

**Board Briefing Sheet**  
**Declaration of Compliance to the Champlain LHIN**

**To:** Board of Directors

**Date:** June 16, 2020

**Prepared by:** Christopher McIntosh, Chief Executive Officer

**Statement of Purpose (Issue)**

The President of the Board of Pinecrest-Queensway Community Health Centre (CHC) is required to report to the Board of the Champlain LHIN on a semi-annual basis (April and October) concerning the CHC's compliance with fulfilling its obligations under the service accountability agreement (the "M-SAA").

**Recommendation**

That the Board accept the Declaration of Compliance for the period April 1 2019 – March 31, 2020 issued pursuant to the M-SAA effective April 1, 2019.

**Decision Making Strategy:** *Who has what level of authority? Who is involved? How are they involved?*

The Chief Executive Officer is responsible to provide to the CHC Board an annual summary by end of June of each year.

The Board is responsible to review and approve the Chief Executive Officer's Compliance Report and based on that approval be able to accept the Declaration of Compliance to the Champlain LHIN.

**For the period April 1, 2019 – March 31, 2020**

Chief Executive Officer Bi-Annual Compliance reporting to the Board of Directors through the detailed update on operating plan.

**Attachments**

Appendix A

- Declaration of Compliance, issued pursuant to the M-SAA effective April 1, 2019

**MOHLTC/Champlain LHIN-Specific Accountability Indicators  
2019-2020**

	Target	Performance Standard	Actuals	Performance against CAPS/M-SAA (Yes/No)	Comments/Considerations	Also reported in/for:
<b>Proportion of Budget Spent on Administration</b>	16.6%	<= 20%	15.1%	Yes		M-SAA
<b>Variance Forecast to Actual Expenditures</b>	0.0%	>=0	0	Yes		M-SAA
<b>Assertive Community Treatment Team (ACTT)  Visits Face-to-face, Telephone In-House</b>	8200	7790-8610	7876	Yes	# of visits has remained relatively consistent over the past 5 years; we are up in #s a bit this fiscal. Lower visits due to increase in hospitalization rates for a few clients (and longer stays), increased use of technology to enhance access to psychiatry, deliberate focus on increasing resiliency and decrease dependency on the on call services	Community Annual Planning Submission (CAPS)
<b>Individuals Served</b>	80	240-360	76	Yes.		CAPS
<b>Group sessions</b>	300	240-360	299	Yes		CAPS
<b>Community Health Centre: Primary Health Care (CHC) Individuals served</b>	6199	5889-6317	6,125			CAPS
<b>Negotiated panel size</b>	75%	71.25-78.75%	77.00%	Yes.		
<b>Counselling</b>						
<b>Individuals served</b>	1100	900-1210	1128	Yes.		CAPS
<b>Group sessions</b>	10	8-12	19	Yes.		CAPS
<b># of visits</b>	2484	2206-2232	2574	Yes.		CAPS
<b>Falls Prevention</b>						
<b>Individuals served</b>	150	120-180	187	Yes.		
<b># of visits</b>	1050	945-1155	1038	Yes		
<b>Community Health</b>						
<b># of not uniquely identified service recipient interactions</b>	20000	19000-21000	19713	Yes.		

	Target	Performance Standard	Actuals	Performance against CAPS/M-SAA (Yes/No)	Comments/Considerations	Also reported in/for:
# of not uniquely identified service recipient interactions	3500	3150-3850	3700	Yes.		MSAA
<b>Cervical Cancer Screening (PAP Tests)</b>	70%	>56%	73.91%	Yes.		MSAA
<b>Colorectal Screening Rate</b>	63%	50.74-75.6%	82.5%	Yes.		MSAA
<b>Inter-professional Diabetes Care Rate</b>	92%	73.6-100%	82.49%	Yes.		MSAA
<b>Breast Cancer screening</b>	60%	48-72%	82.5%	Yes.		MSAA
<b>Influenza vaccinations</b>	22%	17.6 – 26.4%	58.24%	Yes.		MSAA
<b>Retention Rate for NP's and Physicians</b>	100%	>80%	100%	Yes.		MSAA
<b>Access to Primary Care</b>	75%	71.25-78.75%	77%	Yes.		MSAA

	Target	Performance Standard	Performance against CAPS/M-SAA (Yes/No)	Comments/Considerations	Also reported in/for:
<b>Integrated Health Services Plan (IHSP) Compliant</b>	N/A	Yes/No	Yes		CAPS
<b>French Language Services Compliant</b>	N/A	Yes/No	Yes		CAPS
<b>OHRS/MIS Compliant</b>	N/A	Yes/No	Yes		MSAA

