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# The Ontario Council on Community Health Accreditation

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# ANNUAL REPORT 2007



Promoting accountability & excellence  
*excellence*  
in public health programs and services  
*public health*  
throughout Ontario  
*Ontario*  
since 1981



**The Ontario Council  
on Community  
Health Accreditation**

# Annual Report 2007

The Ontario Council on Community Health Accreditation (OCCHA) was formed in 1981. OCCHA is an independent agency directed by a Board of Directors whose members are appointed by professional associations involved in public health.

## Mission Statement

The Ontario Council on Community Health Accreditation promotes accountability and excellence in public health programs and services.

## Mandate

To establish, review and revise accreditation standards related to governance, administration and program planning, implementation, monitoring and evaluation.

To enhance knowledge through consultation and shared experience.

To measure agency performance against peer-set standards, provide comprehensive reports and confer accreditation awards.

To promote and facilitate continuous quality improvement in public health units through consultation across Ontario health units.

To work in partnership with other community health organizations and relevant provincial ministries, to promote excellence in public health programs and services.

## Accredited Health Units

Algoma Health Unit

Brant County Health Unit

Durham Region Health Department

City of Hamilton Public Health Services

Kingston, Frontenac and Lennox & Addington Public Health

Leeds, Grenville and Lanark District Health Unit

Middlesex-London Health Unit

Niagara Region Public Health Department

Ottawa Public Health

Perth District Health Unit

Simcoe Muskoka District Health Unit

Sudbury and District Health Unit

Wellington-Dufferin-Guelph Public Health

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## 2006-2007 Board of Directors

### CHAIR

Bonnie Jeffrey  
*Ontario Association  
of Public Health Dentistry*

### VICE-CHAIR

Ellen Wodchis  
*Health Promotion Ontario  
(public health)*

### SECRETARY-TREASURER

Daina Mueller  
*Ontario Public  
Health Association*

## MEMBERS -AT-LARGE

Kris Millan  
*Ontario Society of  
Nutrition Professionals in Public Health*

Catherine Bloskie  
*Association of Ontario Public  
Health Business Administrators*

Marion McGeein  
*ANDSOOHA –  
Public Health Nursing Management*

Helen Mulligan  
*Association of Local Public Health Agencies  
Board of Health Section*

Shelley Stalker  
*Association of Public Health  
Epidemiologists in Ontario*

Robert Thompson  
*Association of Supervisors of  
Public Health Inspectors of Ontario*

Dr. Allan Northan  
*Association of Local Public Health Agencies  
Council of Ontario Medical Officers of Health*

## Report of the Chair

After celebrating 25 years of promoting excellence and accountability in public health, OCCHA had an eventful last year.

The Ministry of Health and Long-Term Care released the Capacity Review Committee (CRC) Recommendations in September 2006. The OCCHA Board of Directors provided a response. A Technical Review Committee (TRC) was created to review and revise the Programs and Services Guidelines incorporating recommendations from the CRC. As well, the Executive Director participated on a reference panel to advise the TRC as they prepared the draft standards for public health in Ontario. OCCHA is positioned to be further involved in the transformation of public health, particularly in the areas of performance management and accountability. We wait for the decision of the Ministry of Health and Long-Term Care on the recommendations of the CRC and look forward to our continued collaboration.

Five health units underwent accreditation surveys in the past year. Surveyors and the participating health units were both asked to provide feedback on the new processes. This information was reviewed by the Principles and Standards Committee to refine the process of accreditation and to ensure that it is as pertinent as possible to the health units and the surveyors.

Continuous quality improvement or CQI, has been a major focus over the past year for OCCHA. The OCCHA Board of Directors organized a standing Committee on CQI and a provincial CQI Advisory Group, with representation from across Ontario.

These are exciting times for the OCCHA Board of Directors and for staff.

Significant changes are underway in public health in Ontario and OCCHA continues to prepare for its role in the future.

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## Report of the Principles and Standards Committee

**Chair:** Ellen Wodchis

**Members:** Daina Mueller, Catherine Bloskie, Marion McGeein, Allan Northan, Shelley Stalker and Bonnie Jeffrey (ex-officio)

During the year April 1, 2006 to March 31, 2007 the Principles and Standards (P & S) Committee held three meetings.

Highlights of the P & S committee during this time period, which were brought forward to the OCCHA board, include the following:

- Six health units were granted accreditation awards;
- Work continued this year on reviewing the survey process for better efficiencies, effectiveness and documentation processes using feedback from the surveyors, health units being surveyed and the OCCHA Executive Director.

