



# Annual Report 2003-2004

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.

## 2003-2004 Board of Directors

### PRESIDENT

*Ruth Sanderson*

Association of Public Health  
Epidemiologists in Ontario

### VICE-PRESIDENT

*Kris Millan*

Ontario Society of Nutrition  
Professionals in Public Health

### SECRETARY-TREASURER

*Karen Boughner*

ANDSOOHA - Public Health  
Nursing Management

### PAST PRESIDENT

*Charles Gardner*

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

## Members at Large

*Ellen Wodchis*

Health Promotion Ontario (public health)

*Catherine Boskie*

Association of Ontario Public Health Business  
Administrators

*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

*Daina Mueller*


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

This past year has indeed been one of changing weather and threatening storms for public health in Ontario. I am proud to note that OCCHA, with the guidance of our Executive Director, Meighan Finlay, charted a course that has given us direction in these turbulent times leading to new opportunities. This year began with the return of all our Board members and progressed with the welcomed addition of Daina Mueller, to the some-time vacant position of Ontario Public Health Association representative.

During the year, the Board of Director's took the unprecedented path of post-poning five health unit accreditation surveys, slated for renewal in 2004. This bold move ensured that revision of the accreditation standards was completed on schedule in 2004. Work on these revisions began in 2002 and involved extensive modifications of the existing standards to better reflect the work of public health in Ontario as outlined by the Mandatory Programs and Services Guidelines (1997). In addition, the new standards incorporated as much as possible qualitative components, to ensure not only the assessment of whether something was being done, but also the quality of those activities. Along with these revisions, the incorporation of changes to the accreditation process itself are sure to steam-line accreditation in the future. The changes to the standards are now posted on our web-site.

"The only  
*safe ship*  
in a storm  
is leadership."

*Faye Wattleton.*

In addition to the substantial revisions of the accreditation standards, OCCHA continued to support the Continuous Quality Improvement (CQI) task force as they developed specific work-plans to:

- define continuous quality improvement for public health,
- review and identifying best practices for records management, and
- explore documentation practices across public health units.

We look forward to the implementation and results of those work plans over the next year.

Finally, our ongoing collaborative efforts with the Benchmarking Partnership and the Ontario

Accreditation Mangers Forum were augmented this past year to include a new initiative with Health Canada (Skills Enhancement).

This year at OCCHA, and in public health, has been quite a voyage- and as the saying goes- we are now only able to see new oceans because of the courage of many over the past year to lose sight of the shore.

Ruth Sanderson

## Report of the Principles and Standards Committee

Members: Karen Boughner, Kris Millan, Catherine Bloskie, Bonnie Jeffrey and Ruth Sanderson (ex-officio)

During the year April 1, 2003 to March 31, 2004 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:

- Four health units were granted accreditation awards; and
- A significant amount of work occurred this year to modify the accreditation standards to better reflect the Mandatory Programs and Services Guidelines and to update the other standards. The revised standards related to the

Mandatory Program requirements were pilot tested during a health unit survey in February. The survey worksheets and assessment forms were also revised to be in line with this process. Many thanks to Elvira Gaylor (contract staff), Meighan Finlay (OCCHA Executive Director) and the Brant County Health Unit for all their work in making this process successful; and

- Streamlining the survey process for both the surveyors and the health unit being reviewed.

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.

Ellen Wodchis,  
Chair

# Financial Statements

## Statement of Financial Position As at March 31, 2004

	2004	2003
<b>Assets</b>		
Cash	\$ 88,510	\$ 106,934
Short-term investments (Note 4)	74,830	74,349
Accounts receivable	13,138	225
Prepaid expenses	1,588	5,458
	178,066	186,966

<b>Liabilities</b>		
Accounts payable	\$ 20,227	\$ 9,748
Deferred revenue	5,500	14,000
Ontario Public Health Benchmarking Partnership	18,364	18,364
	44,091	42,112

Net assets	\$ 133,975	\$ 144,854
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Net Assets Represented by:		
Accumulated surplus	\$ 133,975	\$ 144,854

## Statement of Operating Funds Year Ended March 31, 2004

	2004		2003
	Budget	Actual	Actual
<b>Revenue</b>			
Ministry of Health and Long-Term Care Grant	\$ 102,500	\$ 75,500	\$ 99,000
Accreditation maintenance fees	35,000	29,167	35,000
Interest income	1,000	1,629	901
Miscellaneous income	-	9,300	-
	138,500	115,596	134,901

<b>Expenditures</b>			
Board and committee meetings	20,000	11,735	10,369
Marketing and travel	5,500	2,399	4,583
Insurance	2,000	2,281	1,823
Equipment rental	1,400	1,485	1,230
Office and computer	4,500	2,888	5,519
Photocopying and printing	1,200	-	1,280
Postage and courier	650	423	628
Professional development	550	518	558
Professional services	2,500	9,109	1,900
Rent and occupancy	12,200	12,124	11,503
Salaries and benefits	84,500	79,662	71,997
Telephone and facsimile	3,500	3,851	3,677
	138,500	126,475	115,067

<b>(Deficit) Surplus</b>	-	(10,879)	19,834
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Surplus, beginning of year	144,854	144,854	125,020
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Surplus, end of year	\$144,854	133,975	\$144,854
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See accompanying notes to financial statements.

