

# Annual Report to the Community

**April 2024 to March 2025 Fiscal Year** 

#### **Mandate**

Pursuant to the Enterprise By-laws, policies, and procedures, Valued Connections Healthcare's Mandate is to bridge the gap between patients with chronic and complex healthcare needs and the healthcare system. We are mandated to advocate on their behalf to navigate complex processes and overcome knowledge barriers, providing a single window approach to care. By doing so, we guide individuals toward the most effective pathways for receiving the best patient outcomes, the most cost-effectively.

## **Strategic Direction**

- environmental scan
  - **Funding and Revenue** 
    - Ontario Government Funding Application:
      - Valued Connections Healthcare has been completing detailed and comprehensive engagements across the Ontario Public Service around our programs, services, and the business case for funding
    - Fundraising Revenue within the Organization
      - Valued Connections Healthcare has had ongoing fundraising efforts largely focused on corporate grants and corporate sponsorships.
    - Funding across the environment:
      - On a more macro level, the Health and Social Services Cluster is seeing an ongoing increase in funding and funding attention from both public and private sector funders. This is resulting in several largely Health Infrastructure-related grants being announced across the sector.

# Policy:

- Provincial Work to reduce ALC Beds, and Better Connect Care
  - The Ministry of Health along with Ontario Health, Ontario Health at Home and Ontario Health Teams remain committed to reducing Patients in Alternative Level of Care Beds and better connecting patients to care. This aligns directly with Valued Connections Healthcare Community Case Management programs as the wait time for community care and home support – especially when supported by a Case Manager like Valued Connections Healthcare is significantly less, and patients are able to remain at home longer.

#### Health Human Resource Work

The Ontario Government and its partners are continuing to prioritize and work on improving Health Human Resources funding capacity, wages, and staffing retention – and working to prevent staff leaving the sector. This affects our work as a reduction in community care capacity results in fewer programs and services for us to connect our patients to.

#### **Primary Care Work and Funding:**

 Currently, the Ontario Government has launched a number of programs and funding resources around Primary Care and Community-Based Healthcare Teams targeted at mass patient audiences.

# Equity, Diversity, Inclusion, and Reconciliation:

Equity, Diversity, and Inclusion for all, including Queer, Immigrant, Racialized, and other minorities, remains a top priority across the sector and is considered with everything that we do. Valued Connections Healthcare remains deeply committed to creating and maintaining a culture that is welcoming and inclusive to all!

# Ministry of Health Digital Strategy:

The Ministry of Health has emphasized through Ontario Health the importance of Digitization in Healthcare, and Patients over Paperwork remains a key priority that may affect the way in which we deliver services in the future.

#### **Community Services:**

#### Capacity Issues

Capacity Issues and Staffing retention remain an issue across the Health and Social Services Sector, specifically in the Home and Community Care space – namely caused by Health Human Resources, which we are seeing a continuous volume increase with a reduction in the number of people remaining in community care for their career. One of the most frequent reasons we hear about from our stakeholders is that community care staff are caught up in a system that puts process over patients, and bureaucracy over better care – something Valued Connections Healthcare addresses through its suite of programs and services.

#### Long Term Care Overutilization:

Long-term care overutilization remains a sector-wide issue. Too often, patients with multiple long-term conditions (MLTCs) require such a large suite of medical and social services it becomes too difficult, stressful, and overwhelming for the family. This results in the patient, too often, being transitioned to long-term care due to the number of services needed, not the intensity needed, as long-term care is designed for high frequency and intensity, NOT a large number of services. Valued Connections reduces caregiver burnout – and removes the caregiver from the bureaucracy, resulting in better coordinated care that allows patients and families to remain at home until they truly need long-term care.

