



Annual Report 2002-2003

The Ontario Council on Community Health Accreditation
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Mission Statement

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

2002-2003 Board of Directors

PRESIDENT

Charles Gardner

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

VICE-PRESIDENT

Ruth Sanderson

Association of Public Health Epidemiologists in Ontario

SECRETARY-TREASURER

Karen Boughner

ANDSOOHA - Public Health Nursing Management

Kris Millan

Ontario Society of Nutrition Professionals in Public Health

Ellen Wodchis

Health Promotion Ontario (public health)

Catherine Bloskie

Association of Ontario Public Health Business Administrators

Members at Large

Bonnie Jeffrey

Ontario Association of Public Health Dentistry

Robert Thompson

Association of Supervisors of Public Health Inspectors of Ontario

Ingrid Parkes

Association of Local Public Health Agencies
Board of Health Section

Vacant


Ontario Public Health Association

Accredited Health Units

The accreditation award symbolizes excellence to the public, local public health agencies, other community agencies, professional associations, and local, regional and provincial governments.

O.C.C.H.A.'s accreditation process is confidential, voluntary, peer generated and peer reviewed.

-  District of Algoma Health Unit
-  Brant County Health Unit
- Durham Region Health Department
-  Haldimand-Norfolk Health Unit
-  City of Hamilton Social and Public Health Services Department (Public Health Programs)
- Kingston, Frontenac and Lennox & Addington Health Unit
-  Leeds, Grenville and Lanark District Health Unit
-  Middlesex-London Health Unit
-  Regional Niagara Public Health Services Department
-  City of Ottawa Public Health Branch
-  Perth District Health Unit
-  Simcoe County District Health Unit
-  Sudbury and District Health Unit
-  Wellington-Dufferin-Guelph Health Unit

 The OCCHA Seal of Excellence Award has been presented to the Health Units who have been accredited for 5 or more continuous years.

Report of the President

The past year has been an active one, both in terms of accreditation surveys, and in terms of OCCHA's ongoing development as an agency. During that time there were three surveys of health units that were undergoing re-accreditation, and one survey of a health unit being accredited for the first time. In addition, three health units were awarded the Seal of Excellence for maintaining accreditation for five years or more. Accreditation surveys such as these are essential to the fulfillment of our mandate:

To promote excellence in public health programs and services.

Although we pursue our mission with a range of strategies, it is primarily achieved through the health unit accreditation.

A year ago I reflected on our new strategic plan. Since then we have actively pursued the strategic directions within it. In order to strengthen support from the Public Health Branch for OCCHA and the accreditation process in May 2002 we released our discussion paper entitled "Developing a Structure for Accountability: How OCCHA and Accreditation Can Work for Public Health". Since then we received comments on it from our partner associations which we have summarized and communicated to the Public Health Branch.

In keeping with communication from the Public Health Branch and our consultations with health units, we drafted modifications to the accreditation Principles and Standards in order to incorporate an assessment of program activities under the Mandatory Health Programs and Services Guidelines. These draft modifications were sent to health units and the resulting comments are being reviewed to

inform further refinements. A pilot will be done on the modified Standards later in the year.

OCCHA has continued its pursuit of continuous quality improvement (CQI). To this end we initiated a CQI Task Force with the following purpose: to improve OCCHA's ability to encourage and facilitate organizational excellence and ongoing quality of practice (CQI) in public health. This task force, which includes membership from a number of health units across the province, will work over the next two years to review the literature on CQI, advise OCCHA on modifications to accreditation and other activities to promote CQI, and to facilitate information sharing among health units on CQI.

As in past years OCCHA has continued to nurture and strengthen its partnerships. Thus we have continued our partnership activities with the Ontario Public Health Benchmarking, and the Ontario Accreditation Managers Forum.

Like any agency we are our people, and as in most years we have seen changes to our Board membership. In the past year Peter Wiebe, who fulfilled two terms of office on the OCCHA Board, was replaced by Bonnie Jeffrey. We have missed Peter, and we wish him well in his new pursuits. Likewise we welcome Bonnie, and we have enjoyed her company and her excellent work over the past year. I look forward to working together with the Board in anticipation of the challenges and endeavours in the year to come.

Charles Gardner
President

Report of the Principles and Standards Committee

Members: Karen Boughner, Catherine Bloskie, Kris Millan (co-chair until October 2002), Peter Wiebe (until June 2002), Bonnie Jeffrey (starting June 2002) and Charles Gardner (ex-officio)

During the year April 1, 2002 to March 31, 2003 the Principles and Standards (P & S) Committee held two meetings.

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

- Four health units were granted accreditation awards;

- Changes to accreditation standards to better reflect the Mandatory Programs and Services Guidelines continued to be explored including piloting the revised standards; and
- Additional documentation required when completing the survey application so that the primary focus of the on-site survey would be programs and services.

The co-chairs would like to thank all members of the P & S Committee for their work over the past year. We look forward to a productive year ahead.

