

ENGAGE

INFLUENCE

INNOVATE

INTEGRATE

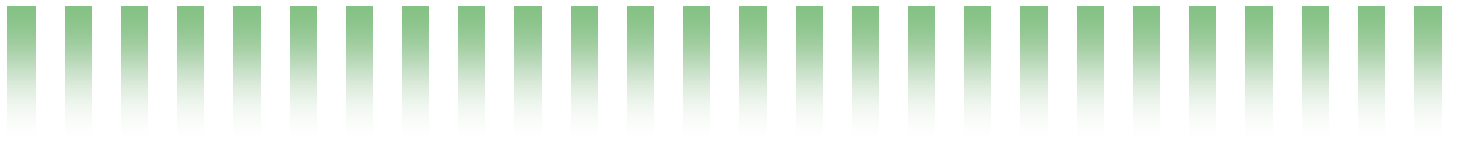


ANNUAL REPORT

2014-15



Belleville and Quinte West
Community
Health Centre



MISSION

To partner with clients, staff and the community in providing quality care



PRESIDENT'S MESSAGE

Lori Cooper

Engage, Influence, Innovate and Integrate; these are words that resonate with the Belleville Quinte West Community Health Centre's patients, Staff, Board members and our community. These words frame the refreshed BQWCHC Strategic Directions which you will read about later in this report and will guide our work in the further development of the CHC and our contributions to an evolving local health system.

A current priority of the CHC has been working through the Ministry of Health Capital Branch to move forward the anticipated construction of a permanent site in Quinte West. While we did expect the process to be very detailed and time consuming it has actually proved to be more tedious than expected. Despite the setbacks, we will continue to work diligently to fully develop our capacity to provide service and influence effective primary care in Quinte West.

Engaging our community was also a focus in the previous fiscal year and the community supported our efforts generously with their time.

We heard about the value of current programming as well as some of the unmet needs in the community. Accessible Oral Health is an unmet need that our community has recognized for some time.

We are very pleased that the LHIN funding for this service has continued this year filling that gap in care for many of our neighbours.

The BQWCHC Board moved to a consent agenda this year creating more time in our agenda to focus on education and discussions relating to the changing health care environment. Our refreshed strategic directions provide a lens for those discussions. The Board has identified that spending time staying current on emerging ideas and opportunities in the health care system is important, and it is because of each Board's member's diligence in preparing for meetings and moving committee work forward effectively, that we are able to do this.



In closing I would like to thank each Board member for their contributions to governance and Marsha and her team for serving the community with a commitment to excellence. This is a remarkable organization to be a part of and I look forward to another interesting year!

Lori Cooper

EXECUTIVE DIRECTOR'S REPORT, Marsha Stephen

It is hard to believe five years has passed so quickly. It seems like just yesterday we were planning the Centre, hiring staff and scouring the communities of Belleville and Quinte West for locations for our Centre.

Our goal was to develop a Community Health Centre that was responsive to the needs of our community – through the lens of the social determinants of health. The scope of our work has grown as we have listened and taken action to develop programs and services to meet the evolving needs of our clients, their families and our community.

Change has been the one constant and it seems to be happening at every level - from our day to day operations, to our partnerships, to the regional and provincial health system transformation initiatives.

It has required us to be innovative, nimble and adaptable as we strive to improve what we do and how we do it.

The Centre continues to provide administrative leadership to support the Quinte Health Link. We now have over 20 health and social service partners working together to redesign care for individuals with complex medical and social needs. Our telemedicine program continues to grow – providing access to specialists closer to home. We instituted a group intake process to allow us to more effectively manage our wait lists and introduced same day urgent care appointments so primary health care clients could be seen when they needed care. Our pharmacist works closely with our primary

health care providers to complete medication reviews and medication reconciliation to ensure our care is safe. In August we implemented a high risk foot and wound care program designed for individuals with diabetes or other chronic conditions. The Community Health Team continues to develop new programs based on feedback from our community including Best Weight, Sleep Well, Budget Boot Camp, Seated Exercise and Indoor Walking programs, Fun with Crafts to name a few.

As you read through this report you will learn more about some of these programs.



To the Board and volunteers, thank you for giving so freely of your time, your wisdom and your expertise. A heartfelt thanks to our staff- an exceptional group of people who are dedicated, caring and committed to what they do and most importantly to the people we serve. I am immensely impressed by our team and I have no doubt that together we will continue to achieve amazing results.

