ANNUAL REPORT 2014|15

Connecting you with care
Votre lien aux soins

South West CCAC
Community Care Access Centre

CASC
Centre d'accès aux soins communautaires du Sud-Ouest

OUTSTANDING CARE – EVERY PERSON, EVERY DAY

Connecting you with care
Votre lien aux soins

South West CCAC / CASC

Community Care Access Centre

Centre d'accès aux soins communautaires du Sud-Ouest

Our dedicated team is guided by our vision and mission, and we strive to live our values each and every day.

OUR VISION

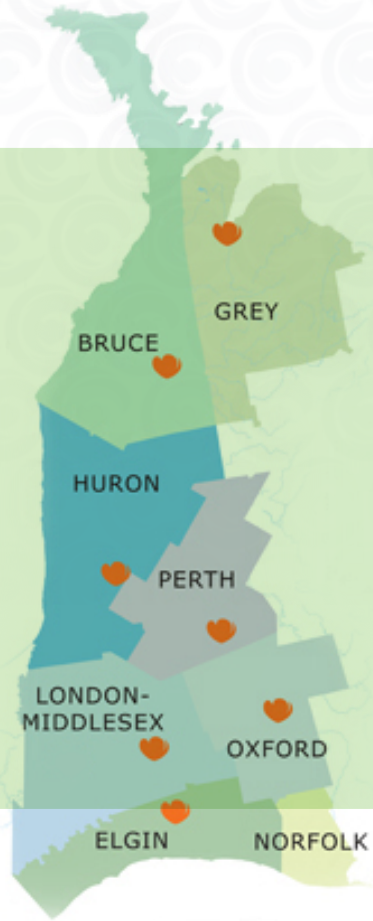
Outstanding care – every person, every day.

OUR MISSION

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.

VALUES

We live the values of our compass each day in order to develop shared understanding, build trusting relationships and co-create ways to achieve outcomes.



Our Values are to be:

Client-driven
Accountable and transparent
Respectful of another
Innovative
Nurturing
Great at what we do

AT THE SOUTH WEST CCAC,

We take great responsibility for delivering the highest-quality care to patients and achieving value for the resources entrusted to us.

After multiple years of fast-paced growth combined with increasingly complex patients, 2014–2015 was an important year for the South West CCAC. It was a year for the South West CCAC and our entire home and community care sector to better understand how we can contribute to the future of health-care in Ontario, and support patients to be at home as long as possible.

In 2014 – 2015 the South West CCAC connected more than 60,000 people with the health care services they needed, about 1 in 17 people living in the South West. The South West CCAC achieved a balanced budget without having to implement waitlists for in-home services. As a result of innovation and efficiencies, we were able to increase spending on patient care by 4.1% with a 1.8% increase in funding for patient volumes.

Across the South West, just under 200,000 hospital days were avoided because Home First supports enabled patients to remain at home instead of hospital or long-term care. The South West has the lowest or second lowest number of patients waiting in hospital for a different type of care, (also know as an Alternate Level of Care [ALC]), in the province every month.

The Provincial Government continues to send the message that the modernization of home and community care is among its top priorities as they too look to meet the health care needs of an aging population and preserve a health care system that will be sustainable for generations to come. The South West CCAC welcomes this change. We have tremendous expertise and considerable successes and learnings to draw on.

Never have we been more aware of the pressures facing the home and community care sector than we are today. Moving toward the future, there will continue to be significant opportunities to improve the way in which we deliver care for people. At the South West CCAC, our team is excited about the future and will remain focused on our vision of *outstanding care, every person - every day.*

Linda Ballantyne,
Board Chair

Sandra Coleman,
CEO

BOARD OF DIRECTORS

Back row (left to right): Patricia Campbell, Mary Lapaine (Past Chair), Tim Cronsberry, Ferne Woolcott, Dr. Carol McWilliam, Cynthia St. John, Evelyn Harris-Williams, and Dr. Claude Lanfranconi (Treasurer). Seated (left to right): Dr. Don Eby, Sandra Coleman (CEO), Linda Ballantyne (Chair) and Brian Hadley (Vice Chair).

"The South West CCAC achieved the highest rating in the province for Overall Experience of care in a patient experience survey, with more than 94% rating care as good or excellent. It is the result of a team of people working together with our partners to provide outstanding care - every person, every day."

THE SOUTH WEST CCAC BOARD OF DIRECTORS

The Board of Directors of the South West CCAC is an independent community board made up of volunteers recruited from communities across the South West. Together, they provide strategic leadership and direction to the South West CCAC by engaging with external partners and thought leaders on important discussions on the key health-care topics while establishing policies, and monitoring performance related to the key dimensions of the South West CCAC's business.

PASSIONATE ABOUT CARE

Heroes in the Home

Nominated by patients and family members, Heroes may be family, friends or professional caregivers, but what they all have in common is their dedication to caring for others. During these annual events each fall, we are honoured to recognize those members of our community who give the very best of themselves to others. In October and November of 2014, more than 500 Heroes were recognized.

Client-Driven Care Awards of Distinction

At the South West CCAC, our key strength is the passion we have for providing outstanding care to the people we serve. Every single member of our team has a steadfast commitment to providing the best possible care to patients each and every day. To recognize that passion among our employees, we celebrate each year with our Client-Driven Care Awards of Distinction. In 2014-2015, 21 individuals and 11 teams were nominated by their peers.

Home and Community Care Sector Leadership

South West CCAC teams received the Ontario Association of Community Care Access Centres' (OACCAC) Sector Innovation Award as well as two South West LHIN Quality Awards.

Partnering for Quality

Stroke Capacity Assessment & Best Practice Implementation Project

Connecting Care Collaborative Partners

HOME FIRST

"I'm happy to have decided on long-term care, it will take a lot of my worries away. But I'm also very happy to be waiting from home."

Olga Brauer, (age 95)

Under the innovative Home First philosophy in place in all hospitals in the South West since March 2014, Care Coordinators work to help identify patients who are at risk of becoming Alternate Level of Care (ALC)while in hospital, and help get them the home and community care they need to be able to leave hospital as quickly as possible.

