Date: Thursday, September 27, 2012  
Time: 5:00 pm to 8:00 pm (Light supper served)  
Place: Erie St. Clair Community Care Access Centre, Head Office  
Board Room, 712 Richmond Street, Chatham, ON N7M 5K4

In the case of inclement weather the Board Chair and Chief Executive Officer will arrange to have Board Members telephoned by 2:00 pm. In this case the Board Meeting will be held by teleconference and everyone will call in using the following teleconference number:

The Erie St. Clair Community Care Access Centre is a scent free workplace. Scented products can trigger serious health reactions in people with asthma, migraines, allergies, chemical sensitivities and other medical conditions. For the comfort and safety of our staff and others please avoid wearing perfume, cologne, scented hairspray and other scented products.

In the event you are unable to attend in person teleconference or videoconferencing is available. Teleconferencing requires a minimum of 2 hours notice and videoconferencing requires 36 hours notice. Please contact Annette Zimmer, Executive Assistant, Corporate Coordinator by email at annette.zimmer@esc.ccac-ont.ca

Members: Kathryn Biondi, Walter Copeland, Robert W. Dye, Jeewen Gill, James Greenway (Chair), Jennifer Hill, Marshall Kern, Martha Knight, Cathie Luxton, Warren Reinisch and Dr. Gordon Simmons (Vice Chair and Treasurer)

Non-Voting: Betty Kuchta, Chief Executive Officer

Recorder: Annette Zimmer, Executive Assistant, Corporate Coordinator

Senior Team: Glenda Mailloux, Kelley Ilisevic, Tricia Khan and Caen Suni

Invited Guest: Sharon Baker, Chief, Corporate Affairs and CFO, OACCAC

**Mission Statement (English and French)**

To deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

Dispenser des services intégrés aux diverses collectivités de la province en assurant un accès équitable, la coordination de soins individualisés et des soins de santé de qualité.

**Vision Statement (English and French)**

Outstanding care – every person, every day.

Des soins exceptionnels – chaque personne, chaque jour.
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<tbody>
<tr>
<td>5:45 pm – 5:50 pm</td>
<td>1.0</td>
<td>Call to order</td>
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<tr>
<td>1.1</td>
<td>Chair will be assumed by James Greenway until Chair confirmed and in place.</td>
<td>V-A-3</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>1.2</td>
<td>Welcome to the new Board of the Erie St. Clair Community Care Access Centre</td>
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<tr>
<td>1.3</td>
<td>Martha Knight will be asked to present the Governance Committee report recommending Slate of Officers, Committee Chairs and Committee membership (copy enclosed).</td>
<td>V-A-7</td>
<td></td>
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<td>X</td>
<td></td>
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<tr>
<td>1.3</td>
<td>Following endorsement of the report newly confirmed Chair will proceed to Chair remainder of meeting. Introduction of Chair, Board Members, Staff and Guests.</td>
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<tr>
<td>1.3</td>
<td>Declaration of Conflict</td>
<td>V-B-14</td>
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<td>X</td>
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</tr>
<tr>
<td>2.0</td>
<td>Board Education / Becoming a Centre of Excellence</td>
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<tr>
<td>2.1</td>
<td>Program Development</td>
<td></td>
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</tr>
<tr>
<td>2.2</td>
<td>Organizational Development</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2.3</td>
<td>Quality in Governance</td>
<td></td>
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<tr>
<td>2.4</td>
<td>Emerging Issues</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>5:55 pm – 6:00 pm</td>
<td>3.0</td>
<td>3.1 Approval of Agenda Items</td>
<td>V-B-6</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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</tbody>
</table>

The Board of the Erie St. Clair Community Care Access will go immediately into the In Camera session following the approval of the Agenda Items.

In Camera Agenda – Tab 3

<table>
<thead>
<tr>
<th>Time Allocation</th>
<th>Item</th>
<th>Topic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 pm – 7:15 pm</td>
<td>10.0</td>
<td>In-Camera (Confidential Matters, i.e., Personnel, Property, Litigation, Security):</td>
<td></td>
</tr>
</tbody>
</table>
### Consent Agenda - Tab 1:

<table>
<thead>
<tr>
<th>Time Allocation</th>
<th>Item</th>
<th>Topic</th>
<th>Policy Reference</th>
<th>Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15 pm – 7:25 pm</td>
<td>3.2</td>
<td>Approval of Consent Agenda Items including Approval of Minutes.</td>
<td>V-B-6</td>
<td>X</td>
</tr>
</tbody>
</table>

### Public Agenda – Part 1 – Tab 2:

<table>
<thead>
<tr>
<th>Time Allocation</th>
<th>Item</th>
<th>Topic</th>
<th>Policy Reference</th>
<th>Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:25 pm – 6:50 pm</td>
<td>4.0</td>
<td>Ensure Financial Viability</td>
<td>VA-7</td>
<td></td>
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<tr>
<td></td>
<td>4.1</td>
<td>No items.</td>
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<tr>
<td>5.0</td>
<td>Provide for Excellent Management</td>
<td></td>
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<tr>
<td>5.1</td>
<td>No items.</td>
<td></td>
<td></td>
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<tr>
<td>6.0</td>
<td>Ensure Program Quality and Effectiveness</td>
<td>V-A-7</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>Standing Committee report from the Quality Committee (copy enclosed).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7.0</td>
<td>Establish Strategic Direction</td>
<td></td>
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</tr>
<tr>
<td>7.1</td>
<td>No items.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.0</td>
<td>Ensure Board Effectiveness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1</td>
<td>No items.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.0</td>
<td>Build Relationships</td>
<td>V-I-4</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9.1</td>
<td>Report from Betty Kuchta, Chief Executive Officer dated Tuesday, September 18, 2012 regarding Policy and Advocacy Committee – OACCAC Board (copy enclosed).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Public Agenda – Part 2 – Tab 4:

<table>
<thead>
<tr>
<th>Time Allocation</th>
<th>Item</th>
<th>Topic</th>
<th>Policy Reference</th>
<th>Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.0</td>
<td>Emerging Trends and Risk Analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.1</td>
<td>No items.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.0</td>
<td>Other Business</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.1</td>
<td>No items.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Next Meeting Dates

6:55 pm

Erie St. Clair Community Care Access Centre Annual Retreat:
Thursday, October 27, 2012 at 9:30 am,
<table>
<thead>
<tr>
<th>Time Allocation</th>
<th>Item</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 pm</td>
<td>14.0</td>
<td>Adjournment</td>
</tr>
</tbody>
</table>

Board Room, 712 Richmond Street, Chatham, ON N7M 5K4.
# ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE
## CENTRE D’ACCÈS AUX SOINS COMMUNAUTAIRES D’ÉRIÉ ST-CLAIR

To: Chair and Board of the Erie St. Clair Community Care Access Centre  
From: Betty Kuchta, Chief Executive Officer  
Date: Wednesday, September 19, 2012  
Subject: Board Consent Agenda

## Purpose of Report:
To provide the Board with an agenda for routine, standard, non-controversial and self-explanatory items for receipt and filing including Board Minutes and information only Standing Committee Reports.

## Recommendations:
That the Board accept the consent agenda and endorse the acceptance, receipt and filing of information contained therein.