I sincerely thank all members of the P & S Committee for dedication and thoughtful review of the new standards over the past year. The committee looks forward to a productive year ahead.

## Report of the CQI Committee

**Chair:** Kris Millan

**Members:** Marion McGeein, Ellen Wodchis

The CQI Committee is a relatively new standing committee of the OCCHA Board of Directors, whose purpose is to improve OCCHA's ability to encourage and facilitate organizational excellence and ongoing quality of practice (i.e., CQI) in public health. The Committee met twice over the course of 2006-2007.

One of OCCHA's strategic directions is to encourage and facilitate organizational excellence and ongoing quality of practice (CQI) in public health. In support of OCCHA's strategic direction on continuous quality improvement, the CQI Committee, in collaboration with the CQI Advisory Group, developed a quality framework. The quality framework provides a systems perspective for understanding organizational performance and identifying areas for improvement. It was circulated to health units for feedback in February 2007. The CQI Committee has conducted a preliminary review of the feedback and will be continuing this work through 2007. This includes developing processes and mechanisms to facilitate implementation of the quality framework in health units.

I would like to thank the members of the CQI Committee for their hard work. Also, thank you to the CQI Advisory Group for their interest in our work and commitment to quality improvement in public health.

## Report of the Marketing Committee

**Chair:** Rob Thompson

**Members:** Helen Mulligan, Marion McGeein, Bonnie Jeffrey (ex-officio)

The Marketing Committee of the OCCHA Board of Directors met three times between April 1, 2006 and March 31, 2007. During that time, the key focus of the Committee was:

- development and implementation of activities in celebration of OCCHA's 25th Anniversary;
- review of the criteria for OCCHA's seal of excellence, and
- development and implementation of an operational plan for marketing, including the review and update of the OCCHA website, and the development of tools to facilitate preparation for accreditation in support of continuous quality improvement.

The Marketing Committee looks forward to our continued work in the development of processes and mechanisms designed to enhance the accreditation process and to facilitate participation in the accreditation process.

My thanks to the Marketing Committee members for their ongoing hard work and commitment to enhancing the accreditation process.



## Report of the Executive Director

In 2006-2007, the OCCHA Board of Directors continued its efforts to expand and enhance the accreditation process in support of the following strategic directions:

- strengthening OCCHA's collaboration with the Ministry of Health and Long-Term Care in support of public health renewal;
- enhancing customer service and marketing of OCCHA and the accreditation process;
- encouraging and facilitating organizational excellence and ongoing quality of practice in public health, and
- building capacity to fulfill OCCHA's mandate.

OCCHA's primary focus over the past year has been the full implementation of the revised principles and standards and the revised accreditation process; participation in the public health renewal process, and ongoing efforts in the development of a quality framework for public health.

Despite the tremendous efforts of the OCCHA Board of Directors over the past year to strengthen the accreditation process, we recognize that there is still work to be done to ensure that both the accreditation process and documents reflect OCCHA's commitment to quality, accountability and performance measurement. To this end, the Board of Directors has identified the need to develop ongoing supports for health units to facilitate both participation in, and preparation for, accreditation and to support our efforts in the development and implementation of a quality framework for public health. In addition, the accreditation process and standards will be reviewed to ensure that any changes in the Program Standards are incorporated into our documentation.

I would like to take this time to thank all those who have contributed to OCCHA's work in the past year, including: the Ministry of Health and Long-Term Care, the members of our CQI Advisory Group, our member organizations, public health units, Boards of Health and OCCHA surveyors. I would also like to express my sincere thanks to the members of the OCCHA Board of Directors and to Bev Russ for their ongoing commitment to, and support of, this organization and the accreditation process.

Meighan Finlay

## Auditors' Report

To the Directors of  
Ontario Council on Community Health Accreditation

We have audited the statement of financial position of Ontario Council on Community Health Accreditation as at March 31, 2007 and the statement of operating funds for the year then ended. These financial statements are the responsibility of the Council's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Ontario Council on Community Health Accreditation, as at March 31, 2007 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Mississauga, Ontario  
May 23, 2007

Clarkson Rouble LLP  
Chartered Accountants

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## Ontario Council on Community Health Accreditation