The Home First program has achieved remarkable results. The number of patients waiting in hospital to go to long-term care has decreased significantly and many Home First patients are able to stay at home with regular CCAC services. The Home First Financial Impact Report 2015 [www.healthcare athome.ca/southwest/en/Getting -Care/Getting-Care-at-Home/home-first] identified the following benefits for patients and the health care system:

- The net economic savings to the system because the 463 patients in 2013-14 returned home was approximately $20 million.
- The South West has the lowest or second lowest Alternate Level of Care (ALC) rate in the province every month.
- In 2013-14 an additional 3,468 other complex patients benefited from the Home First approach during the 365-day period, receiving robust care plans to ensure that they were able to go home from hospital.
- In 2014-15, just under 200,000 hospital days were avoided because Home First supports enabled patients to remain at home instead of hospital or long-term care.

DID YOU KNOW...

that the South West CCAC receives more than 40,000 referrals from hospitals each year?

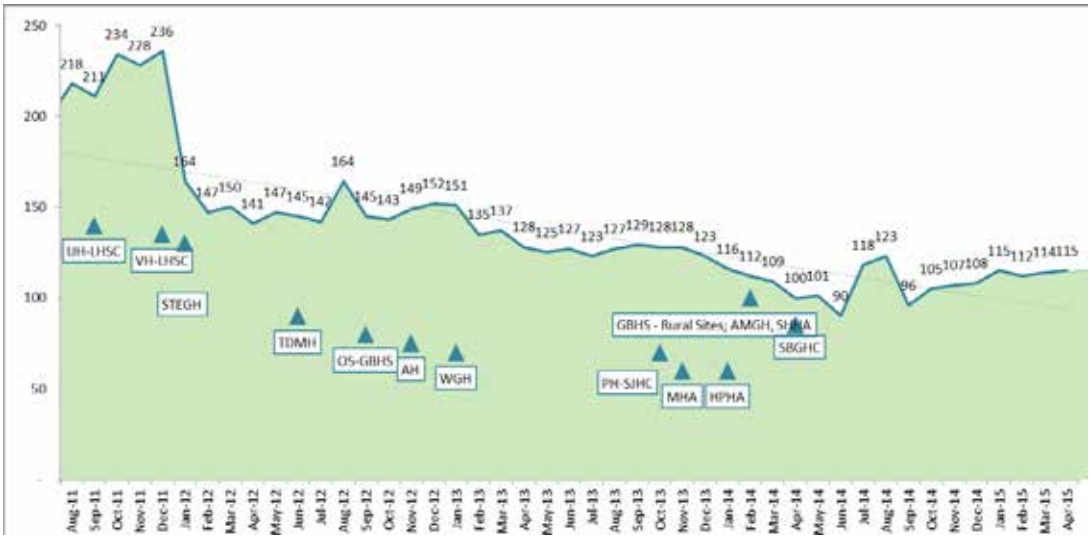
DID YOU KNOW...

that South West CCAC Care Coordinators are on-site at each of the 33 hospital sites across the South West region?

DID YOU KNOW...

that 92.5% of all patients discharged from hospital get their first nursing visit within 5 days and 91% get their first PSW visit within 5 days?

PATIENTS DESIGNATED ALTERNATIVE LEVEL OF CARE WAITING FOR LONG-TERM CARE AT HOSPITALS THAT HAVE IMPLEMENTED HOMEFIRST



KEY INITIATIVES IN 2014-2015

We are connected through our common patients, and there's an onus on all of us to provide the best level of care we can as a team

Primary Care Partnerships — There are South West CCAC Care Coordinators on site with 99% of all family physicians across the South West. A dedicated phone line specifically for physicians has been launched, making it easier than ever for our community physicians and primary care providers to contact us. Physicians and primary care providers can simply call **1-844-CCAC-4MD (1-844-222-2463)** any time from **8 AM to 8 PM** and they will be immediately connected to a Care Coordinator.

The South West CCAC has established EMS Paramedic Referral with the 7 EMS services in our region. A key recommendation contained in Dr. Samir Sinha's report, Living Longer, Living Well, "Community paramedicine" encompasses a variety of programs and a variety of enhanced roles for paramedics. Community paramedicine can also include public education, access to community fibrillation, referrals to programs and expanded scope for paramedics (for example flu shot clinics, or provision of IVs in long-term care homes for antibiotics), wellness programs, blood pressure checks, etc.

Palliative Outreach Team in Grey and Bruce Counties
The Palliative Care Outreach Team enables primary care providers to support patients in their communities, prevent avoidable hospitalizations and to help meet the care needs of the individual and their family as their illness progresses.

"There's a very important symbiotic relationship between the CCAC and primary care. They need one another, and benefit from one another."

- Dr. Joshua Shadd, Palliative Care Specialist

Working in partnership with primary care providers (nurses, physicians etc.) the team provides support and consultation in symptom management including psychosocial and spiritual aspects to care by providing support and mentorship by phone or in person as determined with the primary care provider. Through the palliative care outreach team, a 24/7 physician is on call to support the identified palliative patients in the two counties.

South West CCAC by the Numbers

- 60,000 patients are cared for every year, or 1 in every 17 people in the region
- More than 2.5 million in-home visits are made by the South West CCAC
- 94% of CCAC patients are satisfied or very satisfied with their care

VALUE OF CARE COORDINATION

DID YOU KNOW...

that Care Coordinators are here to help you navigate the health care system? If you have questions about services that may be available, you can call 310-CCAC for information.

DID YOU KNOW...

that the South West CCAC receives over 4,500 calls each month from people who are looking for information about services available in their community?

The South West Community Care Access Centre serves 60,000 people each year, across a vast region from Tobermory in the north to Long Point and Port Glasgow in the south. Our role is to get people the home and community care they need to stay well, heal at home and stay safely in their homes longer. We also help people transition through the system and to other living arrangements. We do it by working in partnership with patients, families, providers, community organizations, and others.

