His son, Chris, and his girlfriend had to move in to his father’s home to provide care.

Man’s dad victim of ‘budgetary restrictions’

DANI-ELLE DUBE
Ottawa Sun

Mixed messages about vital home care cuts to local seniors continue with a 60-year-old man the latest victim.

Kevin Scott’s son Chris came home three times recently to find his father in the midst of a seizure, and decided it was time his dad needed home care service from the Champlain Community Care Access Centre.

He reached out to the access centre and requested service for his father.

But instead of help, all Chris got was silence.

“Nothing ever happened and no one ever came or

called,” said Chris, 23.

“So then I called and asked them what was going on and they said, ‘Well, at this time, we can’t actually give you home care because we’re on budgetary restrictions.’”

Kevin had already been assessed and approved for 10 hours of care a week.

Now six months later, Kevin has yet to see a worker come to his home.

According to the Champlain CCAC, over 90% of patients needing nursing or other urgent services receive care within five days, but most receive it within a day or two of assessment.

But the family was told the agency is no longer

accepting any new patients.

On Sunday the *Sun* told the story of Eric Law, an MS and cancer patient who was told the reason behind his cancelled care was due to an 11.3% increase of new and “sicker” patients that forced the agency to prioritize its highest-needs patients.

Kevin suffered a major stroke in 2011.

As a result, he lost his ability to speak, is paralyzed in the right arm, has difficulty walking and has developed a seizure disorder.

Because care was revoked, Chris and his girlfriend have had to move in with Kevin.

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CHAMPLAIN COMMUNITY CARE ACCESS CENTRE

	2012-13	2013-14
Overall Budget	\$197 million	\$222.2 million
Number of clients served	54,800	59,000
Number of CCAC employees on 2012 Sunshine list	17	23
Salaries total	\$2,168,614.13	\$3,044,204.88
CEO’s salary	\$247,860.60	\$314,991.00
Clinical care salary, benefits and travel (audited statement)	\$45.6 million	\$50.6 million
General admin (audited statement)	\$860,042	\$1.1 million





UNKINDEST CUTS OF ALL

MISSTY/FOTOLIA

WHERE'S THE CARE?

As hundreds of people lose essential home-care services, execs at CCAC get hefty pay hikes and congratulate case managers for their efforts in reaching 'fiscal sustainability'

**DANI-ELLE DUBE
and AEDAN HELMER**
Ottawa Sun

A 63-year-old man stricken with multiple sclerosis who can no longer bathe or dress himself is told essential home-care services he's come to rely on — his lifeline from the Champlain Community Care Access Centre — is being severed.

A 60-year-old man suffering from severe seizures reaches out to the CCAC, is assessed and approved for 10 hours of care a week, but six months passes without a single call or visit from a home-care worker.

A 94-year-old woman who fell and broke her arm a year ago begins receiving basic home care with three visits a week from a nurse, then one visit a week, then none.

Sadly, this is but a small sample of the home-care horror stories shared by people in our city — predominantly the most vulnerable among us, the elderly and the infirm — of a massive slashing of services at the Champlain CCAC, while executives are congratulating case managers for their efforts in reaching "fiscal sustainability."

As many as 1,000 patients who had come to rely on essential home-care services have now been re-assessed, with the agency discharging half of those patients, while many remain in limbo.

And while hundreds have already been cut off, the wait-

ing list for home care — or Personal Support Service in the CCAC's own parlance — has ballooned to more than 1,800 people in need.

Meanwhile, in the midst of the budgetary crisis the CCAC cites as justification for the slashing of services, staff are getting a pat on the back and a "job well done" from the executive in a congratulatory e-mail circulated to those who authorize and manage the Personal Support Service portfolio.

"Thank you very much for all your efforts associated with PSS initiatives to support CCAC fiscal sustainability ensuring services are in place for those most in great need ... kudos to everyone involved," the e-mail reads.

The executive praises the "great deal of work done" in reassessing nearly 1,000 patients who now fall below the threshold of critical care set by the CCAC, and cites savings in equipment and supplies costs, while "hundreds of clients transition to (health care) partners."

In September, the CCAC changed its guidelines, citing a "rising number of clients whose health-care needs have become increasingly acute and complex."

Over the past year, the CCAC saw a 20% increase in referrals, combined with a 36% spike in the number of chronic clients.

Funding from the Ministry of Health and Long-Term Care, however, has only netted

an increase of 6% to the CCAC's \$221-million annual budget.

With funding falling short of the increased need, the CCAC responded by changing the rules when it comes to who qualifies for care.

