

SCHEDULE B - SERVICE PLAN NARRATIVE

Agency Name

Alzheimer Society of Sault Ste. Marie and Algoma District

A. Overview

§Goals for 2009/2010 and 2010/2011:

- Provide consistent and accessible dementia support and education services to North Algoma in collaboration with Family Health Team (via First Link)
- Increase access to dementia support and education services in East Algoma (via First Link)
- Increase awareness of and access to dementia support and education services to aboriginal communities within Algoma District in collaboration with the North Shore Tribal Council (via First Link)
- Increase referrals from physicians and primary health care providers (via First Link)
- Produce high client satisfaction ratings for all programs

§Key messages to the LHIN:

- Quality improvement activities:
 - The Alzheimer Society adheres to the Quality Standards adopted by the Alzheimer Society of Ontario, and underwent a Peer Review evaluation as part of the quality management process.
 - The Alzheimer Society Board of Directors performs a comprehensive review of all policies and procedures every 3 years and more frequently as necessary.
 - Job descriptions and salary levels are reviewed annually by the Board.
 - Risk management activities, such as an annual risk assessment and an annual review of insurance needs, are conducted on an ongoing basis to mitigate risk to clients, staff, volunteers, and funders.
- Internal evaluations or reviews planned or underway:
 - The Alzheimer Society created a 3-year strategic plan in 2007. In addition to objectives and their associated strategies, the plan includes outcomes and outcome measures to assist in determining whether or not the strategic directions were achieved. Staff and Board analyze the achievement of the strategies and outcomes twice per year.
 - Satisfaction surveys are conducted annually for all programs including support and education services. The Executive Director reviews all completed evaluations and prepares a summary for the Board of Directors.
 - All complaints and reportable events are tracked and reported to the Board twice per year, or more frequently as necessary. Trends are analyzed to determine if changes to internal policies or practices are required.
 - Annual performance evaluations are conducted for all staff. As part of this process, staff members document their goals for the coming year and evaluate their prior year's performance.
 - Key indicators for service delivery, including units of service and individuals served, are analyzed quarterly.
 - An annual chart audit is conducted which allows for a systematic review of client-related documentation. Corrective action is taken when documentation is not compliant with agency policies.
- Communication strategies planned or underway:
 - The Alzheimer Society publishes a chapter newsletter three times per year which is distributed to approximately 500 contacts and is posted on the chapter website. The Society hopes to increase distribution of the newsletter via email

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in order to decrease printing and postage costs.

- The Society maintains a chapter website (www.alzheimeralgoma.org) which averages over 1,000 visits per month. The Alzheimer Society also maintains a website for the Dementia Care Network Algoma (www.dementiaalgoma.org) which carries a listing of many dementia services and providers in Algoma district, and which averages approximately 1,500 visits per month.
- January is Alzheimer Awareness Month and is the time of year when Alzheimer Societies across Canada step up their public communications in order to increase awareness of dementia and available services.
- The Alzheimer Society of Sault Ste. Marie and Algoma District will be celebrating its 25th anniversary in 2010, and plans to mount a widespread public communication strategy through a variety of media and other mechanisms.
- o Any other notable activity of which the LHIN should be aware:
 - The Society provides an in-home recreation therapy program which is funded completely through donated funds. The program offers activation and recreation to people in their own homes, and is an alternative for people with dementia who are unable or unwilling to attend adult day programs.
 - The Alzheimer Society and Huron Lodge partner in the delivery of dementia care services for East Algoma, with the Alzheimer Society providing the personnel and Huron Lodge providing the office space.
 - The Society is currently exploring the feasibility of a dementia-specific supportive housing residence, in collaboration with other community partners.

B. Advancement of the Integrated Health Services Plan (IHSP)

\$The Alzheimer Society's Strategic Plan and Annual Plan emphasize the need for partnerships and collaboration in the delivery of dementia care services. Should the First Link proposal be approved, the Society intends to partner with the Family Health Team and other key organizations to deliver services in North Algoma. The partnership with Huron Lodge in Elliot Lake is a good example of how successful such initiatives can be.

\$The Alzheimer Society intends to meet its obligations of the LHSIA in the following ways:

- o Section 16(6): The Society conducts Community Engagement in the following ways:
 - Board of Directors is representative of the District of Algoma and is composed of people who have varying connections to Alzheimer's disease.
 - The Society's Annual General Meeting is open to all members of the public who are given opportunities to provide feedback on the Society's services and operations.
 - The Alzheimer Roundtable – a committee of people who have been personally affected by dementia – meets annually to give the Society advice on programs, communication strategies and awareness initiatives, as well as to discuss public policy issues that they wish to see addressed.
 - Members of caregiver support groups are formally surveyed at least annually to allow for feedback on the Society's services as well as to seek input on public policy issues.
 - Focus groups are conducted to seek advice/input on specific issues. For example, the Society conducted focus groups in the summer of 2008 to seek input on the dementia-specific housing project.