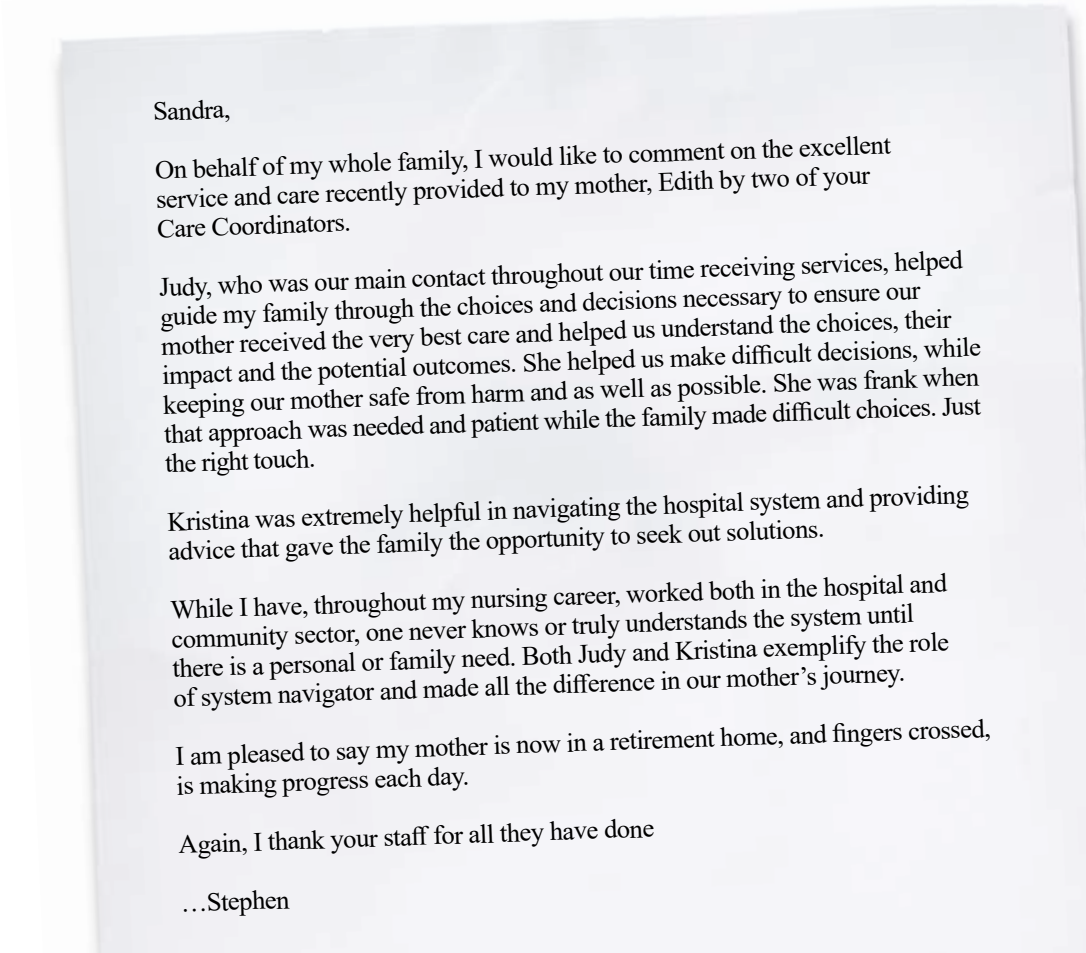
With tremendous growth forecasted for the population we serve over the next 20 years, health system partners need to work together, more closely than ever before to make sure people get the care they need.

Today, patients living in their homes and communities have more complex health issues than ever before – more than 85% of our patient care budget is spent on supporting people with complex needs in the community. Just five years ago, these people would have likely moved to long-term care or remained in hospital.

Care coordination is critical, as every possible resource, every community service, and support from family/friends, needs to be considered to support patients.

Patients with less complex needs will continue to need support from community organizations, (ie: Meals on Wheels, Adult Day Programs and Exercise Classes) to help them live their lives with the best possible health and well-being.

Remaining in the community with supports has resulted in better health and quality of life for patients, as well as a more efficient use of health care dollars. In the following pages, you will read about some of the people the South West CCAC supports.



Sandra,

On behalf of my whole family, I would like to comment on the excellent service and care recently provided to my mother, Edith by two of your Care Coordinators.

Judy, who was our main contact throughout our time receiving services, helped guide my family through the choices and decisions necessary to ensure our mother received the very best care and helped us understand the choices, their impact and the potential outcomes. She helped us make difficult decisions, while keeping our mother safe from harm and as well as possible. She was frank when that approach was needed and patient while the family made difficult choices. Just the right touch.

Kristina was extremely helpful in navigating the hospital system and providing advice that gave the family the opportunity to seek out solutions.

While I have, throughout my nursing career, worked both in the hospital and community sector, one never knows or truly understands the system until there is a personal or family need. Both Judy and Kristina exemplify the role of system navigator and made all the difference in our mother's journey.

I am pleased to say my mother is now in a retirement home, and fingers crossed, is making progress each day.

Again, I thank your staff for all they have done

…Stephen

ALICIA's EXPERIENCE

South West CCAC Care Coordinator, ***JENN***

Alicia's family and her care coordinator, working together to develop a care plan that best suits Alicia

The oldest of Tracy and Brian's three children, Alicia, is 22 years old and has complex special needs, which necessitate 24-hour care. Alicia's parents, Tracy and Brian believe the time will eventually come for Alicia to move into supportive housing but they want to keep her at home with the rest of their family in the Grey Bruce area for now.

Since Brian and Tracy both work outside of the home and Alicia had finished school in June 2014, they knew they needed to set up a new care plan that would help Alicia transition from children's services to adults services.

Alicia's South West CCAC Care Coordinator, Jenn has been working with Alicia and her family for four years. Together they have used www.thehealthline.ca to research organizations that would provide the care complement and age appropriate stimulation that she needed.

Participation House in London had not accepted a patient from Grey Bruce area before, however they were happy to meet with Alicia's parents and Jenn via Skype to discuss Alicia's care needs. After a successful meeting for everyone, Participation House staff worked to ensure that they had the training they needed specific to Alicia's complex care requirements.

Alicia is now able to access Participation House for respite care on a scheduled basis, which has proven to be a significant element of her care plan. During her respite stays at Participation House, Alicia's parents and her siblings, Paige and Reese have been able to visit Alicia and feel confident that Alicia is in an age appropriate environment where she is well-cared for.