Marsha Stephen

“CHC’s are a great example of what health care services should look like”

Eva (Client)

“Without the CHC I would be homeless right now—the CHC saved my life”

Kevin (Client)



GOVERNANCE REPORT, Alan Mathany

The Governance Committee and the Board of Directors developed a new Strategic Plan over the past year and have been including elements of the plan in Board discussions throughout the year. Our Executive Director, Marsha Stephen and Bruce Swan, Consultant, led the planning process with Board, staff and client input. The Governance Committee provided oversight for the process and recommended the final product to the Board for approval. A one page summary of the plan is as follows:



The Governance Committee has committed to an ongoing process of reviewing the four foundations of the Strategic plan; Engage, Influence, Innovate and Integrate, to ensure the activities of the agency adhere to them. An Operational Plan was developed from the Strategic Plan, with indicators for each of the objectives listed below. The Governance Committee and the Board of Directors will assess the status of the indicators at their monthly meetings. Making this review a regular activity will give the Strategic Plan the importance it deserves in the ongoing life of the agency.

Engage

- Objective 1. Provide accessible comprehensive client centred care
- Objective 2. Provide programs and services based on client and community health and wellness outcomes

Influence

- Objective 1. Establish indicators to demonstrate the effectiveness of community health and wellbeing programs
- Objective 2. Develop a comprehensive communication strategy and implementation plan

Innovate

- Objective 1. Strengthen the focus on QI (Quality Improvements) and innovation as an operational priority
- Objective 2. Strengthen the focus on safety as an operational priority

Integrate

- Objective 1. Lead Health Links initiative improving system integration and service coordination
- Objective 2. Improve transitions in care between and among home, community and hospital services

ENGAGE

“I am so happy that someone can go over my medications as I am on about 20. I also have diabetes and can't wait to go to the classes”

Group Intake Process

In an effort to increase access to care and reduce the wait time for an intake appointment with our Primary Care Providers, a group intake process was developed. During the group sessions clients have the opportunity to review and complete their application for registration forms and to listen to a presentation that outlines highlights of our CHC services, programs and expectations for the day to day processes. A comprehensive package of information was developed to support the process. **Part of the focus of the group session is to share our CHC Model of Care which encourages clients and**

families to take responsibility for their health and to become actively involved in their own care, outline of our services, day to day processes and expectations.

The outcome of the Group Intake Session has proven to be beneficial in saving nursing time, **increasing access to care, reduced wait time for contact with the Centre, and a better informed client.**



“I had no idea that there was so much offered here and I look forward to someone helping me to learn about nutrition and to cook on a budget”

Our Group Intake Sessions have been well received. Since Mid-December 2014 there have been 208 group participants attending 15 sessions

Social Work Services

Our Social Work services have been busy over the year developing and **implementing creative ways to engage with clients and the community.**

Reaching out to vulnerable populations continues to be a focus and through strategic partnerships we have been able to move past some of the challenges and barriers. By partnering with the Quinte West Youth Centre **we have been able to provide ongoing support to vulnerable youth that attend a drop in program** as well as provide support to the staff who deliver the day to day programs.

Cozy Café was piloted in the late fall and developed out of a partnership with the Belleville Police Department. The focus of the program is to provide information and support to Seniors around their daily safety.

Partnering with the Youth Habilitation Quinte, one of our Social Workers co-facilitated Finding Emotional Balance, a six week Dialectical Behaviour Therapy program for youth who have challenges regulating emotions and channelling their emotional distress.

Providing ongoing groups and programs continue to be an effective way to provide support around mental health related issues. This fiscal year our Social Work team also developed and piloted a “Sleep Program” focusing on sleeping concerns and strategies as well as a new Stress Less group that looked at ways to reduce stress.

“By a stroke of good luck, I was introduced to Cozy Café. My very first meeting I’ll never forget—A member of Belleville’s finest (Police officer), his partner and Carla (Social Worker) spoke on abuse in all forms of the word and offered an unbelievable amount of help. To this day, I’ll never be able to thank them enough—they have taught me to love myself again”. Susan, Cozy Café participant

Popular Programs in 2014–2015



Food For Thought



Bouncing Back from Anxiety and Depression



Fun with Crafts



Belleville and Quinte West
Community
Health Centre

INFLUENCE

“ A lot of community events depend of volunteers. When I retired from working, I felt it was my turn to share in this responsibility”

Marg Richardson, Volunteer



Volunteers organize and prepare fruit and vegetables for distribution as part of the Good Food Box program



Volunteer Anthony Crosby enjoys volunteering because it makes him feel a part of the community

Volunteer Program

Our volunteer program started off slowly in 2012 but has had significant growth over the past few years.