## Outcomes / Expected Outcomes:
To expedite routine matters that are required to come before the Board.

<table>
<thead>
<tr>
<th>Agenda Items</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approval of Minutes</strong> (page 2 to 8)</td>
<td></td>
</tr>
<tr>
<td>i) Approval of the Erie St. Clair Community Care Access Centre Board Minutes of the meeting held on Thursday, July 26, 2012.</td>
<td>X</td>
</tr>
<tr>
<td><strong>Ensure Financial Viability</strong> (page 9 to 11)</td>
<td></td>
</tr>
<tr>
<td>ii) Standing Committee report from the Audit Committee.</td>
<td>V-A-7 X</td>
</tr>
<tr>
<td><strong>Ensure Program Quality and Effectiveness</strong> (page 12 to 17)</td>
<td></td>
</tr>
<tr>
<td>iii) Report from Betty Kuchta, Chief Executive Officer, dated Tuesday, September 18, 2012 regarding CEO Report.</td>
<td>II-4 X</td>
</tr>
<tr>
<td>iv) Standing Committee Report from the Quality Committee</td>
<td>V-A-7 X</td>
</tr>
<tr>
<td><strong>Establish Strategic Direction</strong> (page 18 to 22)</td>
<td></td>
</tr>
<tr>
<td>v) Standing Committee report from the Governance Committee.</td>
<td>V-A-7 X</td>
</tr>
<tr>
<td>vi) September 2012 Governance Tips from Betty Kuchta, Chief Executive Officer and Annette Zimmer, Executive Assistant, Corporate Coordinator.</td>
<td>V-A-7 X</td>
</tr>
<tr>
<td><strong>Board Effectiveness</strong> (page 23)</td>
<td></td>
</tr>
<tr>
<td>vii) Report from James Greenway, Chair dated Tuesday, September 18, 2012 regarding Board Chair’s Report</td>
<td>V-A-8 X</td>
</tr>
<tr>
<td><strong>Build Relationships</strong> (page 24 to 25)</td>
<td></td>
</tr>
<tr>
<td>viii) September 2012 Facts and Key Messaging Tool from Caen Suni, Senior Director, Partnership Development and Strategic Planning.</td>
<td>V-A-8 X</td>
</tr>
</tbody>
</table>
1.0 Call to order

1.1 James Greenway, Chair, Erie St. Clair Community Care Access Centre presides. He called the meeting to order at 5:15 pm and welcomed those present.

1.2 No Board Member of the Erie St. Clair Community Care Access Centre declared a conflict of interest regarding any items on the agenda.

2.0 Board Education / Becoming a Centre of Excellence

2.1 Program Development
No items were presented.

2.2 Organizational Development
No items were presented.

2.3 Quality in Governance
No items were presented.

2.4 Emerging Issues
No items were presented.

3.0 3.1 Approval of Agenda Items
The Board of the Erie St. Clair Community Care Access Centre reviewed the agenda. James Greenway, Chair noted there was one addition to the agenda under item 12.1 Resignation of Daniel Arbour.

Moved by: Kathryn Biondi
Seconded by: Walter Copeland

THAT the Board of the Erie St. Clair Community Care Access Centre approve the agenda as amended. CARRIED.

3.2 Approval of Board Minutes from the meeting held on Thursday, July 14, 2012.
Moved by: Kathryn Biondi
Seconded by: Walter Copeland

THAT the Board of the Erie St. Clair Community Care Access Centre approve the minutes of the meeting held on Thursday, July 14, 2012 as distributed. CARRIED.

4.0 Ensure Financial Viability
4.1 Report from Betty Kuchta, Chief Executive Officer dated Wednesday, July 18, 2012 regarding Waterloo-Wellington CCAC Review.

The Board of the Erie St. Clair Community Care Access Centre reviewed report from Betty Kuchta, Chief Executive Officer dated Wednesday, July 18, 2012 regarding Waterloo-Wellington CCAC Review.

Betty Kuchta, Chief Executive Officer noted that as a result of this review, the Waterloo-Wellington LHIN requested that a supervisor be appointed to manage the Waterloo-Wellington CCAC. The Minister granted this request and Brenda Flaherty, Vice-President, Hamilton Health Sciences Centre was appointed effective Monday July 16, 2012.

Broader implications include:
- CCAC Vulnerability with respect to appointment of supervisor based on fiscal pressures.
- Circumstances which might lend themselves to perceived disruption/mismanagement.
- Importance of effective communication with LHIN at both governance and administrative levels.
- Merits of clarity with respect to strategic directions, including annual refresh.
- Value of stakeholder engagement.
- Difficulty of implementing change in face of ambiguity.

Betty Kuchta, Chief Executive Officer noted that discussion has already taken place at the CEO Council level regarding how to use the document as an improvement document. She noted that the report has been reviewed with James Greenway, Chair and Gordon Simmons, Vice Chair and that the Waterloo-Wellington CCAC Review report is being used as a check list for our CCAC.

It was noted that the author of the review mentioned a number of time the lack of project management skills, and that the final results for the WW CCAC did not match their organizational initiative. Is there a consistent project management or philosophy at Erie St. Clair CCAC? Betty Kuchta, Chief Executive Officer noted that the Erie St. Clair CCAC does have a Project Management Office (PMO) at the Senior Director level; we have the infrastructure in place and are fully operational. The ESC CCAC Transformational Operations Review identified the need to have this in place as a very specific and distinct program; accordingly we implemented the Office at the Senior Level and have resourced it. The “Balancing the Cost of Care” initiative was developed based on tools and learnings provided in collaboration with our Project Management Office.

Betty Kuchta, Chief Executive Officer answered questions from Board members with regard to CARF and the accreditation process that the Erie St. Clair Community Care Access Centre has just undergone. She noted that CARF is an avenue for demonstrating that our organization "is on the path of continuous quality improvement".

Tricia Khan, Senior Director, Client Services noted that there is tremendous value in the preparation work that has been completed over the last two years. We have ensured that we are meeting the standards, there has been meaningful dialogue with the accreditors and the staff teams were directly involved in being a part of the quality process.

Caen Suni, Senior Director, Partnership Development and Strategic Planning noted that the accreditation process is meant to guarantee the existence of service excellence. He
noted that Waterloo-Wellington CCAC achieved accreditation two years ago with Accreditation Canada.

Moved by: Gordon Simmons
Seconded by: Cathie Luxton

THAT the Board of the Erie St. Clair Community Care Access Centre receive the report from Betty Kuchta, Chief Executive Officer dated Wednesday, July 18, 2012 regarding Waterloo-Wellington CCAC Review. CARRIED.

4.2 Report from Betty Kuchta, Chief Executive Officer dated Wednesday, July 18, 2012 regarding Balancing the Cost of Care.

Betty Kuchta, Chief Executive Officer provided presentation entitled “Making Choices: Erie St. Clair CCAC 2012/2013 Operating Plan, prepared by the Executive Leadership Team for the Erie St. Clair LHIN, July 18, 2012”.

Review
- The Plan (2012 – 2014)
- Engagement and Communication
- Events Review since 2007
- Affirmation of Action Plan
- Balancing the Cost of Care

Balancing the Cost of Care

Strategic Priorities, Capacity and Living Within Budget: An Integrated Approach to Managing Responsibly and Delivering Upon our Organizational Mandate

Mission: Living within budget in 2012/2013 while improving results for people

ESC CCAC Board Approved May-June 2012

Strategic Priorities

[Diagram of Strategic Priorities: Balancing the Cost of Care, Innovation and Process Improvement, System Navigation, Primary Care Strategy]
Program Changes = Savings

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Target Savings 2012/2013</th>
<th>Target Savings 2013/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$183,504</td>
<td>$273,180</td>
</tr>
<tr>
<td>Restructuring</td>
<td>$709,610</td>
<td>$1,761,921</td>
</tr>
<tr>
<td>Client Services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congregate Settings/Improved Care</td>
<td>$228,655</td>
<td>$867,586</td>
</tr>
<tr>
<td>Reduction in Service</td>
<td>$1,939,682</td>
<td>$2,417,791</td>
</tr>
<tr>
<td>Waitlist new PSW except very high</td>
<td>$612,439</td>
<td>$1,049,895</td>
</tr>
<tr>
<td>Waitlist new Therapy except very high</td>
<td>$1,022,018</td>
<td>$1,752,031</td>
</tr>
<tr>
<td>Suspend Respite</td>
<td>$629,149</td>
<td>$681,983</td>
</tr>
<tr>
<td>Cap HF clients/30 per month (25% reduction)</td>
<td>$283,287</td>
<td>$485,636</td>
</tr>
<tr>
<td>Cap Hospital referrals/1048 per month (20% reduction from 1282)</td>
<td>$911,316</td>
<td>$1,822,632</td>
</tr>
<tr>
<td>Total:</td>
<td>$6,519,660</td>
<td>$11,112,655</td>
</tr>
</tbody>
</table>