According to Tracy, "This solution has been a godsend for our family. If it had not been available, we would have had to consider more permanent options and we are just not ready to do that yet."

> *"Seeing the patient and her family happy following their first stay and the confidence and reassurance they possessed knowing that we had found the right place to support them, meeting all of their needs was a humbling experience. I am so glad they were willing to work with me and take some chances."*

FLORENCE'S HURON PERTH HEALTH LINK EXPERIENCE

"It has been hugely educational for us as family physicians to better understand the resources that exist. Community supports, specialized program details – the Care Coordinators are the keeper of that knowledge and provide us with up-to-date details on available resources, and on patients' progress. Their knowledge is well suited to the Health Links initiative."

Dr. Faulds

After a few falls in her two-storey home, Florence (age 88 years) moved to a new apartment in April 2014. Shortly after her move she developed pneumonia followed by laryngitis, that resulted in a lengthy illness, (she is also being monitored for other chronic health conditions).

The Clinton Family Health Team asked Florence and her family to participate in a Health Links coordinated care conference.

Attendees also included a CCAC Care Coordinator, Florence's Family Physician and Nurse Practitioner, as well as a representative from ONE CARE Home & Community Support Services.

During the care conference, everyone had a clear understanding of Florence's medical status and needs as well as the supports available in the community, and from family and friends.

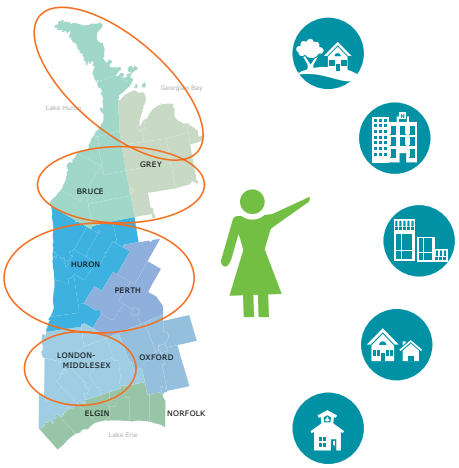
Most importantly, Florence was able to identify what she wanted and valued; being self-reliant was key.

Working together, the team was able to organize care and services such as:

- Medication schedule
- Exercise routine (eventually classes)
- Occupational therapy assessment and recommendations
- Equipment purchases
- Community support services

These, among other elements of her care plan have contributed to Florence's physical and well being.

HealthLink



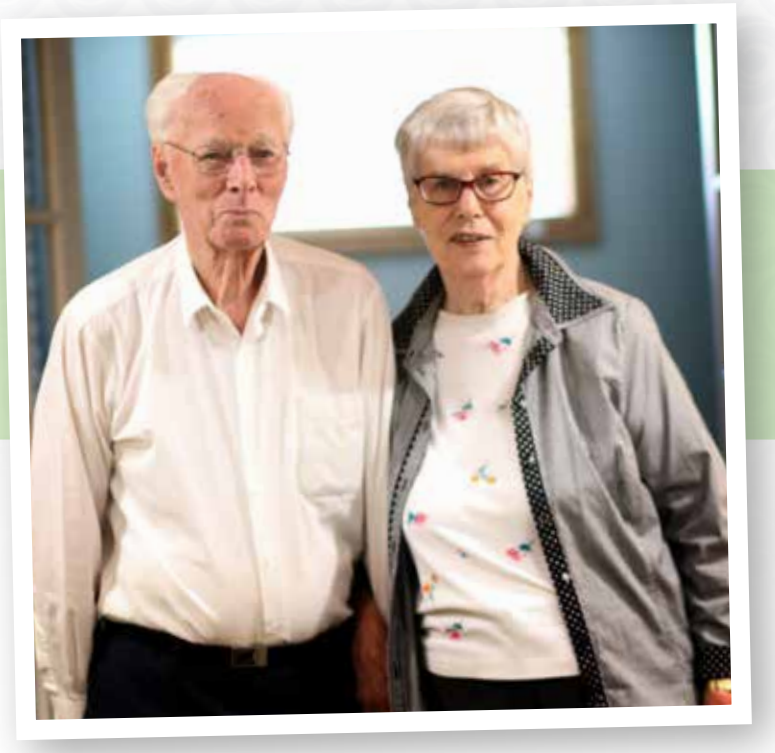
In Ontario, five per cent of patients account for more than two-thirds of health care costs.

Typically, these patients have multiple, complex conditions, lead to multiple interventions in the health care system. The most common ailments include one or more of the following: Chronic diseases like COPD (Chronic Obstructive Pulmonary Disease) or diabetes, Advanced age, Bone fractures, Mental illness, End of life issues and complications, and Children with complex needs.

The Health Links model was created to improve the coordination of care by bringing local providers together and ensuring that people are at the centre of their own care. In 2014–2015, the South West CCAC worked with its partners to establish four Health Links, in Huron Perth, London Middlesex, North Grey Bruce, and South Grey Bruce that will help close the gaps that often occur when a patient moves from one provider to another.

FLOYD & OLIVE

Want to remain at home, together for as long as they can.



When Floyd and Olive, (ages 93 and 87 respectively) got married five years ago, Olive moved from downtown Toronto to the community of Listowel to be with Floyd. At that time, they were both experiencing good health and lived independently in their own home. Floyd was then admitted to hospital in the summer of 2013 and again in the spring of 2014. He received CCAC support for short periods of time upon both hospital discharges.

Last fall, Floyd was hospitalized again, having had at least one mini stroke, most likely multiple mini strokes. Floyd was also experiencing some mild dementia and lower back/abdomen pain. Further tests were ordered to determine the cause of his pain, however he decided not to pursue these tests. During Floyd's fall 2014 hospital stay, they discussed long-term care with the CCAC Care Coordinator but both Floyd and Olive indicated that staying together is a priority for them – they asked to explore other options instead. Specifically, Floyd as a palliative patient, expressed his wish to remain in his home for end-of-life care.