# Service Coordination Lacking:

- The lack of service coordination at an intensive level remains a serious sector-wide gap. In recent years, we have seen a number of Navigation or "Yellow Pages" type services for the Healthcare System come about. However, these services simply either provide families with a list of services or match them to the services and leave them to set them up on their own.
- Intensive Long Term Case Management that truly walks with families through their journey, properly connects them to care, and advocates for them on an ongoing basis, remains nonexistent in Ontario outside of Inpatient Environments and Mental Health Guardian-type programs and services.

# Other Organizations:

Valued Connections Healthcare is the only organization delivering an Intensive Long Term Case Management program utilizing a concierge approach.

# • organization vision

Our long-term vision is based on the principle of alignment with the Ontario Public Service. Valued Connections Healthcare sees itself as being the leader in Complex Community Care across Ontario – including Patient Education, Provider Education, Intensive Case Management and Thought Leadership.

\*Patient average done based on snapshot and projections – not total adjusted

## • key organization strategies

- Brand Standardization
- Complete alignment with the Ontario Government
- · Operational Standardization
- · Transition to Government Funded Service Model

# Key priorities

- · Better Customer experience and excellent customer service
- · Risk Management and mitigation
- Data protection, privacy and technology
- · Revenue generation and value for funds.

## **Current Programs**

#### • Children with Disabilities Centre of Excellence:

Children and youth under 18 with physical and/or developmental disabilities, with special attention to those enrolled in ACSD/SSAH programs. This includes pediatric clients with two or more chronic conditions requiring frequent contact with hospitals, clinics, and therapy providers. Children served may also be engaged in the Ontario Autism Program, Children's Treatment Centers, and outpatient hospital-based developmental programs. Most families served face challenges navigating fragmented systems and require multi-program intake assistance. Pediatric Complex clients often enter following acute medical episodes or major developmental diagnoses and may remain in care for several years.

# • Medically Fragile Enhanced Case Management

This program supports two high-needs populations: homebound medically complex seniors and emancipated youth aged 16–17 with unmet physical health needs. These clients often have trouble accessing coordinated health care or system navigation. The service provides personalized outreach, medical advocacy, and navigation to stabilize care and reduce crises. The goal is to keep clients safely at home and avoid hospitalization or system disengagement. It is modeled on enhanced case management practices that prioritize long-term engagement and partnership with existing support.

# • Integrated Transitions (Acute Care to Community Transitions for Adults with Developmental

This program ensures that adults with developmental disabilities are safely transitioned from hospital settings to appropriate community placements or home settings. Many clients are discharged without a formal transition plan, resulting in readmission or long-term instability. This service creates

individualized plans and connects clients to developmental support, primary care, housing, and social services.

## • Dual Diagnosis Integrated Case Management

This service is designed for individuals with co-occurring developmental, physical, and psychiatric conditions. Clients often experience fragmentation across health, mental health, and developmental systems. This program delivers intensive, integrated navigation and case management that aligns services across providers.

# **Future Programs**

#### • Memory Care Stream

Valued Connections Healthcare plans to release a series of Intensive Case Management programs and services that are tailored to patients and families in the early stages of a memory care diagnosis to support aging in place. These programs will follow the VCH One Person One Plan Model.

#### **Advice Events**

 Valued Connections Healthcare plans to deliver a series of Community Education Advice Events – to provide easy access, low commitment, low barrier information and advice to patients and families who fall within or adjacent to a population that we serve. Topics may include Senior Living, Making the Move, and Financial Planning – partnering with key stakeholders to deliver a Best-in-Class Customer Experience.

# Performance Measures for the upcoming year, Targets, and Our Performance in the previous year

 Due to previous requirements, business planning approaches, and the newer nature of the organization, with the lack of historical information, we were unable to create detailed information and targets for the previous service year.

## • Our upcoming target for the fiscal year is as follows.

Clients Served through Funded	531
Programs	
Clients served through Non-	150
Funded Programs	
Workshops and Educational	12
Sessions Delivered.	