2007 to Today
- First LHIN HAPS: 75 + services to relieve hospital pressure ...
  - 2008/2009 Projected $8M Deficit
- Transformational Operations Review
  - Assessment obsolete, replaced with Client Care Model
  - Ethics/Equity Committee – go live date in late 2013
- 2010 and 2011 year ends balanced
- Malden Park closure; SL Project Zero
- Home First 2011 commenced with traction in Q4 2012 – success!
- 2012 year end balanced as projected with $5M one-time relief
- 2012/2013 projected $5 M deficit with aggressive measures by 2013 year end, balanced by 2014 year end

Responsiveness

ESC CCAC

Best response time in the Province (in days to first service)

<table>
<thead>
<tr>
<th>From Hospital:</th>
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<tbody>
<tr>
<td>• ESC</td>
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<td>• MH</td>
</tr>
<tr>
<td>• SW</td>
</tr>
<tr>
<td>• Champlain</td>
</tr>
<tr>
<td>• Toronto Central</td>
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</tbody>
</table>

<table>
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<tr>
<th>From Community:</th>
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<tbody>
<tr>
<td>• ESC</td>
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<tr>
<td>• MH</td>
</tr>
<tr>
<td>• SW</td>
</tr>
<tr>
<td>• Champlain</td>
</tr>
<tr>
<td>• Toronto Central</td>
</tr>
</tbody>
</table>
Numbers

2011/2012 Hospital Discharges

- ESC CCAC 3961
- MH 3337
- SW 5636
- Champlain 3413
- Toronto Central 2884

Engagement: Leadership Action Plan

- Performance Improvement Plan process in place since February 2012
- Board-to-Board (CCAC/LHIN) Engagement
- Regional Governance Engagement
- Stakeholder Engagement (CCAC/HSPs) including integration initiatives
- Hospital/CCAC CEO Engagement
- Joint Clinical and Process Improvement Teams
- Telling our Story/Media

Risks

- Internal and External Persist
- Perceived and real impact on partners
- Negative impact on built capital
  - Project development
  - New relationships
- Risk to core business / CCAC Role

Mitigation and Communication Planning

- Majority of strategy focused on partners:
  - LHIN
  - Hospitals
  - CSS
  - Governance / Boards
- Intended audiences are peripheral.
- Communication model tested in Champlain CCAC.
- Lynchpin on partnership involvement

Today’s Request

- **Affirmation of Plan**
  - August 1 launch for service to those with highest needs
  - October 1 for capping hospital referrals and purchased referral option

- **Communication to Stakeholders/Public**

Renée Tomsich, Director of Communications reviewed the Communication Plan to Stakeholders/Public entitled “Balancing the Cost of Care Communication Strategy, July 2012” for the Board of the Erie St. Clair Community Care Access Centre. She noted that Annette Zimmer, Executive Assistant, Corporate Coordinator will post it on the Board Portal for future reference.

Moved by: Gordon Simmons
Seconded by: Robert Dye

THAT the Board of the Erie St. Clair Community Care Access Centre i) continue to
support Balancing the Cost of Care including required service adjustments in order to move towards a balanced budget by no later than year-end 2014, based on the understanding that stakeholder engagement is underway, that communication is undertaken consistent with protocols in order to promote public education and transparency, and that the protocols related to the service adjustments adhere to the HQO framework for Quality and Safety,

and, ii) authorizes the Erie St. Clair Community Care Access Centre Administration to request a deficit waiver from the Erie St. Clair Local Health Integration Network for the fiscal year 2012/2013 in order to allow for the balancing of the Erie St. Clair Community Care Access Centre budget over a two-year period by the end of March 2014. CARRIED.

Moved by: Walter Copeland
Seconded by: Kathryn Biondi

THAT the Board of the Erie St. Clair Community Care Access Centre unanimously supports and thanks, the entire Erie St. Clair Community Care Access Centre organization for the dedication in maintaining the essential services provided by our CCAC, while implementing the ongoing mandated changes within the provincial health care services system. CARRIED.

5.0 **Provide for Excellent Management**

5.1 No items were presented.

6.0 **Ensure Program Quality and Effectiveness**

6.1 No items were presented.

7.0 **Establish Strategic Direction**

7.1 No items were presented.

8.0 **Ensure Board Effectiveness**

8.1 No items were presented.

9.0 **Build Relationships**

9.1 No items were presented.

10.0 **In-Camera (Confidential Matters, i.e., Personnel, Property, Litigation, Security):**

Moved by: Gordon Simmons
Seconded by: Walter Copeland

THAT the Board of the Erie St. Clair Community Care Access Centre move In Camera to discuss confidential matters. CARRIED.

Moved by: Gordon Simmons
Seconded by: Warren Reinisch

THAT the Board of the Erie St. Clair Community Care Access Centre rise from In-Camera with no report. CARRIED.

11.0 **Emerging Trends and Risk Analysis**

11.1 No items were presented.

12.0 **Other Business**
12.1 James Greenway, Chair noted that Daniel Arbour submitted a letter of resignation announcing his resignation from the Board of Directors of the Erie St. Clair Community Care Access Centre effective Friday, June 15, 2012 due to an employment change.

Moved by: Gordon Simmons  
Seconded by: Warren Reinisch

THAT the Board of the Erie St. Clair Community Care Access Centre regrettably accepts the resignation from the Board of Directors of the Erie St. Clair Community Care Access Centre effective Friday, June 15, 2012. A small token of appreciation will be sent to Daniel Arbour recognizing his contribution to the Board. CARRIED.

13.0 Next Meeting Dates

13.1 Annual Meeting:  
Thursday, September 27, 2012 at 2:30 pm, Board Room, 712 Richmond Street, Chatham, ON N7M 5K4.

Next Regular Board Meeting:  
Thursday, September 27, 2012 at 5:00 pm, Board Room, 712 Richmond Street, Chatham, ON N7M 5K4.

14.0 Adjournment

The Board meeting adjourned at 6:55 pm.

__________________________________________  
James Greenway, Chair  
Erie St. Clair Community Care Access Centre

/az
ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE
CENTRE D’ACCÈS AUX SOINS COMMUNAUTAIRES D’ÉRIÉ ST-CLAIR

STANDING COMMITTEE REPORT

Committee: Audit
Date of Meeting: Thursday, June 14, 2012
Next Meeting: Thursday, November 8, 2012

Items Discussed

1) Erie St. Clair CCAC Audited Financial Statements will go directly to the Board

One of the key elements of the Audit Committee mandate is to review and recommend approval of the audited financial statements to the Board. This was not possible due to changes in the Ministry reporting schedule and will need to go directly to the Board. A motion will be made to have the Board operate as an Audit Committee of-the-Whole at tonight’s Board meeting to approve the audited financial statements.

IT WAS AGREED THAT Bob Dye, Audit Committee Chair will make a motion to have the Erie St. Clair CCAC Board operate as an Audit Committee of-the-Whole at the June 14, 2012 Board meeting to approve the 2011/2012 audited financial statements.

2) Scope of the Finance Department’s Role in the Annual Financial Audit

The Audit Committee reviewed the report from Robert Dye, Audit Committee Chair dated Thursday, June 7, 2012 entitled Committee Evaluation.

