



Ontario Council on Community Health Accreditation

Advancing Quality
in Public Health

ANNUAL REPORT

2010

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

Annual Report 2010



Ontario Council
on Community
Health Accreditation

Advancing Quality
in Public Health

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.

Report of the Executive Director

This year we celebrate the implementation of the new accreditation program, Advancing Quality in Public Health. This process will continue to support, not only continuous quality improvement in public health units, but performance management and accountability. Over the past year, OCCHA has developed a number of tools to facilitate health units' preparation for and participation in the accreditation process; including on-line quality surveys, annual questionnaires, annual summary reports and quality indicators and attributes.

The OCCHA Board of Directors will continue its development of additional tools to facilitate this new process. In addition, OCCHA will be investigating options for electronic documentation of evidence and reporting.

I would like to take this opportunity to thank the OCCHA Board of Directors, both past and present for their ongoing commitment and efforts toward improving and enhancing the accreditation process in support of continuous quality improvement. I would also like to acknowledge the contributions of the many OCCHA surveyors whose commitment and expertise facilitate the on-site survey process.

Finally, I would like to thank the Boards of Health and public health units for their support of OCCHA and the accreditation process. I look forward to our continued collaboration in support of performance management and accountability.

Meighan Finlay



2009 - 2010 Board of Directors

CHAIR

Catherine Boskie

Association of Ontario Public Health
Business Administrators

VICE-CHAIR

Penny Lavalley

ANDSOOHA – Public Health Nursing
Management

SECRETARY-TREASURER

Robert Thompson

Association of Supervisors of Public Health
Inspectors of Ontario

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Board of Health Section

Elaine Murkin

Ontario Society of Nutrition Professionals
in Public Health

Tina Pilon

Ontario Public Health Association

Dr. Allan Northan

Association of Local Public Health Agencies
Council of Ontario Medical Officers of Health

Wayne Tucker

Association of Public Health Epidemiologists in
Ontario

Accredited Health Units

Algoma Public Health
Brant County Health Unit
Durham Region Health Department
City of Hamilton - Public Health & Social Services
Huron County Health Unit
KFL&A Public Health
Leeds, Grenville and Lanark District Health Unit

Middlesex-London Health Unit
Niagara Region Public Health Department
Northwestern Health Unit
Simcoe Muskoka District Health Unit
Sudbury & District Health Unit
Wellington-Dufferin-Guelph Public Health

Report of the Chair

Each year has its defining milestones and this past year has been no exception. To say that OCCHA's agenda for 2009/2010 was ambitious would be an understatement. In retrospect some of our most noteworthy accomplishments of the past year have been:

- full implementation of the new "Advancing Quality in Public Health" accreditation program,
- development and delivery of a surveyor training workshop for approximately 60 participants representing 22 health units,
- development of draft indicators and quality attributes for the accreditation standards in support of the OCCHA quality framework for public health units,
- continued support of the Ministry of Health and Long-Term Care public health renewal performance management and accountability, and
- completion of 5 accreditation surveys and 2 annual reviews.

This has been both a challenging and rewarding year for OCCHA. I would like to acknowledge the efforts and contributions of the OCCHA Board of Directors; P&S Committee Working Group; Meighan Finlay, Executive Director; and Bev Russ, Administrative Assistant. I would be remiss if I did not also acknowledge the support and contributions of public health units. The achievements of the past year would certainly not have been possible without the commitment of the entire team!

Catherine Boskie

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Report of the Principles and Standards Committee

Chair: Ellen Wodchis (April – July 2009) and Wayne Tucker (April 2010-present)

Members: Bonnie Jeffrey, Penny Lavalley, Elaine Murkin, Allan Northan, Tina Pilon, Catherine Bloskie (ex-officio)

Due to the continued implementation of the new accreditation program, Advancing Quality in Public Health, the Principles and Standards Committee met once during the year July 3, 2009 – July 6, 2010.

The priority areas for 2009-2010 were:

- 1) Continued implementation of the accreditation process, including document revisions/updates, on-line quality surveys for board, staff and community partners, and the development of tools to support health units in their planning and evidence preparation;
- 2) Continued development of OCCHA quality indicators and attributes to facilitate CQI in public health units, and
- 3) Enhancements to the annual review process and documentation.