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- The Alzheimer Society co-chairs the Dementia Networks, both locally and regionally, which serve to engage with caregivers and other dementia care providers on matters of systemic concern.
 - An in-depth needs assessment will be conducted in North Algoma in order to determine the priority areas of need as perceived by community members.
 - o Section 24: The Alzheimer Society will work with other health service providers to identify integration opportunities. The Society has membership on a variety of community committees and task forces (eg. LHIN-led ALC task force), and as such, is able to contribute to appropriate community initiatives. The Society will also seek out specific organizations with whom partnership activities might be possible. For example, the Society will be meeting with the Board of Directors of a local long-term care home to identify possible roles around the dementia-specific housing project.
- \$Results of community engagement done to date:
- o Dementia-specific housing: There was a general consensus that this is a very worthwhile project and that feasibility should continue to be investigated. Advice was received that the committee should pursue partnership with a local long-term care home, and the committee is taking that action.
 - o Alzheimer Roundtable: This group provided advice on communication strategies for community awareness of dementia. Members of this group acted as spokespersons to assist in awareness efforts.
 - o Dementia Network: Several public policy initiatives have been undertaken such as advocacy for improving dental care in long-term care homes and increasing the raw food subsidy in long-term care homes.

C. Situation Analysis

- \$Business assumptions regarding volumes, overall expenses and revenues:
- o The Alzheimer Society uses the dementia projections for Ontario by Dr. Robert Hopkins as the basis for predicting service volumes over the next 25 years. In Algoma District, the number of people with dementia is predicted to be 2,027 in 2009, 2,096 in 2010, and 2,169 in 2011. This represents a potential 13-21% increase in service volume since 2005 without a corresponding increase in program staff.
 - o The community of Elliot Lake is exceptional as 31.7% of its population is over 65 as opposed to 16.5% for the rest of the North East, thus exacerbating the dementia problem.
 - o While most expenses will be increased by the average rate of inflation, the fluctuating price of gas will have a higher impact on the Society due to the large service area. Overall cost containment to a 2% increase to total expenses is planned.
 - o More than half of the Society's revenue is derived from donations and fundraising. Shortfalls from LHIN-funded programs are charged to this revenue source. In this way, the LHIN receives benefits and reduction of service costs by providing dementia care services through the Alzheimer Society.
- \$Significant budgetary and operational risks:
- o Potential increased deficit in LHIN-funded programs, requiring increased percentage of service costs being funded by donations and fundraising. The volatile economy may affect the Society's fundraising ability.
 - o Potential decreased ability to service the entire district of Algoma due to travel costs.
 - o Potential increased wait lists for service.

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\$Strategies to manage the risks:

- o Since the economic situation is so volatile at present, the Society must ensure that it has made provisions for a possible decline in fundraising revenue over the next two years. The Society is fortunate to have adequate reserves and believes it will not be negatively impacted by potential lower fundraising performance.
- o The First Link funding proposal, if successful, will increase the Society's ability to provide dementia services throughout the entire Algoma district, and will decrease the impact of travel costs since staff will not be based only out of the Sault Ste. Marie office. Additionally, clients are encouraged to come to the office for service, where able, to decrease costs for home visits. The Society is also making increased use of telephone visits, as opposed to face-to-face visits.
- o The Society will be monitoring service trends. Currently a wait list exists for the non-LHIN funded recreation therapy program, but no other programs have wait lists. Staff working in the support and education programs are cross-trained and can cover for each other when service backlogs happen.
- o To assist in monitoring service trends, the Society will be implementing E-tapestry in 2009, a program which will assist with tracking and projecting service volumes.

D. Evaluation of Prior Year Performance

\$Evaluation of prior year's performance (2007-2008):

- o Identified goal: to implement First Link in North and East Algoma – still outstanding as the Society awaits word on funding
- o Identified challenges: aging population, large service delivery area, limited resources. Strategies undertaken to address these challenges include submitting a funding proposal for First Link and increasing fundraising initiatives.

\$Explanation of significant variances (more than 10%) between planned and actual results: (note that services were still categorized in PFA format)

- o Total expenditures: variance under 10%
- o Total revenues (entire organization): 20.4% higher than budgeted due to several unanticipated fundraising ventures.
- o Clients served by service – significant variance (increase) in 3 services due to increased numbers of dementia cases and increased awareness of Alzheimer Society services: 08B – 46% increase; 08F – 25% increase; 09C – 17.8% increase
- o Units of service by service – significant variance (increase) in 2 services due to increased numbers of dementia cases and increased awareness of Alzheimer Society services: 08B – 15.8% increase; 08F – 18.6% increase
- o Cost per client by service – significant variance (decrease) in 3 services due to an increase in clients serviced without a commensurate increase in expenditures: 08B – 27.6% decrease; 08F – 17.1% decrease; 09C – 15.2% decrease
- o Cost per unit of service by service:
 - 08A – 13.6% increase – due to a slight decrease in number of units provided and a slight increase in expenditures (due to overall cost increases)
 - 08F – 12.7% decrease – due to an increase in units without a commensurate increase in expenditures

E. Changes to Operations Summary (Optional)

None identified