The Audit Committee collectively engaged as a team in the evaluation of its performance as a Committee and completed the Audit Committee indicators and provided an over-all comment on functioning of Committee as follows:

ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE
Audit Committee Performance Targets
2011 – 2012 Review

<table>
<thead>
<tr>
<th>Ensure that systems are in place for the sound fiscal management and fiscal integrity of the organization</th>
<th>2011/2012 (Sept-Aug)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regular review of Management Report: Adequacy of Internal Controls</td>
<td>Jan 2012</td>
</tr>
<tr>
<td>• Review of post-audit Management Letter filed by Auditor at year-end</td>
<td>Sept 2011</td>
</tr>
<tr>
<td>• Committee and Auditor delivers Auditor’s report to Board</td>
<td>June 2012</td>
</tr>
<tr>
<td>• Consideration and Determination of Process for Selection of Banking Institution effective March 2012</td>
<td>Nov 2011</td>
</tr>
<tr>
<td>• Annual report on risk management</td>
<td>To be completed Fall of 2012</td>
</tr>
</tbody>
</table>

Oversee audit processes
• Confirm scope of Financial Audit for each year-end Nov 2011

Stewardship of resources provided to carry out
**ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE**  
**CENTRE D’ACCÈS AUX SOINS COMMUNAUTAIRES D’ÉRIÉ ST-CLAIR**

**AUDIT COMMITTEE REPORT**

<table>
<thead>
<tr>
<th>organizational mandate</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and consider recommendations <strong>for corrective action</strong> from Provincial Auditor regarding CCACs</td>
<td>Sept 2011</td>
</tr>
</tbody>
</table>

**Committee Work**

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice-Chair established</td>
<td>Nov 2011</td>
</tr>
<tr>
<td>Workplan established</td>
<td>Nov 2011</td>
</tr>
<tr>
<td>Annual schedule of meetings established and posted</td>
<td>Nov 2011 on portal</td>
</tr>
<tr>
<td>Establish metrics and indicators for Committee Performance</td>
<td>Jan 2012</td>
</tr>
<tr>
<td>Review terms of reference</td>
<td>Jan 2012</td>
</tr>
<tr>
<td>Emerging trends and risk analysis part of the Committee agenda</td>
<td>Nov 2011, Jan, Mar, June 2012</td>
</tr>
<tr>
<td>100% of <strong>scheduled</strong> meetings met quorum</td>
<td>YES</td>
</tr>
<tr>
<td>Review Insurance coverage for Board Members</td>
<td>Nov 2011</td>
</tr>
<tr>
<td>Plan education session for Board Meeting</td>
<td>Fall 2011</td>
</tr>
</tbody>
</table>

**For Committee Discussion:**

The Audit Committee agreed that there was engagement by the attendees and that those meetings proceeded according to the agenda. The exercise of fiduciary responsibilities occurs with regular reviews of management reports i.e. Procurement, Asset Protection, Disaster Recovery Plan for Computers, Annual Risk Management Report and approval of the 2011/12 audited financial statements. The Audit Committee by nature is more limited in scope; asks clarifying questions and has open discussion on agenda topics; members are forward-thinking and membership has evolved over the past few years. It was recommended that the list of committee evaluation questions be made available each time the Committee meet in order to facilitate ongoing assessment of meetings.

The Committee agreed that all objectives, duties and goals initiating from the Terms of Reference and the 2011-2012 Performance Targets were met, save and except for the annual report on Risk Management. It was the opinion of the Audit Committee that it should be left to Betty Kuchta, Chief Executive Officer and the Audit Committee Chair to decide if a short teleconference meeting is needed during the summer to address the outstanding report or provide it in the fall of 2012. There was some confusion if the Board Education session was for the 2011/12 or 2012/13 year? A Board education session did occur in January 2012 and it was planned for in September 2011 confirming that the education session did occur for the 2011/12 fiscal year. Betty Kuchta, Chief Executive Officer noted that the Audit Committee will plan in the fall of 2012 for a Board education session to be held within the 2012/2013 fiscal year.

No variances, exceptions or issues of non-compliance with respect to the subject matter were reported.

**IT WAS AGREED THAT** overall, the Audit Committee of the Erie St. Clair
ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE
CENTRE D’ACCÈS AUX SOINS COMMUNAUTAIRES D’ÉRIÉ ST-CLAIR

AUDIT COMMITTEE REPORT

| Community Care met its objectives and goals for the 2011-2012 term. |

/bw
PURPOSE OF REPORT:
To provide information to the Board on activities of the CEO office to gain an understanding of breadth of organizational activity. This report is provided monthly.

RECOMMENDATION:
For information.

BACKGROUND SUMMARY:
1. Quality Client Services

It was exciting and rewarding to receive news of our three-year accreditation from CARF Canada. The result is a tribute to the dedication of our staff. It acknowledges our focus on people and recognizes our achievements in the delivery of high quality service.

“Quality and Value in Home Care” is a collaborative initiative between the CCAC sector and our Service Providers as the successor to procurement for the delivery of CCAC services. New modernized contracts with providers will be in place on or about October 1, 2012 with a renewed emphasis on quality outcome-based care. The Quality Committee will receive more detailed information about this key CCAC/Service Provider collaboration, which will form the basis for updated MOHLTC policy.

2. Accountability and Transparency

There was significant media coverage of our anticipated deficit and steps being taken to live within our budget, including advocacy to secure a 4% increase to our base, based on MOHLTC announcements of 2012/2013 investment in community care and the growing demand for CCAC services. Our “Balancing the Cost of Care” strategies including our request for community investment dollars is being presented by LHIN Administration to its Board this month on September 24th. The Board Chair and I will be attending this meeting as observers. Media outlets are interested in the follow-up story.

Discussions with area hospital representatives are ongoing. All stakeholders are gaining a fuller appreciation of the inter-relationship between our sectors and the challenge of implementing health system improvements in a complex environment not yet fully supported by funding reforms.

Countless hours have been spent by the Executive Leadership Team over the summer months to prepare for meetings with the LHIN (weekly) and stakeholders, to convey our challenges and solutions. Internal monitoring of the results of our “Balancing the Cost of Care” initiative is continuous along with adjustments and adaptations to implementation processes and schedules. Progress is evident; however, this is only possible with ongoing diligence in the pursuit of our goals.

3. Partnering with Our Communities

We continue to be involved at all organizational levels in a plethora of meetings to improve health system performance and to maximize the contribution of all partners. There is
renewed interest from municipalities in the broader concept of healthy living design and inclusiveness, which was promoted by our Erie St. Clair CCAC through our Community Summit work.

We recently met with the Mayor of the City of Sarnia who values the work of our CCAC as a measure of community health, allowing for full engagement of residents in the life of a community and access to a broad range of services; it was an opportunity to promote our easy 310-CCAC number.

We continue to review the need for a broader range of housing options for residents of our area. As experts in housing transitions, particularly for the elderly we are called upon to provide a leadership role in exploring options and encouraging interest from various partners in developing these options. Some of the groups we are working with include: a grass-roots organization in St. Clair Township, cross-sector health care representatives in Sarnia-Lambton (with an emphasis on meeting the needs of the socially isolated), retirement homes in the context of Home First clients in Sarnia-Lambton and Chatham-Kent, Alzheimer’s and ALSO (Assisted Living Southwest Ontario) in Windsor-Essex.

4. Supporting our Staff

Transformation within our organization and across the health care sector is challenging. Staff are well-supported and appreciate the public messaging. Managers are implementing "tried and true" ways of interacting with staff, including clear direction and mentorship, supported by tools and guidelines.

There have been surprisingly few client concerns elevated to the Senior or appeal level.

Health care colleagues are trying to understand the extent of the impact of CCAC service adjustments; however, there is agreement that expenses cannot exceed revenues in any organization and accordingly we are all searching for ways to deliver better care at a lower cost while keeping each other and the public informed during transition to this better system.

5. Focus on Continuous Improvement and Innovation

Under separate cover, you will see the culmination of a great deal of work over the past 8 months in the development and finalization of an agreement between the Erie St. Clair CCAC and the John McGivney Children’s Centre representing the launch of an innovative and collaborative model to support sustainability in the delivery of School Health Support Services to children in Windsor-Essex. The Erie St. Clair LHIN has been apprised of our intent for a new model and has been notified of this successful result. Area MPPs have also been interested and kept apprised.

/az
## Items Discussed

<table>
<thead>
<tr>
<th>1) Windsor Essex Client Presentation to the Quality Committee</th>
<th>Action</th>
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<tbody>
<tr>
<td>The Quality Committee heard a presentation from a family member of a Windsor client who has been on service for over 25 years. Client is a 31-years-old female and has significant disabilities i.e. visually impaired, non-verbal, suffers from prolonged seizures and has complex medical needs. The client lives in a semi, self-contained apartment within her parent’s home and is able to actively participate in her family’s lives with the assistance of nursing and services providers in her home. The only other option is a LTC home or hospital that the presenter feels could not provide the same level of support and care she receives at home.</td>
<td>For information.</td>
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The presenter noted that her family values the established relationship with CCAC Case Managers and the care plan for their daughter. The presenter also noted that the caregivers recognize her daughter as an adult - separate from her parents. Most important to them is the flexibility in the allotment of hours of care per month recognizing that some month’s client’s care and health needs required more hours than others. Somewhat frustrating to the presenter is the limited ability and knowledge that a Personal Support Worker (PSW) can provide to a client with complex needs.