IHSP Priority	1. HSP PQCHC Contribution toward Champlain LHIN IHSP
<b>Integration:</b> <b>Improve the patient and family experience across the continuum of care; enhance co-ordination of home, community and primary care; enhance transitions from hospital to home</b>	<ol style="list-style-type: none"> <li>2. Lead agency for the Western Ottawa Health link and convening partner for Ontario Health Team readiness assessments.</li> <li>3. Participate as a contributing organization for the Central Ottawa Health Link</li> <li>4. Working with HSPs consider opportunities for better pathways for health link clients with a focus on transitions of care.</li> <li>5. Participate in the Champlain Falls Prevention Steering Committee.</li> <li>6. Continue to host and strengthen health and social service 'hub'(PQCHC) that includes provision of services related to primary health care, mental health, children and family services, housing supports, community health programming, youth services, employment services and multi-cultural programs.</li> <li>7. Lead for the Falls Prevention Exercise Programs in Champlain.</li> </ol>
<b>Access: ensure health services are timely and equitable,</b>	<ol style="list-style-type: none"> <li>1. Health Link engagement.</li> <li>2. Continued service to non-insured including interpretation services for all newcomer clients as needed.</li> <li>3. Support for Refugees (primary health care, housing, and children's services).</li> <li>4. PQ system navigation services to support clients accessing services (health and social services) in the system.</li> </ol>
<b>Sustainability:</b> <b>Increase the value of our health system for the people it serves, support people getting service in the most appropriate setting, people receive efficient and effective care</b>	<ol style="list-style-type: none"> <li>1. Health links contributor and Ontario Health Team convening partner.</li> <li>2. Design of services to include home visits and community visits where most appropriate for the client (e.g. ACTT, case management, falls prevention, primary care).</li> <li>3. Continued work on Quality through the Quality and Safety Committee.</li> <li>4. Hosted for the Quality Practice Facilitation program, and now host the Team Based Primary Care research project for Champlain region.</li> </ol>

**REPORTING**

In this period, Pincrest-Queensway CHC has met all reporting obligations to the LHIN as identified in Schedule C of the M-SAA including:

OHRS/MIS TRIAL BALANCE QUARTER	SUBMISSION DUE DATE CHC/CMHA	DATE PQCHC SUBMITTED
Q1	Not required	N/A
Q2	October 31, 2018	
Q3	January 31, 2019	
Q4	May 31, 2019	

SUPPLEMENTAL REPORTING QUARTERLY – WERS/SRI AND ANNUAL RECONCILIATION	SUBMISSION DUE DATE	DATE PQCHC SUBMITTED Due five business days following Trial Submission Date
Q1	Not required	N/A
Q2	November 7, 2018	
Q3	February 7, 2019	
Q4 and ARR	June 7, 2019 June 30, 2019 - ARR	

OTHER	SUBMISSION DUE DATE	DATE PQCHC SUBMITTED
BOARD APPROVED AUDITED FINANCIAL STATEMENTS	June 30, 2019	June 30, 2019
DECLARATION OF COMPLIANCE	June 30, 2019	June 30, 2019
CHC PROGRAM REPORTING SYSTEM	On-going: data entry, extraction and reporting	

**1.0 DEFINITIONS.**

2.0 **1.1 Terms.** In this Schedule E, the following terms have the following meanings:

3.0 **“Accountability Indicator”** means a measure of HSP performance for which a Target is set;

4.0 **“Explanatory Indicator”** means a measure of HSP performance for which no

5.0 Performance Target is set;

6.0 **“Performance Corridor”** means the acceptable range of results around a Target;

7.0 **“Performance Standard”** means the range of performance that results when a

8.0 Performance Corridor is applied to a Target;

9.0 **“Service Volume”** means a measure of services for which a Target has been set.

10.0 **“Target”** means the level of performance expected of the HSP in respect of an Accountability Indicator.

**11.0**

**12.0 1.2 Accountability Indicators**

13.0 Without limiting the definition of “Accountability Indicator” set out in s. 1.1,

14.0 Accountability Indicators:

15.0  are associated with a Target and a Performance Corridor or at a minimum, have a benchmark (e.g. current level of service must be maintained/decreased, etc.);

16.0  may be tied to dedicated funding from the MOHLTC;

17.0  are valid, feasible measures of system performance; and

18.0  allow for comparability across like organizations and/or regions.

19.0 Balanced Budget is an example of an Accountability Indicator.

**20.0**

**21.0 1.3 Explanatory Indicators**

22.0 Without limiting the definition of “Explanatory Indicator” set out in s. 1.1, Explanatory

23.0 Indicators:

24.0  are complementary indicators to the Accountability Indicators and will be documented in the technical specifications of the most appropriate Accountability Indicator(s);

25.0  support planning, negotiation or problem-solving at the provincial, LHIN level or agency level;

- 26.0 ☑ support transparency and enable planning discussions;
- 27.0 ☑ support of improving and sustaining health system quality, effectiveness and efficiency;
- 28.0 ☑ are indicators where data may already be provided through existing reporting systems; and
- 29.0 ☑ will not trigger consequences under the SAA (unless otherwise specified in a Performance Improvement Plan or new funding obligations).
- 30.0 Turnover Rate is an example of an Explanatory Indicator.

This report has been prepared by the Chief Executive Officer as of June 16, 2020.

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

Christopher McIntosh  
CEO

**DECLARATION OF COMPLIANCE**

Issued pursuant to the M-SAA effective April 1, 2019

**To:**           **The Board of Directors** of the CHAMPLAIN Local Health Integration Network (the "LHIN").   Attn: Board Chair.

**From:**       **The Board of Directors** (the "Board") of Pinecrest-Queensway Community Health Centre (the "HSP")

**Date:**        **June 16, 2020**

**Re:**           April 1, 2019 – March 31, 2020 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the M-SAA between the LHIN and the HSP effective April 1, 2019. The Board has authorized me, by resolution dated June 16, 2020, to declare to you as follows:

After making enquiries of Christopher McIntosh, Chief Executive Officer and other appropriate officers of the HSP and subject to any exceptions identified on Schedule G, to the best of the Board's knowledge and belief, the HSP has fulfilled its obligations under the service accountability agreement (the "M-SAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the M-SAA concerning applicable procurement practices;
- (ii) The *Local Health System Integration Act, 2006*; and
- (iii) the *Public Sector Compensation Restraint to Protect Public Services Act, 2010*.

Gerry Harrington, President of the Board of Directors  
**Pinecrest-Queensway Community Health Centre**