From April 2014 to March 2015, there were 16 active volunteers totalling over 570

hours of volunteer time between both of our sites in Quinte West and Belleville. Our dedicated volunteers involved themselves in a host of different programs such as WOW (Working on Wellness), Nutrition Programs at Quinte West, Health Links, Car Seat Clinics, Food for Thought, Indoor Walking Program, Good Food Box Pick-up Day and Fun with Crafts.

This past year we had two volunteers initiate and organize a “fun with crafts” program that filled a “gap” around the holiday season that they identified.

The program was a huge success and now continues to run on a monthly basis.

More recently, to help us support clients who experience barriers to accessing our services, we have initiated a reminder system. When identified that a client has missed multiple appointments, a volunteer will call the client to remind them about their upcoming appointments, flu shots and other health related information and to discuss any barriers that may be preventing the client from making their appointments. **We are seeing great success with this initiative and our “no-show” rates have decreased.**

Our volunteers are making a difference at the Centre and in our communities. We are grateful for their dedication, enthusiasm, and thoughtfulness in giving back.

Highlights of Health Promotion Activity 2014-2015

As health promotion is the corner stone of our model of care, it's filtered throughout all of our programs and services here at our Centre.

While outcomes are not an easy thing to measure, there has been some considerable movement on developing Health Promotion and Community Development indicators to assist with capturing the scope of work and positive impact on clients and their communities. The indicators our CHC sector is moving forward with were taken from the Community Index of Wellbeing which encompass eight domains (as per diagram below). The two we will focus on are "Sense of Community Belonging" (Community Vitality Domain) and "Physical Activity" (Leisure and Culture Domain). Our Community Health Team has started to pilot these two indicators by incorporating the related questions into all of our program evaluations questioners. As we gather a baseline we will also have an opportunity to expand and include these very specific questions on our current client surveys and intake process. In time these indicators will be measured across the CHC sector to gather a snapshot of how each community is doing and build on the success and strength of others.

Food Insecurity & Social Exclusion – two important factors in the Social Determinants of Health

Other Health Promotion activity this past year had more of a focus on food insecurity and social exclusion which we know is a huge barrier for lot of our clients and community members.

We piloted a Cozy Café program in December which looked at senior isolation and daily safety. **In partnering with the Belleville Police we were able to provide hands on information and discussion that addressed day to day safety challenges faced by many aging individuals,** especially ones with limited resources and/or living in isolation.

Our continued work with Hastings Prince Edward School Board implementing a Self Esteem group specific to grade 9 girls addresses some of the pressures and challenges many face with social media, bullying and social isolation from peers. This year we enhanced the program by incorporating a healthy eating component facilitated by our registered dietitian.

Ongoing programs like the WOW (Working On Wellness) drop in group developed to address social isolation was also refined this fiscal year to include a "volunteer buddy system." This was a way to welcome in new participants and build capacity and skills amongst the members.

With food insecurity being one of the biggest challenges and such a crucial part of wellbeing, our Community Health program and services are planned and facilitated from the lens of food security to ensure that clients/participants have access to information and resources around affordable healthy food options.

More than ever we are seeing an increase in utilization of the Good Food Box, our ongoing nutrition programs and linkages to community based food security program which certainly is a step in the right direction. We also have staff representation at the local Food Security Network that is looking at ongoing community support and policy changes to address the high level of food insecurity for our region.



"I liked the group support, knowing that I'm not alone in my struggles gives me comfort."

WOW participant

INNOVATE

Evolution of LGBTQ+ Services

Since 2010, the Community Health Centre has actively engaged key stakeholders and members of the LGBTQ+ community at large, to gather an understanding of gaps in services in the region for this population. This engagement, done together with cross-sectorial community partners, has led to the formation of exciting regional initiatives that strive to provide affirming services to rural LGBTQ populations and directly target these service gaps.



LGBTQ TRANSforum participants received education about how to practice safe medication administration

Rainbow Youth OUTreach Network is one such engagement platform, allowing service providers from multiple agencies to **work together to build community capacity for existing services and create new and innovative programming for LGBTQ persons and their partners.**

The Network is facilitated out of the Belleville site of the Community Health Centre on a monthly basis. Some of these initiatives that are directly attributed to this group include TRANSforum, Youth Spectrum, Mosaic Drop-in, and an internal LGBTQ+ focused education initiative for all BQWCHC staff.

Through the hard work of the community at large, and groups such as Rainbow Youth OUTreach, the local climate in the Quinte region and of your Community Health Centre is becoming more affirming to GLTBQ persons and their allies.



Through the Telemedicine services, Ms. Vilness was quickly diagnosed and treated

Telemedicine Program

Despite having to manage some growth challenges within the department, the Telemedicine program has had a successful year!