The P&S Committee will continue to enhance and/or develop accreditation documents/tools to facilitate participation in the accreditation process. In addition, the P&S Committee has identified the need to review the process and documents used for future accreditation cycles.

I sincerely thank all members of the P & S Committee and for their efforts in ensuring the accreditation process supports continuous quality improvement.

Wayne Tucker

Report of the Marketing Committee

Chair: Robert Thompson

Members: Patricia Coderre, Kathy Braet, Heather Kemp, Catherine Bloskie (ex-officio)

During 2009-2010 the Marketing Committee held two meetings.

We have continued to move forward with our commitment to provide regular updates to our constituent organizations and public health units.

Although the date of our Surveyor Training Workshop was changed as public health suspended to H1N1 Influenza, a successful workshop was held on March 29, 2010 in Toronto. Messenger bags with the OCCHA logo were provided for use by surveyors.

The Marketing Committee looks forward to ongoing advancement and acceptance of the new accreditation process.

My thanks to the Marketing Committee and OCCHA staff for their continued support in enhancing the accreditation process.

Robert Thompson



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, 2010** 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, 2010 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Mississauga, Ontario
June 24, 2010

Clarkson Rouble LLP
Chartered Accountants
Licensed Public Accountants

Ontario Council on Community Health Accreditation

Statement of Financial Position as at March 31

Assets	2010	2009
Cash	\$87,572	\$112,508
Short term investments (Note 3)	51,986	51,464
Accounts receivable	306	3,340
Prepaid expenses	3,887	3,711
	143,751	171,023
Liabilities		
Accounts payable and accrued liabilities	20,362	20,308
Deferred revenue	11,600	9,450
	31,962	29,758
Net Assets	\$111,789	\$141,265

Net Assets Represented by:

Accumulated surplus	\$111,789	\$141,265
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Ontario Council on Community Health Accreditation Statement of Operating Funds

Year Ended March 31	2010		2009
	Budget	Actual	Actual
Revenue	(Note 5)		
Ministry of Health and Long Term Care grant	\$261,550	\$121,800	\$121,800
Accreditation maintenance fees	30,250	27,225	33,172
Accreditation survey fees	29,000	17,400	12,300
Interest income	500	(318)	1,947
Miscellaneous income	7,000	2,200	2,500
	328,300	168,307	171,719
Expenditures			
Board and committee meetings	18,000	18,519	11,468
Marketing and travel	10,000	4,339	3,444
Insurance	2,600	1,981	2,259
Office and computer	4,000	3,743	6,691
Photocopying and printing	1,500	1,058	749
Postage and courier	1,500	438	1,017
Professional development	3,500	605	615
Professional services	4,400	2,920	2,830
Rent and occupancy	14,600	14,018	13,798
Surveyor training workshop	12,000	10,054	-
Salaries and benefits	175,800	127,552	123,568
Telephone and facsimile	4,400	3,674	3,937
Accreditation survey expenses	20,000	8,882	7,784
One time expenses	56,000	-	-
	328,300	197,783	178,160
Deficit	-	(29,476)	(6,441)
Surplus, beginning of year	141,265	141,265	147,706
Surplus, end of year	\$141,265	\$111,789	\$141,265

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Ontario Council on Community Health Accreditation

Notes of Financial Statements March 31, 2010

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.

(d) Use of estimates by management

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make certain estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported periods. The most significant estimate included in these financial statements is the valuation of accounts receivable. Actual results may differ from estimates.

e) Investments

All short term investments are classified as available for sale because the Foundation does not intend to trade the investments for short term profit making and accordingly has not elected to classify the investments as held for trading.

The quoted market price was used to estimate the fair value of the financial instruments held as short-term investments.

3. Short term investments

Short term investments consist of GICs bearing interest at an average rate of 0.001% per annum, recorded at market value, that matures June 27, 2010.

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:

2011	\$33,719
2012	3,572
	\$37,291

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 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 short term investments, accounts receivable, and accounts payable on the balance sheet approximate fair value because of the limited term of these instruments.