Performance-related risks/mitigation (Output and Outcome Based) Key activities over the previous fiscal year / a year in review

1) Implementation of One Person One Plan® VCH Standardized Case Management approach

Valued Connections Healthcare has always delivered best-in-class patient services, which provide an integrated, single point of contact for patients and families. However, the new One Person, One Plan approach provides a standardized workflow for admission, assessment, coordination, management, review and transition – which allows our Family Service Team to support families in a more robust, direct, and faster way and lay the framework for excellent, high-quality customer service.

#### 2) Implementation of Client Contact Services Centers

The Maureen E. Campisano Client Contact Services Centre pilot within the Service Delivery Cluster was piloted, which allowed patients, families, and providers who are not currently being supported by a Family Service Worker, or who require immediate assistance during their Family Service Worker's absence, to call a single number and speak with a Family Service Associate. Who can assist in booking an assessment, registering the family for workshops and community programs if they are not currently supported by a family service worker, and providing relationship coverage? Providers are also able to access support, advice, and make urgent referrals through this channel.

- 3) Creation of separate Service Delivery and Patient Navigation Divisions Valued Connections Healthcare made the decision to separate the Case Management Service Delivery Branch and the Community Outreach Branch into two separate divisions – each division has one branch with the following operational breakdown
  - Maureen. E Campisano Patient Navigation and Access Division
    - Client Contact Services Centre
    - Intake and Eligibility Support
    - SSAH and ACSD Unit
    - Case Management Delivery

# Population Health, Delivery Policy & Design Division

- Community Education
- Outreach Services
- Program Design, policy, directive, and quideline creation
- Service Enablement and modernization
- Provide education, services, and support.

## 4) Record number of new patients supported\*

At peak, 5-6 patients a day are entered into service at Valued Connections Healthcare

#### 5) Creating and maintaining excellent political and OPS relationships

# a. Political Relationships

Valued Connections Healthcare has worked hard to develop, manage, and build relationships with several key MPPs and elected officials of the previous year, including

# b. Ministry Relationships

Valued Connections Healthcare has had the pleasure of engaging and building relationships across Ministries, including Seniors, Health, Long-Term Care, Treasury Board, and more.

# 6) an overview of current and future programs and key activities. Future Programs

#### A) Advice Events

Advice events support patients and families navigating the healthcare and social service system who prefer a more macro-level approach that allows them to take a more self-serve approach to their case management while still receiving the expert advice and support of Valued Connections Healthcare's Family Service Workers.

#### **B) Memory Care Navigation Program**

A dedicated stream for Case Management patients with memory carerelated diagnoses – more information coming soon!

#### C) Case Management Service Delivery

For the upcoming fiscal year, Valued Connections Healthcare remains dedicated to continuing to deliver our best-in-class, one-person-one-plan case management services to patients and families with multiple long-term health conditions, through coordinated, integrated, customer centric services that support Ontarians to access the care they need and remain outside of the long-term care system.

#### D) Provider Education

Valued Connections Healthcare understands that the need for support in navigating the healthcare and social services system not only exists at the patient and family level but also exists at the provider level. Specifically, primary care providers in standalone practices are

expected to support care navigation activities but often do not have the support of care navigation services that are available within the Family Health Team or Hospital clinic settings. Therefore, Valued Connections Healthcare is exploring offering education about referrals, patient advocacy, and care pathways to primary care providers, so they are better

## Other key activities

- A) Total compliance, integration, and alignment with Ontario Public Service policies, procedures, and directives.
- B) Organization Key priority work remains ongoing, including policy review, risk management, technology improvements, and more.
- C) Relationship management, development, and maintenance with our political and bureaucratic colleagues across elected officials, ministers' offices, premier's office, policy areas, and ministry program areas, along with central and arms-length agencies.

#### Audited Financial Statements, Financial Performance and Variances

 At the time of this report, Financial Statements remain with our accounting firm DDL&Co for preparation and will be added to this document upon completion.