A thank you letter from the Quality Committee Chair will be sent to the client, noting suggestions and recommendations.

<table>
<thead>
<tr>
<th>2) Debrief on May Board meeting devoted primarily to Quality</th>
<th>Action</th>
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<tbody>
<tr>
<td>The Quality Committee had a round table discussion on the Quality Presentation to the Board on May 31, 2012. Comments from members were positive noting that the presentations were clear and informative; content was reflective of our quality initiatives and enforced our commitment to quality improvement.</td>
<td>For information.</td>
</tr>
</tbody>
</table>

One member questioned service provider interest being that presentation reinforced quality initiatives as opposed to providing new information. Jacque Stephens, Director of Quality and Performance Management noted that all service providers were invited; five did attend with two last-minute regrets due to busy schedules and the Board meeting was afterhours. She also noted that a service provider had requested a copy of the presentations. Also a JMCC Board member noted she was impressed with the scope of initiatives of the CCAC. New Board members noted presentation was interesting and educational.

<table>
<thead>
<tr>
<th>3) Quality Improvement Plan</th>
<th>Action</th>
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<tbody>
<tr>
<td>The Quality Committee reviewed the report from Tricia Khan, Senior Director, Client Services entitled Quality Improvement Plan. Tricia Khan, Senior Director, Client Services informed the Quality Committee of Erie St. Clair CCAC’s initial plans to develop a Quality Improvement Plan by June 2013.</td>
<td>For information</td>
</tr>
</tbody>
</table>
The OACCAC Quality Improvement Plan - Task Group has been formed in preparation of the Excellent Care for All Act being implemented in the community health care sector. Erie St. Clair CCAC has representation on this task group.

The primary objective of the group is to select and provide recommendations on quality indicators to Health Quality Ontario most relevant for CCACs. Health Quality Ontario will determine which quality indicators CCACs are expected to meet as part of their Quality Improvement Plan. Other objectives of this task group include developing a quality improvement plan template aligned with the Excellent Care for All Act and to create a forum to share leading practices to implement the Quality Improvement Plan.

Erie St. Clair CCAC has a number of opportunities identified that may be incorporated in the Quality Improvement Plan. Those that have been identified provincially (and align with the needs of our community) include reducing falls, medication safety and continuing our efforts to decrease emergency room visits.

Additionally, findings from our Accreditation survey will provide additional improvement opportunities that will be acted upon for our annual submission to Commission on Accreditation of Rehabilitation Facilities (CARF).

Input into our Erie St. Clair CCAC Quality Improvement Plan will be provided by our Quality Committee, Management and senior leadership team, staff, service providers, and the public.

Having one-year of building on our first year of data from our Events Tracking Management System (ETMS), we will evaluate the data, monitor for trends and consider including Quality Improvement Plans for frequently recurring events.

This will be a standing agenda item at each Quality Committee meeting in 2012/2013.

No variances, exceptions or issues of non-compliance with respect to the subject matter of the report was reported.

4) Accreditation Update
The Quality Committee reviewed the report from Betty Kuchta, Chief Executive Officer dated Thursday, May 31, 2012 entitled Accreditation Update. Cathie Luxton, Chair updated the Quality Committee on the Accreditation progress, and the Committee discussed ways to involve the Quality Committee and Board in the announcement of the results.

CARF will be on site Wednesday, June 27 to Friday, June 29, 2012 to complete their survey. The Board Accreditation Sub-committee will be meeting with the Accreditors during their visit on Thursday, June 28, 2012 from 3:30 – 4:30 pm in the Board Room.

The survey team comprises industry peers who follow a consultative (rather than an inspective) approach in conducting the on-site survey. In addition to interviews of staff, persons served and their families, the surveyors observe organizational practices, review appropriate documentation, answer questions, and suggest ways to improve the provider’s operations and service.
Following completion of the survey, CARF renders an accreditation decision and delivers a report that will identify Erie St. Clair CCAC’s strengths and areas for improvement and its level of demonstrated conformance to the standards. To demonstrate ongoing conformance to the CARF standards, Erie St. Clair CCAC will complete a Quality Improvement Plan after receiving the survey report and submits an Annual Conformance to Quality Report each year throughout the accreditation term.

The accreditation award decision is expected within six to eight weeks (mid-August to early September) after the survey is completed. A staff meeting is planned to announce the accreditation award decision along with the report findings. In keeping with “Balancing the Cost of Care”, cake or ice cream will be provided to staff to celebrate.

No variances, exceptions or issues of non-compliance with respect to the subject matter of the report was reported.

**IT WAS AGREED THAT** the Quality Committee recommend:

i) the Quality Committee Chair or delegate participate in the staff meeting at which the results are announced, with the opportunity to make remarks at that time;

ii) any media releases prepared include remarks from the Quality Committee Chair;

iii) the accreditation results be communicated immediately thereafter to the Board; and,

iv) a letter of appreciation on the results be sent from the Board Chair to the Quality Committee Chair and staff, and that a group of staff, including the Accreditation Team be recognized for their efforts at the Annual Meeting in September.

### 5) Quality Committee Evaluation

The Quality Committee reviewed the report from Cathie Luxton, Quality Committee Chair dated Thursday, May 31, 2012 entitled Committee Evaluation.

The Quality Committee collectively engaged as a team in the evaluation of its performance as a Committee and completed the Quality Committee indicators and provided an over-all comment on functioning of Committee as follows:

**ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE**

**Quality Committee Performance Targets**

<table>
<thead>
<tr>
<th>Performance Target</th>
<th>2011/2012 (Sept-Aug)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promote a culture of continuous quality improvement and performance excellence</strong></td>
<td></td>
</tr>
<tr>
<td>• Client presentations (3 per year; 1 per site)</td>
<td>Feb, April &amp; June 2012</td>
</tr>
<tr>
<td>• Facilitate one Board meeting per year devoted to Quality</td>
<td>April &amp; May 2012</td>
</tr>
<tr>
<td>• Implementation of Quality Measures in preparation for Excellent Care For All Act, 2010 including approval of Quality Improvement</td>
<td>June 2012</td>
</tr>
</tbody>
</table>
### QUALITY COMMITTEE REPORT

**Plan.**  
- Review complaints and appeal policy  
  Dec 2011
- Quarterly review of Quality Performance Metrics  
  Dec 2011  
  Feb & May 2012
- Quarterly reporting of emerging risks and trends  
  Dec 2011,  
  Feb, April,  
  May & June 2012

**Foster organizational leadership in system-wide performance improvements, integration and innovation**  
- Quality Committee Chair reviews and approves Public Report on Quality  
  Sept 2011
- Participate in launch of CCAC Province-wide Sector Public Report card  
  Feb 2012

**Encourage the achievement of recognition through a variety of means such as public reporting, comparative benchmarking, and accreditation**  
- Accreditation - prepare for Board’s role; participate in planning for Accreditation recognition and receive results  
  Dec 2011  
  June 2012
- Diversity Report  
  April 2012
- Accessibility Report  
  April 2012
- Client Appeals Report  
  Feb 2012
- Identify contributions from Quality Committee for Business Planning process  
  Feb 2012

**Committee Work**  
- Vice-Chair established  
  Dec 2011
- Work plan established  
  Dec 2011
- Committee Community Membership established  
  July 2012
- Annual schedule of meetings established and posted  
  Dec 2011 & on portal
- 100% meetings scheduled met quorum  
  YES
- Review of skills mix and expertise on Committee  
  June 2012
- Review terms of reference  
  June 2012
- Evaluate Committee Performance  
  June 2012

The Committee agreed that all objectives, duties and goals initiating from the Terms of Reference and the 2011-2012 Performance Targets were met. Committee members and Administration were supportive, engaged and well prepared for all meetings. It was noted that the quality focus this term has been on our strategic elements because of accreditation. It was the opinion of the Quality Committee that the focus for next term would be on improving the quality of care and services to our clients; being the Quality Improvement Plan will be a standing agenda item on the Quality Committee agenda for the next year will address this suggestion.

No variances, exceptions or issues of non-compliance with respect to the subject matter of the report was reported.

