

**Carlington Community Health Centre  
Multi-Sector Accountability Agreement  
Compliance Report to Board of Directors**

**Date: October 24, 2023**

**Time Period Covered in Report: (April 1<sup>st</sup>, 2023 – June 30, 2023)**

This report is organized by the Sections outlined in the Multi-Sector Accountability Agreement (M-SAA).

**Provision of Services (Section 3.1)**

Carlington Community Health Centre (CCHC) continues to provide services in accordance with the terms and conditions stipulated in this section of the MSAA.

**Subcontracting for the Provision of Services (Section 3.2)**

In this reporting period, the Centre subcontracted for the following services:

- 417 Bus Line Ltd: \$24,651.05 (school bus)
- MDC Contracting \$3,825.46 (snow removal)
- Allen Maintenance: \$32,562.08 (cleaning services)
- City Of Ottawa SRV: \$10,927.50 (ride vouchers)
- Équipe M: \$11,300 (consultant for strategic plan)
- Fleming: \$3,025.58 (alarm system and elevator communication system)
- FOX IT: \$23,415.68 (old IT company)
- Gowling WLG : 33,236.72 (legal bills – both for IT issue and for Condo agreement/deal)
- Group Health Benefit Solutions : 85,967.92 (employee benefits – medical and dental)
- Hallpenny Insurance: \$9,416.52 (commercial insurance)
- HOOP: \$21,792.45 (employee pension plan)
- London Life: \$8,772.32 (employee benefits – LTD and Life)
- On Call Message Centre: \$1,329.39 (after hours service)
- ITD: \$27,472.04 (new IT company)

**Conflict of Interest (Section 3.3)**

CCHC has not identified any actual, potential or perceived conflicts of interest in the fulfilment of its contractual obligations under the MSAA.

**Digital health / Information Technology Compliance (Section 3.4)**

CCHC is in compliance with technical and information management standards outlined in this section of the MSAA.

**French Language Services – Designated 3.5.4:**

CCHC has fulfilled its roles, responsibilities and other obligations relative to MOHLTC requirements and obligations of FLS.

CCHC applies the principles of Active Offer in the provision of services; provides services to the public in French in accordance with Ontario’s French Language Services Act; maintains its French language services capacity.

Using the template to be provided by Ontario Health East (OHE) (formerly known as the LHIN), the health service provider (HSP) will submit a Human Resources plan to Ontario Health East, by April 30, 2024.

**Procurement of Goods and Services (Section 4.8)**

CCHC has a procurement policy in place that requires the acquisition of supplies, equipment or services valued at over \$25,000 through a competitive process that ensures the best value for funds expended. Any acquisition of supplies, equipment or services would be consistent with this policy.

There are none to report in this reporting period.

**Planning for Future Years (Section 6.1)**

The 2023-2024 Community Accountability Planning Submission (CAPS) process has stalled. This is the CAPS budget for the next three years. The initial CAPS submission included the planning assumption of a 2% compensation increase as directed by the OHE. CCHC’s MSAA was then received with the 2% new funding indicated, but then all the CHCs in Ontario were subsequently told the 2% was no longer going to flow. As directed by OHE, CCHC resubmitted the CAPS without the 2% increase. No MSAA was received and we have now been told the 2% is back on the table. Current external and internal budgets do not reflect the 2% increase as we are not confident it will materialize. The Q2 quarterly report (six months ending Sept. 30 ‘23) is due to the OHE in approximately one month and it is not clear what we will be reporting actuals against nor has the reporting template been released.

**Community Engagement and Integration Activities (Section 6.2)**

- (a) In this reporting period, CCHC has the following mechanisms in place for engaging families, caregivers, clients, residents, patients and other individuals who use the Centre’s services, to help inform the Centre’s plans, including its contribution to the establishment and implementation by the OHE of geographic sub-regions in its local health system.

- Assertive Community Treatment Team: Deployed the Ontario Perception of Care (OPOC) survey for clients in May with the end date of Sept 30<sup>th</sup>, therefore results to be processed within the next month. The OPOC for families will be deployed in October 2023.
- In this reporting period, the health promotion team has gathered input through residents of the Van Lang and Caldwell neighborhoods by engaging individuals and families regarding the set priorities that have been previously established by the community. The communities have addressed food security and safety has their priorities. We have hired a community engagement worker to with the residents of the communities we serve to elicit feedback, identify potential resident leaders and volunteers.
- The Parent Child and Youth Services Team deployed the client satisfaction survey in May in all its programs, providing client an opportunity to give feedback about their overall experience accessing services at Carlington CHC. These survey are deploy in “blitz” in May and November every year.

**(b)** In this reporting period, CCHC separately and in conjunction with OHE and other health service providers, identified the following opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services.