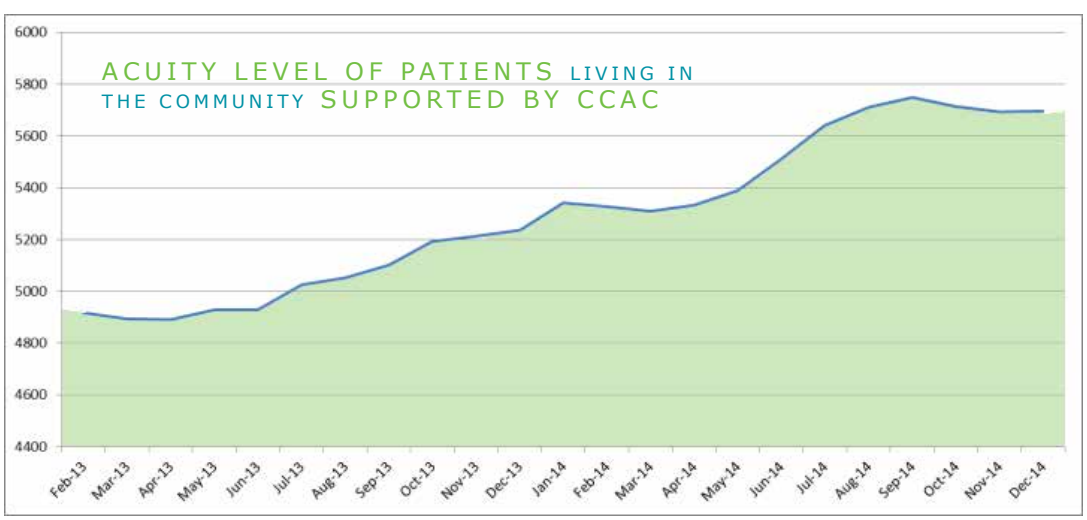
With help from their family, friends and church community, Floyd and Olive purchased a new home with Floyd's son and renovated a granny suite for themselves. Their home is bright and comfortable with great thought put into accessibility supports. They are very happy living there.

CCAC also mobilized a comprehensive care plan. Their care plan has included a number of elements over the last six months including Nursing, Occupational Therapy, Personal Support, and community services. Floyd and Olive have met with their Care Coordinator in person on multiple occasions. There are also regular phone conversations to ensure that their care plan is continuing to meet their needs.

"We have been married just over five years... We didn't want to be apart."

DID YOU KNOW...

that patients with more complex needs are now able to remain living in their homes with support?



E-ENABLERS

eHOMECARE

eHomecare is a suite of electronic tools, combined with a team of medical and home care specialists that all work together to care for patients outside of the hospital. For people who are dying or have chronic, medically complex health issues or for those who have experienced an acute care emergency, eHomecare will enable them to spend less time in hospitals and more time in their own homes.

Using a "real time electronic medical record" all appropriate members of a patient's care team, including perhaps their cardiologist or surgeon, will be able to monitor and direct the care that patient receives without requiring the patient to leave their home.

The South West CCAC pioneered the eHomecare (formerly known as eShift) model of care and has expanded on it over the years. Now, eHomecare is being rolled out across Ontario and has been adopted in regions such as France, the UK and Michigan to improve access to care for nearly one million people.

TELEHOMECARE

The South West CCAC has established the Telehomecare program to provide patients with education and support in order to independently self manage their Chronic Heart Failure (CHF) and Chronic Obstructive Pulimary Disease (COPD) exacerbations. Good self management and care improves overall health, while decreasing the number of hospital admissions, visits to Emergency Departments, and primary care.

cSWO

Connecting South West Ontario (cSWO "see-swoh") is a Regional eHealth Program, funded by eHealth Ontario, and developed in partnership with the four Local Health Integration Networks (LHINs) in southwestern Ontario and local health service providers. cSWO is focused on enabling better care for people across southwestern Ontario. By providing physicians with easier access to the information they need for decision-making, patients receive faster care with improved outcomes. The South West CCAC also utilizes electronic enablers to support patient care.

eSCREENER

Is a tool used at the point when a patient is admitted to hospital to identify the highest needs patients who should be referred to the CCAC as early as possible while in the hospital.

eNOTIFICATION

Provides hospitals with access to the CHRIS database to confirm the CCAC status of patients when they present in the Emergency Department (ED) and notifies CCAC as they are being discharged from the ED.

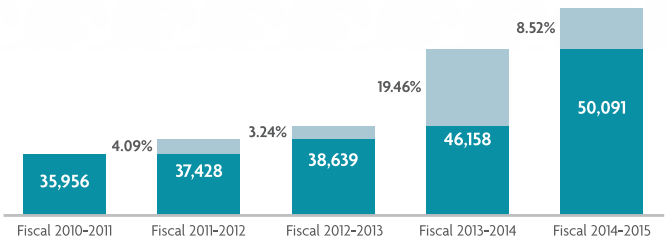
www.TheHealthLine.ca

The www.thehealthline.ca website was initially developed as a partnership between hospitals, the health unit and the CCAC in London, Ontario, and is now a province-wide resource for both the public and health-care professionals to access information. It houses more than 50,000 health service profiles:

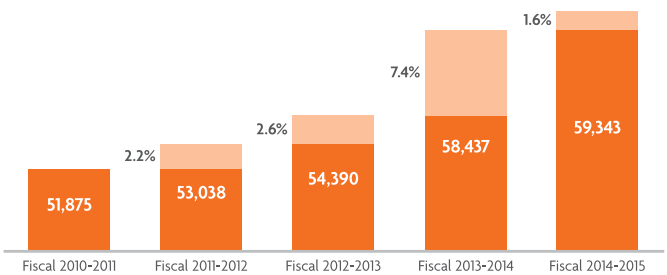
- Assisted Living/Supportive Housing
- Adult Day Program
- Complex Continuing Care
- Rehabilitation
- Long-Term Care
- Hospice