**IT WAS AGREED THAT** overall, the Quality Committee of the Erie St. Clair Community Care Access Centre met its objectives and goals for the 2011-2012 term.

/bw
STANDING COMMITTEE REPORT

Committee: Governance  
Date of Meeting: Thursday, September 6, 2012  
Next Meeting: Thursday, November 1, 2012  

Items Discussed

1) Presentation from Sharon Baker, Chief, Corporate Affairs and CFO, OACCAC of Annual Board Evaluation Survey Results

Board Evaluation Survey Results were presented to the Committee in preparation for presentation to the Board at its September Board meeting. Sharon Baker, Chief, Corporate Affairs and CFO, OACCAC provided a detailed analysis of the Board Evaluation Survey results. Questions were answered throughout presentation.

Discussion took place regarding a joint submission between the OACCAC and the Erie St. Clair Community Care Access Centre for the 2013 OACCAC Conference. The poster presentation would highlight the benefits of using the same tool across the Province thereby establishing the opportunity to create benchmarks. Utilizing the services of the OACCAC to manage Board Evaluations is included as one of our Member Services.

IT WAS AGREED THAT the Governance Committee accept the Board Evaluation Survey Results as presented and THAT Sharon Baker, Chief, Corporate Affairs and CFO, OACCAC will present the Board Evaluation Survey Results at the September 27, 2012 Board Meeting, and FURTHER THAT the Governance Committee jointly submit a poster presentation between the OACCAC and the Erie St. Clair Community Care Access Centre for the 2013 OACCAC Conference on the benefits of utilizing the same Board Evaluation Survey Tool for all Community Care Access Centres across the Province.

2) Selection of Directors, Officers, Committee Chairs and Committee Membership Roster

The Governance Committee reviewed in detail the report from Warren Reinisch, Chair, Nominations Sub-Committee and Betty Kuchta, Chief Executive Officer dated Wednesday, August 29, 2012 entitled Selection of Directors, Officers, Committee Chairs and Committee Membership.

The Governance Committee prepared a Slate of Officers, Committee Chairs and Committee membership. The Governance Committee Chair will be presenting the results as the first item on the agenda of the first Board meeting following the 2012 Annual Meeting.

There is one vacancy that remains on the Board – francophone representative. Interest has been expressed from a francophone individual. Appropriate interviews will occur.

One Community Member has been acquired for the Quality Committee. This individual will be inducted by the Quality Committee.

No variances, exceptions or issues of non-compliance with respect to the subject matter of the report was reported.
**ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE**  
**CENTRE D’ACCÈS AUX SOINS COMMUNAUTAIRES D’ÉRIÉ ST-CLAIR**  

**GOVERNANCE COMMITTEE REPORT**

### 3) Confirmation of Slate of Directors

The Governance Committee reviewed the Slate of Directors for presentation at the Annual Meeting and First Board Meeting following the Annual Meeting to be held on September 27, 2012.

Martha Knight, Governance Committee Chair will present the Slate of Directors at the Annual Meeting of Members to be held on September 27, 2012.

No variances, exceptions or issues of non-compliance with respect to the subject matter of the report was reported.

**IT WAS AGREED THAT** the Governance Committee confirm the Slate of Directors for presentation at the Annual Meeting of Members to be held on September 27, 2012.

### 4) Board Member Recruitment Plan

The Governance Committee reviewed report from Betty Kuchta, Chief Executive Officer dated Wednesday, August 29, 2012 regarding Board Member Recruitment Plan.

Information was received following the June Board meeting from Daniel Arbour, our francophone representative that he would be resigning from the Board effective June 15, 2012. The Board accepted Daniels’ resignation at its July 26, 2012 Board meeting.

We are seeking a francophone as first priority and as a second priority an individual that is from the rural area and/or a visible minority.

So far we are using Board Member networks and word-of-mouth with our francophone contacts. It is hoped that we fill the vacancy by the date of our Annual meeting in September or soon thereafter.

All interested individuals will be completing our Board Member application and are subject to the usual screening and interview process. The new recruit will fill the vacancy and complete the term vacated by Daniel. The replacement would finish Daniel’s remaining one year term expiring September 2013. This term is then eligible for renewal in 2013 and 2016.

### 5) Preparation and Confirmation of Plans for Annual Board Retreat

The Governance Committee reviewed report from Caen Suni, Senior Director, Partnership Development and Strategic Planning dated Wednesday, August 29, 2012 regarding Preparation and Confirmation of Plans for Annual Board Retreat.

The format of the Annual Board Retreat for 2012 has been modified to reflect board and organizational priorities. The Annual Board Retreat will consist of a full day session including the items outlined below and a meeting of the Board of Directors.

- At the last Governance Committee meeting the theme “Finding Our Voice During Health Care Transformation” was developed.
- A presentation by Ken Deane, CEO of Hôtel-Dieu Grace Hospital is scheduled for 10 am. A topic has been suggested and is tentatively entitled “The Dynamics of Health Care during Transformation – what it
really means for hospitals, community care, and the public.”

- The focus of the remainder of the morning and afternoon will be on two areas, with facilitation provided by Caen Suni.
  - First, a review of draft organizational values. This will be the capstone consultation undertaken with the Board as part of the exercise to develop organizational values to address requirements of the Excellent Care for All Act.
  - Second, a kick off of the next iteration of the strategic planning process at the CCAC. Our current plan is due for renewal and the retreat is an ideal means of setting the tone of the planning and consultation process that will be undertaken in 2013.
- The balance of the day, towards late afternoon, will be reserved for the regularly scheduled meeting of the Board of Directors.

Discussion took place regarding inviting the media as an opportunity to enhance the CCACs reputation. It may not be beneficial for either party – the CCAC or the media – for the media to attend such a retreat; it may be of limited interest with little gain.

**IT WAS AGREED THAT** the Governance Committee receive the report for information and will rely on internal communication staff to determine when to engage the media and public, and for this retreat, if at all.

### 6) Other Business

Discussion took place regarding Board resources. Marshall Kern will prepare a report regarding suggested reading for each Board Committee for review at the next Governance Committee meeting.

For information.
Quick Governance Tips and Your Board Portal

From the desk of Betty Kuchta

2012 Board Annual Retreat

Our Annual Retreat is scheduled for a full day on October 25, 2012 commencing at 9:30 am.

There are a number of reasons to hold Board retreats. Pointer and Orlikoff in their book, *Getting To Great: Principles of Health Care Organization Governance*, say it simply:

"Retreats provide a unique opportunity for board education and discussion and a forum for addressing issues not possible at board meetings. Annual or semiannual retreats can help your board prepare for the future, grow, change, rejuvenate itself, and become more effective."

Board Source, in their book *The Handbook of Nonprofit Governance* defines Board Retreats as follows:

"Retreats involve the board as a group. They are often used for purposes of education, training, reflection, planning, or socializing. A retreat brings board members (and frequently senior staff) together to provide an environment in which free communication and brainstorming is possible."

So, come with few expectations other than to participate fully in the discourse, in a relaxed atmosphere.

As a unique member of our community of Erie St. Clair, you have a rich perspective to offer.

Dress is casual.

Participants are the Board and the Executive Leadership Team.

We look forward to this exciting and interactive day!
From the desk of Annette Zimmer

Board Resources

There is a vast amount of information posted on the Board Portal and the Board Resource section is one of the main highlights of the Board Portal.

One of the key areas Board Members should frequent regularly is the Board Resources section found under the Documents heading to the left of the home page.

Not only will you find documents posted here that pertain to new Government changes you will also find position papers and external reports, Insurance Coverage, a number of publications and electronic magazines such as Board Source Members Newsletters and Chartered Accountants of Canada—20 questions Directors Should Ask Series and much more.

Other important documents you will find under the Board Resources section is the Board Orientation Manual. This section includes the following:

- Section I - By-Law No. 3
- Section II - Board of Directors Policies
- Section III - Service Accountability Agreement between the Erie St. Clair LHIN and the Erie St. Clair CCAC
- Section IV - Legislation (legislations applicable to the CCAC)
- Section V - Organizational Policies
- Section VI - ESC CCAC Acronyms

Additionally under the Board Resources section you will find the presentations provided at the Board Orientation - CCAC Overview session held for Board Members in October 2011.