They lowered the threshold on their own assessment tool, called the RAI score — or the resident assessment instrument, which assigns a numerical score based on the patients' needs — so that any patient whose needs are scored below the threshold would be up for reassessment.

Since Sept. 16, when the new policy went into effect, the CCAC acknowledges "nearly 1,000" reassessments have been completed.

Since then, 514 patients have been discharged, while the waiting list has shot up to 1,800.

"Our biggest concern is the impact these cuts are having on families and it's tragic," said CUPE national representative Jean Marc Bezaire. "(The peo-

ple on the waiting list) need service and the only service they are being provided is to be on a waiting list. That is no service at all."

Bezaire insists the cuts are much higher than what's being reported, and in fact, as many as 1,000 people will be cut off from their care.

But the CCAC argues they are not dropping people from service, but rather "transitioning" clients to partner agencies.

"It's a transition," said Gilles Lanteigne, CEO of the Champlain CCAC. "There are so many needs out there. So, while we're providing more services, we have to look at our lower-needs clients and hand them off and transition them in the best way we can to agencies that now have the mandate. That's the hard part for the public to understand."

Bezaire is blunt in his interpretation of patients "transitioning" to partners.

"In essence, what that really means is that (clients) have to find their own care and try to hire someone or pay someone on their own to try to get the help they need."

Case managers, tasked with the unenviable burden of informing these folks they no longer qualify for home care, have been given explicit instructions from the CCAC executive on how

to handle patients who have nowhere else to turn.

"Do not direct clients to contact their MPP, Local Health Integration Network, or media," reads an internal memo leaked to the Sun.

If a client "threatens to go to the media," the case manager is to direct the patient to the CCAC's "formal feedback proc-

ess" — a process which, clients are informed, will take between one and two months to complete, with no guarantee of a satisfactory outcome.

Lanteigne says his team is looking into internal efficiencies — trimming administrative costs — to meet budgetary demands.

"We're very sensitive (to people's situations). Our job is to provide services," said Lanteigne.

What is unclear is whether the steadily escalating salaries of the CEO and other senior managers are part of those "efficiencies."

Last year, 23 Champlain CCAC employees landed on the province's "Sunshine List" of public servants who earn in excess of \$100,000, with the CEO leading the way at a whopping \$314,991, making him the highest-paid executive of any of the province's 14 CCACs.

He earned just shy of \$250,000 the previous year, and would not comment on what warranted a 27% raise over last year's earnings — a bump of more than \$67,000 in salary.

"My contract and my salary for us has been very, very important," said Lanteigne. "We've been transparent to the population ... My contract has been on the website for many months, so I don't think it's a surprise to anyone."

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CCAC BY THE NUMBERS

YEAR	NUMBER OF CLIENTS SERVED	TOTAL BUDGET	PURCHASED CLIENT SERVICES	SALARIES, BENEFITS, TRAVEL	ADMIN SALARIES
2011-2012	54,457	\$200,245,779	\$140,516,138	\$43,634,750	\$7,726,271
2012-2013	54,800	\$202,437,185	\$138,893,568	\$45,639,835	\$8,262,401
2013-2014	59,126	\$222,200,000	\$154,400,000	\$50,600,000	\$8,100,000

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WALKIN' ON SUNSHINE

NAME	POSITION	2012 SALARY	2013 SALARY	PERCENTAGE DIFFERENCE	MONETARY DIFFERENCE
Gilles Lanteigne	CEO	\$247,860.60	\$314,991.00	27%	\$67,130.40
Deryl Rasquinha	VP, Performance and Strategy	\$165,772.30	\$185,173.44	12%	\$19,401.14
Patrice Connolly	VP, People and Stakeholder Engagement	\$158,903.14	\$168,154.40	6%	\$9,251.26
Kimberly Peterson	VP, Clinical Care	\$147,050.30	\$160,619.07	9%	\$13,568.77
Penny Sands	Senior Director, Care Coordination	\$142,765.22	\$151,077.29	6%	\$8,312.07
Jason Hergert	Senior Director, Finance	N/A	\$134,826.38	N/A	N/A
Paul Boissonneault	Director, Information and Chief Information Officer	\$119,904.90	\$128,317.95	7%	\$8,413.05
Laurie Bielher	Care Coordinator	N/A	\$128,152.67	N/A	N/A
Glena Owens	Director, Care Coordinator	\$116,521.62	\$125,529.71	8%	\$9,008.09
Munro Ross	Manager Shared Services (Technology)	\$109,332.91	\$124,106.86	14%	\$14,773.95
Daniel Merritt	Director, Organizational Development	\$115,205.21	\$121,888.30	6%	\$6,683.09
Brenda Toonders	Director, Project Management Office and Service Planning	\$109,171.60	\$115,527.70	6%	\$6,356.10
Jamie Patrick Stevens	Director, Business Intelligence	N/A	\$114,605.06	N/A	N/A
Kevin Babulic	Director, Care Coordination	\$106,440.00	\$113,534.95	7%	\$7,094.95
Sophie Parisien	Director, Care Coordinator	\$105,455.76	\$112,459.65	7%	\$7,003.89
Theresa Rivera-Mildenhall	Manager, Care Coordinator	\$103,277.70	\$109,780.60	6%	\$6,502.90
Barbara Newport	Manager, Care Coordinator	\$102,613.02	\$108,908.45	6%	\$6,295.42
Diane Coulterman	Manager, Care Coordinator	N/A	\$106,813.65	N/A	N/A
Andree Jean	Manager, Care Coordinator	N/A	\$106,718.34	N/A	N/A
Mehran Faridani	Manager, Care Coordinator	N/A	\$106,531.39	N/A	N/A
Claire Ludwig	Director, Program Development and Clinical Care	N/A	\$105,730.16	N/A	N/A
Murielle Gregoir	Care Coordinator	N/A	\$100,535.64	N/A	N/A
Maribeth Ryan	Manager, Care Coordinator	N/A	\$100,222.20	N/A	N/A