## Notes to Financial Statements

### 1. Purpose of organization

Ontario Council on Community Health Accreditation ("OCCHA") is a non-profit corporation incorporated without share capital. 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. Incorporation

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

### 3. Significant accounting policies

The financial statements of Ontario Council on Community Health Accreditation are prepared in accordance with 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) Capital assets

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

#### (c) Revenue recognition

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

#### (d) Income taxes

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

### 4. Short-term investments

Short-term investments consist of GICs bearing interest at an average rate of 2.40% per annum.

### 5. Statement of cash flows

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

### 6. 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.

### 7. Contracts and commitments

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

2005	\$30,016
2006	\$3,925
	\$33,941

## 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, 2004 and the statement of operating funds for the year then ended. This financial statement is the responsibility of the Council's management. Our responsibility is to express an opinion on this financial statement 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, 2004 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

Mississauga, Ontario  
May 27, 2004

Clarkson Rouble LLP  
Chartered Accountants

# *OCCHA Report of the Marketing Committee 2003-2004*

Members: Ingrid Parkes, Ruth Sanderson,  
Rob Thompson

**A**s in previous years and in keeping with OCCHA's strategic plan, we have continued to pursue enhanced customer service and the marketing of our services. In the wake of the SARS outbreak the past twelve months have had their challenges for the public health community in Ontario. A tremendous amount of work was done in support of the federal and provincial post-SARS reviews. In this regard and at the recommendation of the Marketing Committee, the OCCHA board submitted to the Expert Panel on SARS and Public Health our discussion paper written in 2001 entitled *What OCCHA and Accreditation Can Do for Public Health*. We also noted that OCCHA and accreditation were discussed in the provincial auditor's report, and we did take the opportunity to meet with the new Chief Medical Officer of Health, Dr. Sheela Basur to discuss our strategic directions and the importance of our ongoing partnerships including with the Ministry of Health and Long-Term Care.

A very important initiative from our strategic plan has been the revision of our accreditation principles and standards to better capture the requirements of the Mandatory Health Programs and Services Guidelines. The OCCHA board engaged the health units of the province in the development

of these revisions. This served to raise the profile of accreditation while also better ensuring that the new standards would meet the needs of the health units. The new standards were released in late May allowing us the opportunity to present them to the public health community as part of a panel on the measurement of public health performance at the Annual General Meeting of the Association of Local Public Health Agencies in June 2004. This occasion highlighted for us the ongoing importance of our relationship with our partner agencies.

Partner and client agency engagement is a key concept within the paradigm of continuous quality improvement (CQI). Practicing CQI is critical to the achievement of excellence in client service. Our new standards more explicitly incorporate CQI concepts. As a further advancement in fostering excellence in public health, the CQI Task Force was launched and will continue with its two-year mandate to review and report on the application of CQI within the field of public health. In keeping with continuous improvement, in February 2004 we reviewed and updated our Marketing Strategic Plan to allow us to continue on with our work to market and pursue excellence in our service.

Charles Gardner,  
Chair

## *Report of the Executive Director*

**A**ccountability and performance measurement have received much attention during the past year. The Ministry of Health and Long-Term Care is committed to ensuring that an accountability framework is developed and implemented within the next year for Ontario public health units. There has been considerable discussion of various performance measurement initiatives, including ISO, the balanced scorecard, the Mandatory Programs Indicator Questionnaire and accreditation.

OCCHA's accreditation process has been in existence since 1981. The accreditation standards and survey process have been continually updated to reflect relevant changes in the structure of public health units and the delivery of public health programs and services in Ontario. Accreditation is a comprehensive performance measurement tool, developed and maintained by public health professionals, through representation on the OCCHA Board of Directors. The accreditation process is an essential component of accountability. OCCHA looks forward to continuing our collaboration with the public health community and the Ministry of Health and Long-Term Care in reviewing performance measurement initiatives towards the development of a functional accountability framework.

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. My sincere thanks to the members of the OCCHA CQI Task Force, who have spent a considerable amount of time and effort in the development of a conceptual framework for continuous quality improvement and have investigated best practices for documentation and records management.

I would also like to thank our member organizations, public health units, Boards of Health and the Ministry of Health and Long-Term Care, Public Health Branch, for their support of the accreditation process and the work of the OCCHA Board of Directors.

Finally, I would like to thank the members of the OCCHA Board of Directors, without whose sustained commitment, direction and constructive feedback, our strategic objectives could not be achieved.

Meighan Finlay