Board Members are being asked at this time to review the entire Board Portal for relevance of information and, if there is something that you feel should be added, please let me know and I will see if I can facilitate the request.
PURPOSE OF REPORT:
To inform the Board of the on-going work of the Board Chair.

RECOMMENDATION:
That the report be received for information.

INFORMATION:
I have enjoyed this past year as Chair. I am on the Slate of Nominees for Chair for 2012/2013. If re-elected, I will continue to serve with enthusiasm and hope that I can meet your expectations. There is stability and expertise within our Administrative Team, which we all look to for key information and future direction.

Since our July Board meeting, the CEO has kept me informed of impacts of our “Balancing the Cost of Care” initiative, and ongoing work with our LHIN. We will be attending the September 25th meeting of the LHIN Board; the LHIN Administration intends to present a report to the LHIN Board regarding our deficit management strategies at that time. We have notified the LHIN that we will be attending.

The LHIN/Health Service Provider Leadership Council will meet in October by community, with representation from Board Chairs and CEOs. We are scheduled to attend all three meetings: Windsor-Essex on October 1, Chatham-Kent on October 2 and Sarnia-Lambton on October 15th. The CEO and I are exploring opportunities for innovative collaboration with key agencies in each community, with respect to further alignment of Community Support Service agencies. The Executive Assistant, Corporate Coordinator is coordinating schedules for a meeting with Alzheimer’s Windsor-Essex for November with others to follow.

I am one of 14 CCAC Board Chairs. We form the Chairs’ Council. We meet monthly by teleconference. I will update you as to key issues discussed. Finalization of an updated Memorandum of Understanding between the OACCAC and CCACs is pending. There has been considerable feedback from CCACs which is taking time to incorporate to satisfy all concerns. The Management/CEO Compensation Study undertaken by a number of CCACs will be complete soon; we did not participate in this initiative but may have access to the results. In the face of fiscal restraint, it was not considered important for our organization at this time. It is anticipated that the Chairs’ Council will turn its mind to pre-election messaging to reinforce the critical role of CCAC in the lives and health of Ontario citizens.

/az
Facts and Key Messaging Tool
Prepared for the Erie St. Clair CCAC Board of Directors
September 2012

General Key Messages

**Key messages designed to describe the CCAC and our purpose**

- The CCAC can help you stay in your own home longer by providing care in your home and by coordinating care in your community, including specialized support services. The CCAC can provide you with information about Long-Term Care home options if it becomes too difficult for you or your loved ones to live independently at home.

- The CCAC is the health care system navigator in our region, and we are the only health care service mandated to serve the entire region of Erie St. Clair. The CCAC assists the community by acting as an information resource for health based needs available in the community.

- As members of the community are referred to the CCAC, the CCAC provides holistic care assessments through qualified case managers. Based on eligibility, residents contacting the CCAC will be made aware of all services available to them by the CCAC. The CCAC will also provide information about other community resources to residents who are not eligible for CCAC services.

- The clients of the CCAC are diverse. Although a majority of our clients can be described as ‘seniors’, the remaining clients are distributed among various age groups, including children and young adults.

Facts and Figures

**Quantitative key messages**

- In 2011-2012, the CCAC provided service to almost 37,000 residents living in our region known as Erie St. Clair, which includes Sarnia-Lambton, Chatham-Kent, and Windsor-Essex.

- For the year 2012-2013, the base budget of the CCAC is $119 million. The budget of the CCAC is 100% funded by the Erie St. Clair Local Health Integration Network through the Ministry of Health and Long-Term Care.

- The Erie St. Clair CCAC employs over 373 full-time equivalent staff.  
  - Our expert team of Case Managers include registered nurses, therapists and social workers.  
  - Our clinical staff is supported by an efficient administrative core with a depth of experience in the health care field.

- 91% of the base budget of the CCAC is dedicated to direct client care through case management, medical supply purchases and community support, which leaves less than 9% dedicated to administrative costs.

- The CCAC plays a critical role in supporting the residents in the community, and keeping them out of hospitals. Our CCAC has generated a monthly average of $855,801 in hospital avoidance costs during the 2012/2013 fiscal year in our region.
Issues and Risks

Key messages designed to address a timely issues affecting our community


In early September, the PC party of Ontario released a report entitled “Paths to Prosperity: Patient Centred Healthcare”. A number of recommendations were made, focusing on the current accountability model and provision of regional care in Ontario. The section of the report most relevant to the CCAC is related to the position by the PC Party the role of CCAC Case Managers creates a needless bureaucratic level in the healthcare system, and should be eliminated. This recommendation is rationalized by the belief that Case Managers do not provide direct care.

Key Messages

- The Minister of Health and Long-Term Care is clear on the integral role played by CCAC Case Managers in the provision of care on the frontlines of our health system.
- Case Managers provided holistic care assessments are a leading source of information for care in the community and a principle frontline resource to achieve independence in the community.
- Nurses, palliative care workers, pharmacists, nurse practitioners directly employed by CCACs deliver vital front-line care to people in the community, including our most vulnerable clients.

Success Stories

Key messages surrounding a positive development at the CCAC

Background – Accreditation Achieved by our CCAC

An 18 month process was concluded in June 2012 as surveyors from the Commission on Accreditation of Rehabilitation Facilities (CARF) surveyed the CCAC, spending a number of days interviewing frontline staff, management and board members as means of evaluating the CCAC for accreditation. In August 2012, the CCAC received a three year accreditation, the highest level of accreditation that may be awarded.

Key Messages

- As the first CCAC to be accredited by CARF, the Erie St. Clair CCAC is at the leading edge of the provision of quality care in the community and holding ourselves to a high standard of care.
- An organization receiving a Three-Year Accreditation has put itself through a rigorous 18 month peer review process and has demonstrated to a team of surveyors during an on-site visit that its programs and services are of the highest quality, measurable, and accountable.
- This accreditation is another demonstration of how the Erie St. Clair CCAC consistently strives to provide a high level of care with an equal measure of accountability and transparency to our clients and the public.
ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE
CENTRE D’ACCÈS AUX SOINS COMMUNAUTAIRES D’ÉRIÉ ST-CLAIR

STANDING COMMITTEE REPORT

**Committee:** Quality  
**Date of Meeting:** Thursday, June 7, 2012  
**Next Meeting:** Thursday, October 4, 2012

<table>
<thead>
<tr>
<th>Items Discussed</th>
<th>Action</th>
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| **1) Review of Quality Committee Terms of Reference** | Committee approved June 7, 2012.  
Requesting Board approval September 27, 2012. |

The Quality Committee reviewed the report from Betty Kuchta, Chief Executive Officer dated Thursday, May 31, 2012 entitled Review of Quality Committee Terms of Reference. Policy V-A-7 requires that each Committee review and update its own terms of reference annually for content and relevance. A review took place as a result of our full review of Board policies last year; recommended changes were made at that time. The Quality Committee did not propose any revisions.

The committee discussed if not having any Community Representatives as members could detract in any way from receiving accreditation status. It was the opinion of the Committee that this would not as recruitment efforts have been underway with the Cathie Luxton, Quality Committee Chair and Robert Dye, Member to interview and select two new members over the summer, with a start time in September 2012 following the Annual Meeting.

No variances, exceptions or issues of non-compliance with respect to the subject matter of the report was reported.

**IT WAS AGREED THAT** the Quality Committee of the Erie St. Clair CCAC recommend that the Board approve the Quality Committee Terms of Reference as presented as follows:

**QUALITY COMMITTEE TERMS OF REFERENCE**

1. The Quality Committee shall consist of:
   
   (a) at least 3 Directors, one of whom shall be appointed Chair;
   (b) the Chair of the Board (ex-officio);
   (c) two (2) Community Representatives (non-health care providers); and
   (d) the Chief Executive Officer and Senior Director, Client Services (non-voting).

2. The Quality Committee shall:
   
   (a) Ensure that the organization has a comprehensive performance management program which includes the key elements of continuous quality improvement, risk management and system-wide performance.
   (b) Ensure that the organization’s performance management program is consistent with the organization’s mission, mandate and strategic directions.
   (c) Ensure that the organization’s performance management program is consistent with the LHIN’s integrated health services plan, Ministry of Health and Long-Term Care directives and industry standards.
   (d) Monitor the effectiveness of the comprehensive performance management program by reviewing performance indicators, sentinel
events, outcomes and process improvements.