One man's fight for proper care

DANI-ELLE DUBE
Ottawa Sun

Oct. 22, Scott was sure that the CCAC would reach out to him. But just like the last time, all Scott and Kevin got was silence.

Kevin Scott has finally been able to get the home care he needs from CCAC, but it wasn't an easy process.

In fact, it took several tries and considerable pressure from Kevin's family doctor to make it happen.

The last we heard from Kevin and his son Scott, Kevin had been approved for 10 hours a week of home care, but never received it. Kevin had suffered a major stroke in 2011, which paralyzed his right arm, impaired his ability to speak and had developed mobility issues and a seizure disorder.

So, when Scott called the CCAC for answers, he was told that they had to withdraw the approval because of budgetary restrictions.

When the *Ottawa Sun* published Kevin's story on

"I honestly expected to hear from them within a few days of the article," said Scott. "What did happen was my dad's family doctor read the article and called me asking to see us."

Kevin's doctor ended up calling the CCAC and tried to pressure them into giving Kevin the care he needed.

"CCAC came back to our house to reassess and we were denied again," said Scott. "But I appealed the decision and it was overturned. What I learned was that my dad was cate-

gorized as having 'chronic needs' and was then upgraded with 'complex needs.'"

Kevin is now receiving 15 hours a week of home care.



KEVIN SCOTT
Tough process



PETER DUNNIGAN

ERROL MCGIHON/OTTAWA SUN

'Who's going to speak for the people who need to be heard?'

Having dedicated years of service as a Personal Service Worker working alongside the CCAC, Peter Dunnigan is speaking out against the health care provider and its recent cuts to home-care services.

Stretched resources, few available work hours and insufficient funding are just some of the issues Dunnigan is citing for the impact on quality of care for both patients and CCAC frontline staff.

"This act of neglect is abuse

and bullying to those who can't defend themselves against a system that dictates your services and decides who is more worthy than the other," said Dunnigan. "CCAC is always revamping their failing services only to affect those who provide the service and those who need the service."

And despite a \$1.50 wage increase for PSWs from Kathleen Wynne this year, Dunnigan says it's simply not enough to fix the problem and cuts to service that patients

are facing.

"There's something wrong," said Dunnigan. "If the agencies won't say anything to CCAC because they're the funders and the CCAC isn't coordinating with the government, then who's going to speak for the people who need to be heard and protected? Nobody."

Dunnigan was recognized by the CCAC in the past for his outstanding work and was the recipient of the highest award in the community. But the fight became personal for

Dunnigan when the CCAC cut his mother's home care.

"What she was entitled to she could not get and that offended me a lot," said Dunnigan. "What they're doing is actually abuse and they're bullying. How can they do that? You can't, it's not justifiable."

While others are finding it difficult to come forward for fear of losing their jobs, Dunnigan isn't worried. If he does lose his job, Dunnigan believes that the action will show CCAC's true colours.

"I'm not worried," Dunnigan said. "Because I'm speaking the truth. If they can't appreciate the honesty and the concerns I have for the community that I truly care about, then it proves what I've been thinking all along in my heart. There's no compassion in health care and it's become a business."

He added: "Our community is our family and if we don't treat our own family right, what does it say about our community?"

— Dani-Elle Dube