Ellen Wodchis
Chair, P&S Committee

Financial Statements

Statement of Financial Position As at March 31, 2003

	2003	2002
Assets		
Cash	\$ 106,934	\$ 78,936
Short-term investments (Note 3)	74,349	73,520
Accounts receivable	225	8,514
Prepaid expenses	5,458	5,132
	186,966	166,102
Liabilities		
Accounts payable	\$ 9,748	\$ 11,718
Deferred revenue	14,000	11,000
Ontario Public Health Benchmarking Partnership (Note 7)	18,364	18,364
	42,112	41,082
Net assets	\$ 144,854	\$ 125,020

Net Assets Represented by:

Accumulated surplus	\$ 144,854	\$ 125,020
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Statement of Operating Funds Year Ended March 31, 2003

	2003		2002
	Budget	Actual	Actual
Revenue			
Ministry of Health and Long-Term Care Grant	\$ 99,000	\$ 99,000	\$ 99,000
Accreditation maintenance fees	35,000	35,000	30,000
Interest income	2,500	901	2,451
	136,500	134,901	131,451

Expenditures

Board and committee meetings	10,000	10,369	7,870
Marketing and travel	5,300	4,583	10,345
Insurance	1,600	1,823	1,349
Equipment rental	1,400	1,230	559
Office and computer	4,500	5,519	5,345
Photocopying and printing	1,000	1,280	2,422
Postage and courier	600	628	474
Professional development	500	558	470
Professional services	3,500	1,900	3,400
Rent and occupancy	12,700	11,503	9,639
Salaries and benefits	92,000	71,997	66,217
Telephone and facsimile	3,400	3,677	3,363
	136,500	115,067	111,453

Surplus	-	19,834	19,998
Surplus, beginning of year	-	125,020	93,418
Adjustment of prior year's income (Note 7)	-	-	(11,604)
Surplus, beginning of year as restated	-	125,020	105,022
Surplus, end of year	\$ -	\$144,854	\$125,020

See accompanying notes to financial statements.

Notes to Financial Statements

1. Incorporation

The Council was incorporated under the Ontario Business Corporations Act as a non-profit organization without share capital on October 31, 1981.

2. Significant accounting policies

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

Capital assets are recorded at cost and expensed in the year of acquisition net of any grants received for that purpose.

Revenue received prior to the completion of accreditation and other projects is deferred to the period of completion.

3. Short-term investments

Short-term investments consist of GICs bearing interest at an average rate of 1.46% per annum.

4. Income taxes

There is no liability for income taxes.

5. Statement of cash flows

No statement of cash flows has been prepared as it would not provide any meaningful information.

6. Budget

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.

7. Prior period adjustment

The Council has determined that the Ontario Public Health Benchmarking Partnership was overstated by \$11,604.

Consequently, the balance of the Ontario Public Health Benchmarking Partnership as at March 31, 2002 has been decreased by \$11,604 and net assets increased by \$11,604, reflecting the amount that should have been amortized into revenue in prior years.

8. Contracts and commitments

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

2003	\$25,434
2004	10,434
2005	10,323
	\$46,191

Auditors' Report

To the Directors of the
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, 2003 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, 2003 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Mississauga, Ontario
May 21, 2003

Clarkson Rouble LLP
Chartered Accountants

OCCHA Report of the Marketing Committee 2002-2003

Members: Charles Gardner, Ingrid Parkes
Rob Thompson

One of OCCHA's key strategic directions identified in October 2001, was our desire to enhance customer service and marketing of OCCHA and accreditation. Towards that end the Marketing Committee reviewed in June 2002, the OCCHA Implementation Plan for Strategic Directions as it pertained to the Marketing Committee and re-prioritized our tasks in the context of other competing strategic demands.

We met twice as a committee in the past year and even with the ongoing vacancy in the Marketing Co-ordinator position, accomplished a number of key activities:

- Presentations to member organizations on OCCHA and our Strategic Directions were completed in 2002 including presentations at ASPHIO, COMOH and Public Health Education Days (Spring 2002).
- The OCCHA website (www.occha.org) launched on February 1, 2002 continued to grow during the past year

and marked our move into profiling our organization nationally and internationally.

- The Continuous Quality Improvement (CQI) Task Force terms of reference have been approved and membership will be confirmed in July. This task force has expanded their profile to encompass additional activities including linkages with external partners such as Health Canada and the Ontario Benchmarking Partnership. With the support of Health Canada, the work of the CQI Task Force will be enhanced in 2003 and may assist the Marketing Committee with some of their activities as they relate to health unit liaisons.

I thank all the members of the Marketing Committee for their contributions over the past year and congratulate the staff at OCCHA for continuing to make OCCHA an outstanding Association.

Ruth Sanderson
Chair

Report of the Executive Director

Over the past several years, the OCCHA Board of Directors has spent a considerable amount of effort on strategic planning, strengthening partnerships, exploring options beyond accreditation, reviewing and expanding the accreditation standards, developing structures for continuous quality improvement in public health and conducting accreditation surveys. These efforts are driven by OCCHA's commitment to promoting excellence in public health and building a strong and credible organization. Throughout the coming year, OCCHA will continue our work towards the completion of these initiatives and we will continue to investigate other opportunities for growth.

OCCHA is founded on the belief that Boards of Health are accountable, not only to their funders, but to the community they serve, and as such, should strive to provide quality programs and services in an effective and efficient manner. This is becoming more important as public health issues such as Walkerton, influenza outbreaks and SARS have resulted in the need to redirect internal resources, review ongoing priorities and develop innovative ways of program delivery. The accreditation process is a quality assurance tool that has been used by Boards of Health and public health units to meet the ever-changing needs and growing demands of delivering public health programs and services.

The OCCHA Board of Directors encourages all Boards of Health to consider the benefits of the accreditation process.

I would like to take this opportunity to thank all those who have contributed to the ongoing review of the accreditation process and standards, as well as those who continuously provide their expertise and services to the OCCHA Board of Directors. This includes our surveyors and chief surveyors, who, through their expertise and hard work, facilitate the successful completion of the accreditation surveys. As well, our member organizations, public health units, Boards of Health and the Ministry of Health and Long-Term Care, Public Health Branch, have continuously provided feedback on the standards and the accreditation process and provided direction to the strategic planning.

However, I would like to particularly thank the members of the OCCHA Board of Directors, without whose commitment, direction and constructive feedback, the work of the last several years could not have been accomplished. I look forward to working with the OCCHA Board to ensure that these initiatives are completed.

Meighan Finlay
Executive Director