FACTS AND FIGURES

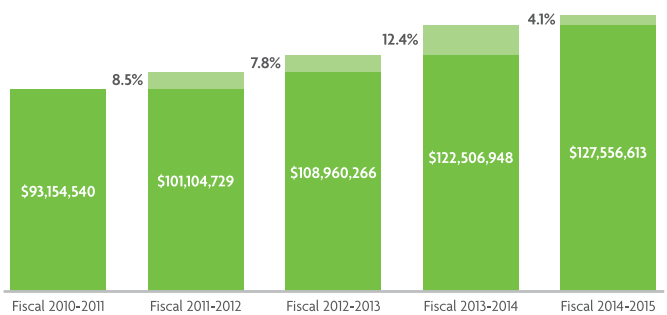
Total Admissions



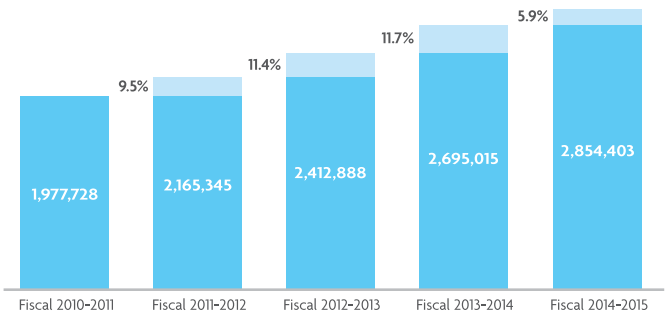
Patients Served in the Home



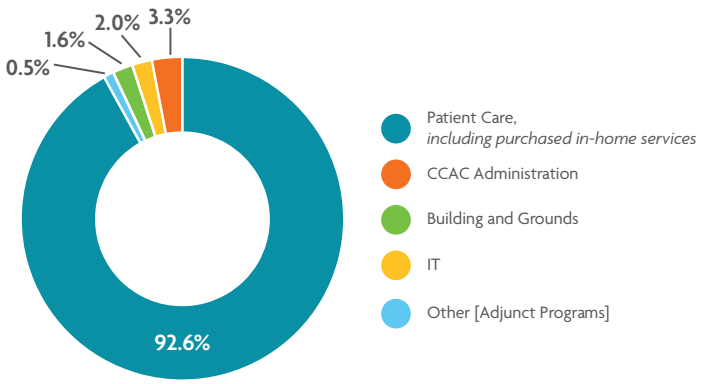
Spending on Purchased Services



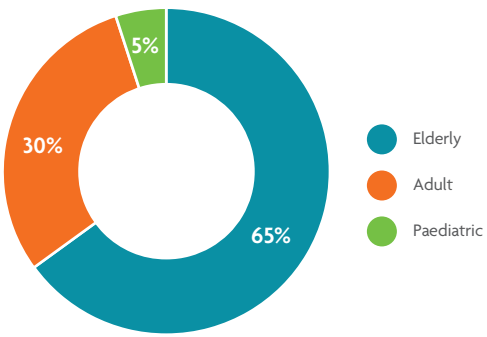
Home Visits Provided to Patients



CCAC Spending Allocation



Total Admissions
Fiscal 2014-2015



Financial statements of

South West Community Care Access Centre

March 31, 2015

AUDITED FINANCIAL STATEMENTS

South West Community Care Access Centre

March 31, 2015

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Independent Auditor's Report

To the Chair and Members of
South West Community Care Access Centre

We have audited the accompanying financial statements of South West Community Care Access Centre ("SWCCAC"), which comprise the statement of financial position as at March 31, 2015, the statements of operations and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of South West Community Care Access Centre as at March 31, 2015, the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

SIGNED COPY ON FILE

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
June 24, 2015

South West Community Care Access Centre

Statement of operations
year ended March 31, 2015

	2015	2014
	$	$
Revenue		
Ontario Ministry of Health and Long-Term Care grant	206,395,763	202,220,609
Hospice revenue	2,694,092	2,518,621
Other revenues	409,111	1,210,915
Interest earned	168,838	134,210
Donation revenue	8,170	16,613
Amortization of deferred capital contributions (Note 6)	1,134,936	1,101,675
Total revenue	210,810,910	207,202,643
Expenditures		
In-home/clinic services	118,903,247	113,857,448
School services	8,982,197	8,685,867
Hospice services	2,694,092	2,503,013
Medical supplies	9,423,315	9,448,250
Medical equipment rental	905,942	1,097,833
Total purchased patient services	140,908,793	135,592,411
Salaries and benefits	58,403,047	58,101,796
Supplies and sundry	6,769,063	7,735,044
Building and ground	2,520,055	2,344,056
Depreciation	1,391,857	1,682,012
Repairs and maintenance	479,216	627,988
Total expenditures	210,472,031	206,083,307
Loss from derecognition of capital assets	16,862	195,651
Excess of revenue over expenditures for the year	322,017	923,685
Due to Ontario Ministry of Health and Long-Term Care	392,120	873,598
Non-vesting sick pay	(70,103)	50,087
	322,017	923,685

The accompanying notes to the financial statements are an integral part of this financial statement.

South West Community Care Access Centre

Statement of financial position
as at March 31, 2015

	2015	2014
	$	$
Assets		
Current assets		
Cash (Note 12)	26,266,510	19,221,388
Accounts receivable	763,325	277,500
Statutory government remittances receivable	924,040	845,466
Due from Ontario Ministry of Health and Long-Term Care (Note 3)	673,253	-
Prepaid expenses	394,928	459,112
	29,022,056	20,803,466
Rental, security and benefit deposits	130,548	130,548
Capital assets (Note 4)	6,950,272	6,239,432
	36,102,876	27,173,446
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	22,122,778	17,611,829
Statutory government remittances payable	515,934	642,789
Non-vesting sick pay obligation	551,764	481,661
Due to Ontario Ministry of Health and Long-Term Care (Note 3)	6,486,422	2,702,887
Current portion of capital lease obligations (Note 5)	339,678	128,756
Current portion of deferred contributions for capital expenditures (Note 6)	1,144,046	1,115,127
	31,160,622	22,683,049
Commitments and contingencies (Note 7)		
Long-term capital lease obligations (Note 5)	421,547	177,811
Long-term deferred contributions for capital expenditures (Note 6)	5,072,471	4,794,247
	36,654,640	27,655,107
Accumulated non-vesting sick pay (Note 13)	(551,764)	(481,661)
	36,102,876	27,173,446

Approved by

SIGNED COPY ON FILE _____ Chair

SIGNED COPY ON FILE _____ Chief Executive Officer

The accompanying notes to the financial statements are an integral part of this financial statement.