(e) Ensure that the existence and outcomes of the performance management program is effectively communicated to both internal and external stakeholders.

(f) Establish an annual work plan and deliverables for approval by the Board.

3. The Quality Committee shall meet at least quarterly and at the call of the Chair.

4. Appropriate staff support will be provided to the Quality Committee.
To: Chair and Members of the Board of the Erie St. Clair Community Care Access Centre
From: Betty Kuchta, Chief Executive Officer
Date: Tuesday, September 18, 2012
Subject: Policy and Advocacy Committee – OACCAC Board

PURPOSE OF REPORT:
To pass on information regarding Policy and Advocacy Committee of the OACCAC Board.

RECOMMENDATIONS:
For information.

BACKGROUND:
Attached find memo to CEOs regarding Policy and Advocacy Committee of the OACCAC Board. It was sent to keep CCAC Boards informed of key strategic work being undertaken on behalf of CCACs and the clients we serve.

It is important in a time when all constituents are struggling to build a better health care system.

Our CCAC voice is critical for system sustainability, good patient outcomes, and a healthier Ontario.

VARIANCE/EXCEPTIONS/NON-COMPLIANCE:
There are no variances, exceptions or issues of non-compliance with respect to the subject matter of this report.

Outstanding care - every person, every day / Des soins exceptionnels - chaque personne, chaque jour
Date: September 17, 2012

MEMORANDUM TO: CCAC CEOs
FROM: Margaret Mottershead, CEO
       Sandra Coleman, South West CCAC, Chair, Policy and Advocacy Committee
RE: CCAC Policy, Advocacy and Strategic Communications

We are providing this memo to assist you in updating your Boards on recent developments of strategic importance to the CCAC sector, including the formation of a Policy and Advocacy Committee of the OACCAC Board and work underway to address strategic communications and enhance the CCAC reputation.

OACCAC Policy and Advocacy Committee

The OACCAC Policy and Advocacy Committee was established as a committee of the Board in June 2012 to:

- Develop and monitor strategic policy issues, initiatives and positions and advise the Board on matters related to strategic policy with a view to informing provincial and national policy related to CCACs and the health care system, and
- Monitor the policy development direction of the OACCAC strategic plan and advise the Board on matters related to policy development in relation to the strategic plan.

The committee will serve as a think-tank to support strategic policy development and identify concrete steps that contribute to the desired positioning of the home and community care sector to enable quality outcomes for our clients and partners. The initial priorities identified by the OACCAC Policy and Advocacy Committee include:

- Development and implementation of a strategic communications strategy to enhance the reputation of the CCAC sector.
- As part of the communications strategy, to develop clear messaging about the roles and value of CCACs and tools to support local and provincial engagement and communications in the event that an early election is called.
- A formal CCAC submission to Dr. Samir Sinha has been developed highlighting the opportunity to build on the CCAC care coordination role to enable implementation of the Seniors Care Strategy.
Development of a submission, in partnership with OHA, to provide advice to the expected legislative review of the *Local Health System Integration Act, 2006.*

The committee is chaired by Sandra Coleman (CEO, South West CCAC) and the members are:

- Teddene Long (Chair, OACCAC and Central CCAC)
- Stacey Daub (CEO, Toronto Central CCAC)
- Cathy Hecimovich (CEO, Central West CCAC)
- Shannon MacDonald (Board member, Toronto Central CCAC)
- Melody Miles (CEO, Hamilton Niagara Haldimand Brant CCAC)
- Margaret Mottershead (CEO, OACCAC)

**Strategic Communications**

The OACCAC issued an RFP in July to procure a firm to provide strategic communications advice and assist in developing a proactive short-term and long-term plan to manage the sector image and reputation. This includes a government relations plan and a public/media relations program that will provide the OACCAC and CCACs with plans, tools, advice and training to execute a robust, province-wide public relations campaign to increase understanding about CCACs and their value to the health care system. Strategy Corp was the successful respondent and a one-year contract has been established.

With guidance from the OACCAC Policy and Advocacy Committee, Strategy Corp has begun to conduct intensive research, strategic inquiry and a SWOT analysis to understand the current CCAC environment, stakeholder perspectives and key influencers in a detailed way. Strategy Corp will then develop a strategic positioning plan and clear narratives focused on specific audiences (government, LHINs, MPPs, public service, health system stakeholders and the public) that can be used at the provincial and local level. A formal strategy paper and action plan will be developed.

Strategy Corp will be attending CEO Council on September 25 and the Chair’s Council meeting on October 17 to share the results of the of their work so far and begin to test their assumptions and hypotheses.

Last week the Ontario Progressive Conservative (PC) party released the third in a series of white papers, this one focused on health care. While recognizing the important care coordination and other work CCACs do, the paper recommends that the LHINs and CCACs be eliminated and replaced with a different system to provide this care. This follows on the heels of remarks made by party leader Tim Hudak in the Waterloo-Wellington media just prior to the Kitchener Waterloo by-election suggesting that CCACs are purely administrative bodies that do not provide direct services to Ontarians. In response to these events, we have worked closely with Strategy Corp to ensure that we are promoting positive public dialogue rather than provoking confrontation or dissent. To that end we have:
• Written letters to the editors of the Waterloo Record and Guelph Mercury to address the factual misrepresentation of the role that CCACs play. A link to the letter published in the Guelph Mercury is provided below:
  http://www.guelphmercury.com/opinion/letters/article/791047--access-centres-provide-important-front-line-service
• Written directly to Mr. Hudak to clarify the role CCACs play in providing services to clients. We requested a meeting and offered an opportunity to make a home visit with a CCAC care coordinator (the letter is attached).
• Developed messaging to support CCACs in responding to local media questions and staff concerns about reports in the media.

Our focus in all of these activities has been to highlight the significant contribution of CCACs and the value that CCACs provide to Ontarians and to the health care system.

Next Steps

After these initial deliverables are completed later this fall, the OACCAC Board will canvass for refreshed membership to tackle medium and longer term advocacy and policy development opportunities.
Tim Hudak
Leader of the Ontario PC Party
Room 381, Main Legislative Building
Queen's Park
Toronto, Ontario M7A 1A8

Dear Mr. Hudak,

We saw your recent comments published in the Guelph Mercury and Kitchener-Waterloo Record on the role of Community Care Access Centres (CCACs), and thought it was important to share some information about the front-line patient care CCACs provide in Ontario.

Not only do CCACs play a critical role in Ontario’s health system, coordinating the delivery of care for over 616,000 Ontarians of all ages each year based on their individual needs and circumstances, but the nurses, palliative care workers and other health care professionals directly employed by CCACs deliver vital front-line care to patients in the community.

CCAC care coordination is also a core health care service performed by professionals including nurses, social workers, physiotherapists and others who have specialized expertise in comprehensive clinical assessment, care planning and direct patient care.

These professionals deliver care directly to patients within hospital in-patient and emergency departments to plan their discharge and follow them home within the first 24 hours to ensure that they get the care they need. They also work directly with patients in family physicians’ offices, other community settings, and in Ontarians’ own homes, every day in 200 communities across the province. CCAC nurse practitioners and clinical nurse specialists are key members of the care teams for our most vulnerable clients, including those who require palliative care.

The CCAC care coordination role is growing and directly supports health care priorities including: decreasing hospital stays, avoiding unnecessary hospitalizations, and an increasing focus on healthy aging at home. Enclosed, you will find a facts and figures document that illustrates the impact CCACs have on the health care of Ontarians and our health care system.

I would be very pleased to meet with you to have a more fulsome discussion about the breadth and scope of the front line health care work accomplished every day by Ontario’s CCACs. In addition, we invite you to attend a home visit with a care coordinator through our Toronto Central CCAC so that you can see first hand the direct patient care our care coordinators provide to Ontarians each day.

I look forward to arranging a meeting with you at your earliest convenience.

Sincerely,
Margaret Mottershead,
Chief Executive Officer, OACCAC

c.c. Christine Elliot, MPP