### Statement of Operating Funds Year Ended March 31, 2007.

	2007		2006
	Budget	Actual	Actual
<b>Revenue</b>	(Note 5)		
Ministry of Health and Long-Term Care grant	\$ 165,900	\$ 116,000	\$ 116,000
Accreditation maintenance fees	38,500	35,750	41,250
Accreditation survey fees	5,500	25,200	17,100
Interest income	700	1,710	1,213
	210,600	178,660	175,563
<b>Expenditures</b>			
CQI activities	4,000	-	3,452
Board and committee meetings	14,000	13,441	12,183
Marketing and travel	4,750	5,258	5,392
Insurance	2,500	2,228	2,148
Equipment rental	-	-	1,052
Office and computer	4,500	4,818	3,774
Photocopying and printing	1,200	648	1,039
Postage and courier	800	1,147	1,017
Professional development	-	590	158
Professional services	4,750	2,030	2,590
Rent and occupancy	13,600	13,429	12,670
Salaries and benefits	146,000	107,610	97,280
Telephone and facsimile	4,000	4,557	3,832
Surveyor training workshop	5,000	-	5,087
Accreditation survey expenses	5,500	24,441	17,259
	210,600	180,197	168,933
<b>(Deficit) surplus</b>	-	(1,537)	6,630
Surplus, beginning of year	152,995	152,995	146,365
Surplus, end of year	\$ 152,995	\$ 151,458	\$ 152,995



Ontario Council on Community Health Accreditation

Notes to Financial Statements • March 31, 2007

**1. Purpose of organization**

Ontario Council on Community Health Accreditation ("OCCHA") is a non-profit corporation incorporated under the Ontario Business Corporations Act without share capital on October 31, 1981.

OCCHA's conviction is that the provision of quality public health programs and services requires sound administrative and operational processes. Through the accreditation process, OCCHA provides an independent, voluntary, peer evaluation of the administrative and operational aspects of local public health agencies.

**2. Significant accounting policies**

The financial statements of Ontario Council on Community Health Accreditation are prepared in accordance with Canadian generally accepted accounting principles applicable to non-profit organizations described below.

**(a) Accrual basis of accounting**

These financial statements are prepared on the accrual basis of accounting for revenues and expenditures.

**(b) Revenue recognition**

Accreditation revenue received prior to the completion of accreditation and other projects is deferred to the period of completion. Accreditation maintenance revenue is recognized when billed, on the anniversary date of accreditation.

Grant revenue is recognized when received.

**(c) Income taxes**

The Council is a not-for-profit organization and is therefore exempt from income taxes under the Income Tax Act.

**3. Short-term investments**

Short-term investments consist of GICs bearing interest at an average rate of 3.25% per annum and matures June 27, 2007.

**4. Statement of cash flows**

A statement of cash flows has not been provided as it would not provide any additional meaningful information.

**5. Budget information**

The budget figures as presented for comparison purposes are unaudited and are those approved by the Board of Directors. No audit opinion is expressed or implied.

**6. Contracts and commitments**

Future minimum payments required under contractual obligations that have remaining terms in excess of one year are:

2008	\$ 35,552
2009	3,711
	\$ 39,263

Ontario Council on Community Health Accreditation

Statement of Financial Position As at March 31, 2007

Assets	2007	2006
Cash	\$ 108,801	\$ 144,053
Short-term investments(Note 3)	48,393	47,287
Accounts receivable	7,476	1,071
Prepaid expenses	2,265	1,580
	166,935	193,991
<b>Liabilities</b>		
Accounts payable and accrued liabilities	8,027	18,646
Deferred revenue	7,450	22,350
	15,477	40,996
<b>Net Assets</b>	<b>\$ 151,458</b>	<b>\$ 152,995</b>
<b>Net Assets Represented by:</b>		
Accumulated surplus	\$ 151,458	\$ 152,995

**7. Economic dependence**

The Council is dependant on the Ministry of Health and Long-Term Care for a portion of their operational funding.

**8. Contingent liabilities**

(a) A clause of the Council's agreement with the Ministry of Health Long-Term Care may require the Council to repay some residual portion of the funding received or the Ministry may designate what the determined amount may be spent on. This clause requires that the Ministry review year end financial statements to determine what amount, if any, is to be repaid or designated for a specific use.

**9. Financial instruments**

Fair value

Canadian generally accounting principles require that the Council disclose information about the fair value of its financial assets and liabilities. Fair value estimates are made at the balance sheet date, based on relevant market information and information about the financial instrument. These estimates are subjective in nature and involve uncertainties in significant matters of judgment and therefore cannot be determined with precision. Changes in assumptions could significantly affect these estimates. The carrying amounts for accounts receivable, and accounts payable on the balance sheet approximate fair value because of the limited term of these instruments.

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