South West Community Care Access Centre

Statement of cash flows
year ended March 31, 2015

	2015	2014
	$	$
Operating activities		
Excess of revenue over expenditures	322,017	923,685
Reimbursement of surplus to Ministry of Health and Long-Term Care	(392,120)	(873,598)
Adjustments for		
Depreciation of capital assets	1,391,857	1,682,012
Amortization of deferred capital contributions	(1,134,936)	(1,101,675)
Loss from derecognition of capital assets	16,862	195,651
Changes in non-cash working capital items (Note 8)	6,682,459	1,919,586
	6,886,139	2,745,661
Investing activities		
Purchase of capital assets	(910,679)	(1,132,718)
Increase in deferred contributions	1,442,079	305,705
	531,400	(827,013)
Financing activity		
Repayment of capital lease obligations	(372,417)	(634,469)
Net change in cash	7,045,122	1,284,179
Cash, beginning of year	19,221,388	17,937,209
Cash, end of year	26,266,510	19,221,388

The accompanying notes to the financial statements are an integral part of this financial statement.

1. Organization

The South West Community Care Access Centre ("SWCCAC") was created under Regulation 366/06 of the Community Care Access Corporations Act, 2007 as a statutory corporation without share capital.

The Mission of the SWCCAC is as follows:

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.

We get people the care they need to stay well, heal at home, and stay safely in their homes longer. When home is no longer a choice, we help people make the change to other living arrangements

The services provided by the SWCCAC include:

- care coordination;
- nursing / nurse practitioner;
- personal support work;
- physiotherapy;
- occupational therapy;
- speech-language therapy;
- nutritional counseling;
- social work;
- medical supplies and equipment;
- connections to community support services;
- connections to primary care;
- connections to rehabilitation;
- complex continuing care;
- access to adult day programs;
- assisted living and supportive housing;
- access to long-term care homes; and
- children's services.

All of these services are fully funded by the Ontario Ministry of Health and Long-Term Care.

2. Summary of significant accounting policies

The financial statements have been prepared in accordance with Canadian public sector accounting standards and include the following significant accounting policies:

Basis of accounting

Revenue and expenditures are recorded on the accrual basis.

Cash

Cash consists of short-term bank balances.

Ontario Ministry of Health and Long-Term Care grant

According to the agreement with the Ontario Ministry of Health and Long-Term Care, the grant for the fiscal period is refundable to the Ministry to the extent that the grant exceeds expenditures. Similarly, any excess of expenditures over grants received may be reimbursed at the discretion of the Ontario Ministry of Health and Long-Term Care.

2. Summary of significant accounting policies (continued)

Capital assets

Capital assets are recorded at cost and depreciated over their estimated useful lives. Depreciation is computed on a declining balance basis as follows:

Computer equipment and software	33%
Communications equipment	20%
Equipment capital leases	Straight-line
Leasehold improvements	10%
Furniture and equipment	10%
Phone system	20%

Deferred contributions

Contributions received for capital assets are deferred and amortized over the same term and on the same basis as the related capital assets.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates include depreciation rates for capital assets and certain accruals. Actual results could differ from those estimates.

Financial instruments

Financial assets and financial liabilities are initially recognized at fair value when the SWCCAC becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost which approximates fair value.

With respect to financial assets measured at cost or amortized cost, the SWCCAC recognizes in net earnings an impairment loss, if any, when there are indicators of impairment and it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to net earnings in the period the reversal occurs.

3. Due from/to Ontario Ministry of Health and Long-Term Care

The balance receivable from the Ontario Ministry of Health and Long-Term Care comprises the following:

	2015	2014
	$	$
Accrued funding due from Ministry	673,253	-

3. Due from/to Ontario Ministry of Health and Long-Term Care (continued)

The balance payable with the Ontario Ministry of Health and Long-Term Care comprises the following:

	2015	2014
	$	$
Excess of revenue over expenditures for the year	322,017	923,685
Adjustment for non-vesting sick pay obligation expense	70,103	(50,087)
Programs payable	5,163,597	1,771,393
Recoveries of prior year surpluses	(1,772,182)	(2,043,511)
Ontario Ministry of Health and Long-Term Care opening balance	2,702,887	2,101,407
Due to Ontario Ministry of Health and Long-Term Care	6,486,422	2,702,887

The balance due to the Ontario Ministry of Health and Long-Term Care is due on demand.

4. Capital assets

			2015	2014
	Cost	Accumulated depreciation	Net book value	Net book value
	$	$	$	$
Computer equipment	3,761,855	(2,354,067)	1,407,788	863,152
Computer software	2,169,180	(1,611,652)	557,528	670,503
Equipment capital lease	1,342,599	(343,998)	998,601	509,436
Communications equipment	901,751	(576,679)	325,072	362,927
Leasehold improvements	3,667,080	(2,165,682)	1,501,398	1,667,250
Furniture and equipment	4,809,703	(3,075,128)	1,734,575	1,783,673
Phone system	1,333,184	(907,874)	425,310	382,491
	17,985,352	(11,035,080)	6,950,272	6,239,432

The total amount owing in accounts payable related to the purchase of capital assets was $601,867 as at March 31, 2015 (2014 - $220,063).

5. Obligations under capital lease

	2015	2014
	$	$
Computer lease maturing in March 2017. Annual combined interest and principal payments of $13,318 plus applicable taxes are required until maturity	13,472	26,584
Computer lease maturing in March 2015. Annual combined interest and principal payments of $20,312 plus applicable taxes are required until maturity	-	20,547
Computer lease matuing in September 2016. Annual combined interest and principal payments of $5,519 plus applicable taxes are required until maturity	5,448	10,751
Computer lease maturing in December 2016. Annual combined interest and principal payments of $12,441 plus applicable taxes are required until maturity	12,585	24,833
Computer leasing maturing in February 2017. Annual combined interest and principal payments of $33,089 plus applicable taxes are required until maturity	33,472	66,047
Computer lease maturing in March 2017. Annual combined interest and principal payments of $10,361 plus applicable taxes are required until maturity	20,682	30,609
Computer lease maturing in March 2017. Annual combined interest and prinicpal payments of $18,154 plus applicable taxes are required until maturity	36,236	53,631
Computer lease maturing in May 2017. Annual combined interest and prinicpal payments of $2,143 plus applicable taxes are required until maturity	4,660	-
Computer lease maturing in August 2017. Annual combined interest and prinicpal payments of $92,465 plus applicable taxes are required until maturity	184,972	-
Computer lease maturing in October 2017. Annual combined interest and prinicpal payments of $30,681 plus applicable taxes are required until maturity	61,376	-
Computer lease maturing in March 2017. Annual combined interest and prinicpal payments of $4,698 plus applicable taxes are required until maturity	9,398	-
Computer lease maturing in March 2017. Annual combined interest and prinicpal payments of $44,020 plus applicable taxes are required until maturity	88,061	-
Computer lease maturing in April 2019. Annual combined interest and principal payments of $18,927 plus applicable taxes are required until maturity	55,915	73,565
Computer lease maturing in September 2019. Annual combined interest and prinicpal payments of $10,948 plus applicable taxes are required until maturity	42,705	-

