

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

Date: November 12, 2024

Ref (A): [Multi-Sector Accountability Agreement \(MSAA\), April 1, 2023 to March 31, 2024](#)

Ref (B): [Multi-Sector Accountability Agreement \(MSAA\) Extending Letter March 31 2025](#)

Time Period Covered in Report: (July 1st, 2024 – September 30, 2024)

This report is organized by the Sections outlined in Ref (A) 2023-2024 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:

- Koza Technology Support: \$62,678 (IT support)

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) has submitted a Human Resources plan to Ontario Health East, before June 30, 2024, and it had been accepted. 2024-2025 is due in by June 30, 2025.

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.

In this reporting period, the Centre procured the following:

- No new supply, equipment or service over \$25,000 procured in Q1 (contract with Koza Technology Support ongoing, as reported in Q4 of fiscal 2023-2024)

Planning for Future Years (Section 6.1)

The Community Accountability Planning Submission (CAPS) was not required for this fiscal year. The expectation is that OHE will require a plan for fiscal year 2025-2026. A plan is in place for this process to meet all deadlines.

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.

From July to Sept 2024, Parent Child and Youth Services collaborated with a group of placement nursing students to reach out to clients and gather qualitative feedback on the attended perinatal program. This feedback provided valuable insights that informed the final evaluation report from CHEO Clinical Research Unit, contributing to the overall program evaluation. By actively involving clients in the feedback process, CCHC not only strengthens its services but also ensures that the voices of those it serves play a crucial role in shaping future strategies and initiatives.

The Health Promotion and Counseling Team has engaged with individuals and families and residents through community engagement tables, informal coffee/team times with residents and on a one-one-one basis. Steering committee tables provide opportunities

for partners and residents to engage in discussions around current and future programs and opportunities in their communities.

The Ontario Perception of Care survey is used to evaluate ACTT services for clients and their families on an annual basis.

- (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.

From July to Sept 2024, Parent Child and Youth Services/Annavale established a partnership with Crossroads Children Mental Health Services to better support children with special needs. This partnership allows for a more streamlined referral process, diverting cases from the traditional initial referral channels, such as CHEO and First Words. As a result, children under six requiring an initial behavioral needs assessment can now access services more rapidly and effectively. This integration not only improves the timeliness of support but also aligns the expertise of Crossroads with the specific needs of these children, ultimately leading to more coordinated and efficient care within the local health system.

The Health Promotion and Counseling Team worked with partners to integrate wrap-around services by encouraging individuals and families to access our intake services. Working within our own organization, we have joined forces with the primary care team to have multidiscipline case conferences to better respond to the needs of our clients from a wholistic view.

Our counselling team and dietitian worked with colleagues in the field through community practice meetings to bring quality programming and the delivery of services to our clients.

Primary Health Care_program signed an agreement and partnership with the regional Rapid Access Clinic: Low Back pain (The Ottawa Hospital). This new program will provide a valued service for patients and their primary care providers across the Champlain region, providing rapid access assessment and evidence-based treatment and advice for acute low back and leg pain. The CHRC managers across the City of Ottawa meet every two months to discuss the common issues that affect the clients we see at our Centres and discuss solutions or ways to improved service delivery.

Reporting (Section 8.1)

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

<u>OHRS/MIS Trial Balance</u> <u>Quarter</u>	<u>Submission Due Date</u> <u>CHC/CSS</u>	<u>Date CCHC submitted</u>
Q1	Not required	n/a
Q2	October 31, 2024	October 25, 2024
Q3	January 31, 2025	
Q4	May 31, 2025	
<u>Supplementary Reporting</u> <u>Quarterly through SRI</u>	<u>Submission Due Date</u> <u>CHC/CSS</u>	<u>Date CCHC submitted</u>
Q1	Not required	
Q2	November 7, 2024	November 5, 2024
Q3	February 7, 2025	
Q4	June 7, 2025	
<u>Annual Reconciliation Report</u> <u>(ARR)</u>	June 30, 2025	
<u>Board Approved Audited</u> <u>Financial Statement</u> <u>2024-2025</u>	June 30, 2025	
<u>Quality Improvement Plan</u> <u>2024-2025</u>	April 29, 2025	
<u>French Language Service</u> <u>Report 2024-2025</u>	April 29, 2025	
<u>Community Engagement and</u> <u>Integration Activities 2024-</u> <u>2025</u>	June 30, 2025	

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 that ties a portion of the ED's compensation to the Executive Director's performance for the period April 1, 2023 to March 31, 2025.

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 by June 30, 2024.

Local Obligations (Schedule D3)

- **Goal: 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.
- **Goal: Advance Indigenous Health Strategies and Outcomes**
The Health Service Provider will report on the activities it has undertaken during the fiscal year to increase the indigenous cultural awareness and sensitivity of its staff, physicians and volunteers (including Board members) throughout the organization. This supports the goal of improving access to health services and health outcomes for indigenous people. The 2024-2025 Indigenous Cultural Awareness Report, using a template provided by Ontario Health East (OHE), is due by June 30, 2025. The 2023-2024 report was submitted to OHE on May 9, 2024.
The Circle of Sweet Grass committee continues to foster learning and awareness about the indigenous community in Carlington CHC.
- **Goal: 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.
The committee had provided a privilege Walk training with the SLT Team in July 2024, to raise awareness around privilege.
Carlington Community Health Centre's EDI Committee has formed a "Work-Party" consisting of the Medical Office Administrator (Manuela Moise), Communications and Resource Development Coordinator (Shravana Ramgoolam). The Work-Party represents the Centre at the Black Health

Committee (BHC) on the Alliance for Healthier Communities. To learn more about the BHC Strategy on the Alliance

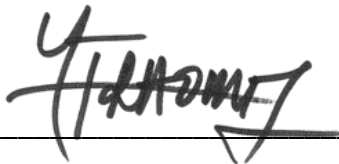
The committee went on hiatus during the summer and met again in early September to review its workplan and introduce new members. The new Manager of Finance and Administration has joined the committee as the Senior Leadership Team representative.

Performance Indicators (Schedule D2b)

M-SAA Goal/Reference	Performance Standard	Results Q1	Results Q2
Cervical Cancer Screening (PAP Tests)	Target 72.0% Performance standard >58%	76.2%	75.4%
Colorectal Screening Rate	Target 70% Performance standard 56-84%	82.8%	83.5%
Inter-professional Diabetes Care Rate	Target 90% Performance standard 72-100%	90%	94.0%
Influenza Vaccination Rate	Target 30% Performance standard 24-36%	47.4%	47.2%
Breast Cancer Screening Rate	Target 75% Performance standard 60-90%	83.8%	84.7%
Access to Primary Care	Target 66% Performance standard 62.7-69.3%	88.0%	88.4%

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