- Assertive Community Treatment Team (ACTT):
  - The 5 Ottawa ACT teams, ACT step down and the Canadian Mental Health Association (CMHA) met monthly to manage the waitlist for the Assertive Community Treatment Team.
  - Eastern Ontario ACTT Network (EOAN) is chaired by the program director of Carlington ACTT on a biannual basis, virtually meeting with all ACT Team’s management in the Eastern Region of Ontario.
  - Ontario Association of ACT and FACT - Technical Advisory Committee: Program Director is a member of the Technical Advisory Committee that meets quarterly.
  - ACT National Discipline Specific Meetings: available for ACTT staff to meet virtually with others in the same discipline to learn from each other’s experiences.
- The Health Promotion and Counselling Team worked with its partners to re-design and launch a youth and safety subgroup of the Alexander/Caldwell CDF group. This came at a request of partners in order to avoid any duplication of services and engage all participants instead of forcing them to choose which meetings to attend.

- New PHC partnership with Hampton Plaza OBSP clinic was made. On Saturday September 23<sup>rd</sup> from 0730-1530, the Primary Health Care team will offer a Mammogram Day for Carlington clients. The team has 20 clients booked and are planning for more days dedicated to Carlington so more clients can benefit from mammograms.

**Reporting (Section 8.1)**

During this reporting period CCHC has met all reporting obligations to OHE as identified in Schedule C of the M-SAA including:

<b><u>OHRIS/MIS Trial Balance</u></b> <b><u>Quarter</u></b>	<b><u>Submission Due Date</u></b> <b><u>CHC/CSS</u></b>	<b><u>Date CCHC submitted</u></b>
Q1	Not required	n/a
Q2	October 31, 2023	
Q3	January 31, 2024	
Q4	May 31, 2024	
<b><u>Supplementary Reporting</u></b> <b><u>Quarterly through SRI</u></b>	<b><u>Submission Due Date</u></b> <b><u>CHC/CSS</u></b>	<b><u>Date CCHC submitted</u></b>
Q1	Not required	n/a
Q2	November 7, 2023	
Q3	February 7, 2024	
Q4	June 7, 2024	
<b><u>Annual Reconciliation Report</u></b> <b><u>(ARR)</u></b>	June 30, 2024	
<b><u>Board Approved Audited</u></b> <b><u>Financial Statement</u></b> <b><u>2020/2021</u></b>	June 30, 2024	
<b><u>Declaration of Compliance</u></b> <b><u>Fiscal Year 2020-2021</u></b>	June 30, 2024	
<b><u>Quality Improvement Plan</u></b> <b><u>2024-2025</u></b>	March 31, 2024	

**Transparency (Section 8.5)**

An electronic copy of the signed MSAA, quarterly compliance reports and annual declaration of compliance are posted on the Centre’s public website. A paper copy of the MSAA is posted in

the main waiting/reception areas.

**Governance (Section 9.3)**

CCHC has in place policies and procedures for its Board of Directors, including a code of conduct.

A signed Performance Agreement is in place with the Executive Director dated October 18, 2022 that ties a portion of the ED’s compensation plan to the Executive Director’s performance plan until March 31, 2024.

**Insurance (Section 10.4)**

CCHC holds the required Commercial General Liability insurance for third party bodily injury, personal injury and property damage. Valid proof of insurance was submitted to the OHE-Champlain region on by June 30, 2023.

**Local Obligations (Schedule D3)**

- **Improve Access and Flow by Reducing Alternate Level of Care**  
The Health Service Provider has participated in and aligned with regional plans to support admission diversion, maximize capacity, and support patients transition to community.
- **Advance Indigenous Health Strategies and Outcomes**  
The Health Service Provider has demonstrated progress on increasing and advancing indigenous cultural outcomes, access and executive training throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The 2022-2023 report was submitted to OHE on June 29, 2023. The 2023-2024 Indigenous Cultural Awareness Report, using a template provided by Ontario Health East (OHE), is due by June 30, 2024.
- **Advance Equity, Inclusion, Diversity and Anti-Racism Strategies to Improve Health Outcomes**  
The Health Service Provider is committed to developing and advancing an organizational health equity plan. This period, the Health Service Provider has implemented an Equity, Diversity and Inclusion committee with the goals to increase understanding and awareness of health equity through educational/continuous learning.

**Performance Indicators (Schedule D2b)**

M-SAA Goal/Reference	Performance Standard	Results Q1
Cervical Cancer Screening (PAP Tests)	Target 72.0% Performance standard >58%	75%
Colorectal Screening Rate	Target 70% Performance standard 56-84%	81%

Inter-professional Diabetes Care Rate	Target 90% Performance standard 72-100%	90%
Panel Size	Target: 66.0% Performance standard: 52.8-79.2%	83%

**Monitoring Indicators (Schedule D2b):**

Influenza Vaccination Rate (monitoring indicator)	Target 30% Performance standard 24-36%	34%
Breast Cancer Screening Rate (monitoring indicator)	Target 75% Performance standard 60-90%	75%

This report has been prepared by the Executive Director.

I certify this a true and accurate report on the compliance items covered under our Multi-Sector Accountability Agreement.




---

Yacouba Traoré  
Executive Director