5. Obligations under capital lease (continued)

	2015	2014
	$	$
Computer lease maturing in January 2020. Annual combined interest and prinicpal payments of $27,803 plus applicable taxes are required until maturity	108,454	-
Computer lease maturing in March 2020. Annual combined interest and prinicpal payments of $21,480 plus applicable taxes are required until maturity	83,789	
	761,225	306,567
Less current portion of capital lease obligation	339,678	128,756
Long-term portion of capital lease obligation	421,547	177,811

Pledged as security for the above borrowings are the equipment under capital lease.

The minimum payments over the remaining terms of the leases are as follows:

	$
2016	359,736
2017	292,972
2018	82,277
2019	62,604
2020	-
Total minimum payment	797,589
Less: interest	36,364
	761,225

6. Deferred contributions for capital expenditures

	2015	2014
	$	$
Balance beginning of the year	5,909,374	6,705,344
Contributions received during the period for capital purposes	1,442,079	305,705
	7,351,453	7,011,049
Amortization of deferred capital contributions	1,134,936	1,101,675
	6,216,517	5,909,374
Less: current portion of deferred contributions for capital expenditures	1,144,046	1,115,127
Long-term deferred contributions for capital expenditures	5,072,471	4,794,247

Deferred capital contributions represent the unamortized amount of funding received for the purchase of capital assets. The amortization of the deferred capital contributions is recorded as revenue in the statement of operations.

7. Commitments and contingencies

The SWCCAC has entered into operating leases for their office facilities. Future payments under the leases aggregate to $8,555,790 including the following amounts over the next five years and thereafter:

	$
2016	1,381,403
2017	1,230,112
2018	1,117,980
2019	1,095,877
2020	897,789
Thereafter	2,832,629

Contingencies

The SWCCAC is involved in certain claims arising in the ordinary course of business. An amount has been accrued in the financial statements for SWCCAC's best estimate of the exposure. Although the ultimate outcome of these matters cannot be ascertained at this time, it is the opinion of management that these claims should be resolved without material effect on the SWCCAC's financial position.

8. Additional information to the statement of cash flows

Changes in non-cash working capital items

	2015	2014
	$	$
Accounts receivable	(485,825)	30,409
Statutory government remittances receivable	(78,574)	266,283
Due from Ontario Ministry of Health and Long-Term Care	(673,253)	527,887
Prepaid expenses	64,183	173,752
Accounts payable and accrued liabilities	4,129,145	1,376,381
Statutory government remittances payable	(126,855)	(1,006,519)
Non-vesting sick pay obligation	70,103	(50,087)
Due to Ontario Ministry of Health and Long-Term Care	3,783,535	601,480
Total change in non-cash working capital items	6,682,459	1,919,586

During the year, capital assets were acquired at an aggregate cost of $2,124,589 (2014 - $938,126) of which $827,075 (2014 - $247,790) were acquired by means of capital leases and the balance of the purchase price of $1,297,514 (2014 - $690,336) was paid by SWCCAC in cash or accrued for at year end.

9. Pension plan

Substantially all of the employees of the SWCCAC are eligible to be members of the Hospitals of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. As there is insufficient information to apply defined benefit plan accounting, defined contribution plan accounting has been used by the SWCCAC. Employer contributions made to the plan during the fiscal period amounted to $3,707,641 (2014 - $3,694,871) and are included in benefits expense in the statement of operations. As at December 31, 2014, the Hospitals of Ontario Pension Plan has a surplus of $13,925,000.

10. Financial instruments

Fair value

The fair values of cash, accounts receivable, accounts payable and accrued liabilities, due to/fom Ministry of Health and Long-Term Care and capital lease obligations are approximately equal to their carrying values.

Interest rate risk

The SWCCAC does not have any form of borrowing and therefore the interest risk is very low.

Credit risk

The SWCCAC collects balances from the Ministry of Health and Long-Term Care of Ontario in the normal course of its operations and due to the nature of the receivables, the SWCCAC is exposed to minimal credit risk.

Liquidity risk

Liquidity risk is the risk of being unable to meet a demand for cash or fund obligations as they come due. The SWCCAC manages its liquidity risk by constantly monitoring forecasted and actual cash flow and financial liability maturities.

Accounts payable and accrued liabilities are generally paid within 30 days. There is no loan or other financial facility that contains covenant or demands of repayment.

11. Capital management

The SWCCAC's objectives when managing capital are to develop and maintain a financial model and a capital expenditure process which supports the strategic directions of the SWCCAC, and safeguards the SWCCAC's ability to continue to provide benefits to its patients.

Capital at the entity is comprised of net assets. In order to maintain or adjust the capital structure, the entity must obtain additional funding or use surplus operating funds.

The entity is not subject to any externally imposed capital requirements.

12. Bank indebtedness

The SWCCAC has an unsecured available operating line of $13,000,000 bearing interest at prime minus 0.5%. There was no balance outstanding at March 31, 2015.

13. Accumulated non-vesting sick pay

The accumulated non-vesting sick pay comprises the sick pay benefits that accumulated but do not vest. These adjustments are not funded by the Ontario Ministry of Health and Long-Term Care.

14. Comparative figures

Certain comparative figures have been reclassified to conform with the current year's financial statement presentation.

How to contact us

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