Telemedicine has increased its events by 37 % providing service to 2615 clients. We have used 146 different consultants with 26 different specialties. **Mental health continues to be our busiest program accounting for about 50% of our clinics** with pain management, endocrinology, neurology, and fertility being the next top clinics. Telemedicine is increasing group events when appropriate for group health teaching, pain management and exercise.

Telemedicine is making a difference. On April 20, 2015 The Globe and Mail featured Telemedicine and interviewed two local

clients who used our Telemedicine services.

Thinking she just had an infection, one Tele-dermatology client was diagnosed with a melanoma of her finger using our Dermatology program.

Dreading having to travel to Toronto for treatments, another local client used our services to connect to his oncologist for checkups.

Telemedicine is well received by the patients due to time and money saved from not having to travel.

Looking ahead, our Telemedicine team is looking to increase our programs and services to the broader community as well as enhance the focus on group activities.

“ I could have lost my hand, my arm—or worse. I feel very lucky”

Oral Health Program

Oral Health is fundamental to overall health, wellbeing and quality of life. Unfortunately, many people are unable to access dental care and end up at the hospital's emergency department for treatment for pain and infection. Some have no treatment at all.

Our Program was very successful and we were very pleased that the Southeast Local Health Integration Network (LHIN) provided extended funding from July 1st, 2014 to March 31st, 2015. **The funding allowed us to continue to offer dental services** to those who met the program criteria in an effort to reduce the number of emergency department visits and improve people's access to dental care and overall health.

The oral health program has received an extremely positive response from clients and the community. Looking ahead, with the sustained support of LHIN funds for low income clients, we are able to continue this important and comprehensive service.

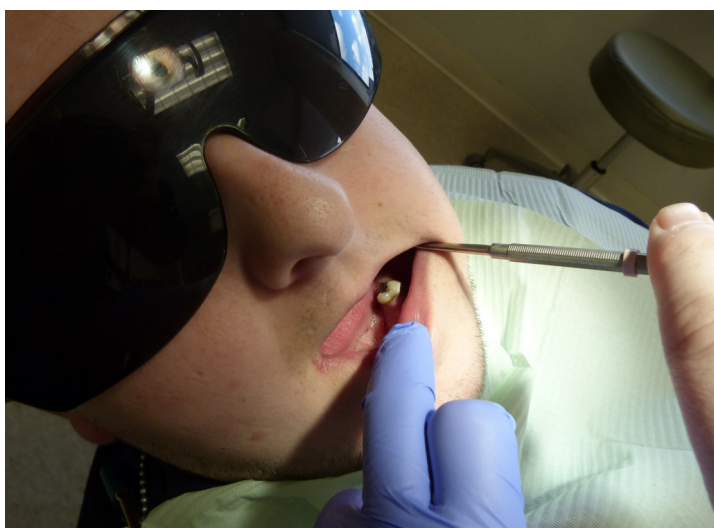


Mom and Son came to our Centre for Oral Health Services. Both received full oral treatments as well as oral hygiene education—they were very happy with their experience

Oral Health Stories

A young woman arrived at the clinic with broken front teeth. She was embarrassed to be seen in public and frightened of what would be involved to fix them. She described the experience as “pain free” and that she now has a new life ahead of her. Shortly after her treatment she was able to gain employment.

An elderly woman was referred by her daughter as she only had 4-5 broken teeth and had been existing on a liquid diet due the pain she experienced when eating solid foods. The woman did not want dentures and had a severe fear of dentists. She did agree to treatment, had her teeth fixed and is now eating solid food again.



Our Dental program serves:

Individuals and families with a net income less than \$35,000

Individuals and families on Ontario Works (OW)

Individuals and families on Ontario Disability Support Program (ODSP)

“ Absolutely wonderful service—you gave me my smile back”

“ You made a huge difference in my life—I’m now pain free”

“ I’m so happy with the staff and services at BQWCHC—before this I was in emergency 4 times for tooth pain. I’m so thankful they were here to help me”



Belleville and Quinte West
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INTEGRATE

Health Links

Health Links is new approach and philosophy of care that is intended to **improve health outcomes for those individuals with the most complex health conditions- while managing cost.** Patients tell us they experience fragmented care – especially at points of transition in care. Health care costs are excessively high and not sustainable in our current economic environment.

The goal of Health Links is to work collaboratively with our partners in the health and social service systems to **integrate care** at the system level and to coordinate care at the patient level. BQWCHC is the administrative lead for the Quinte Health Link. Over the past two years we have worked with our partners to improve care coordination for over 250 individuals. In addition to improving the patient experience, **we have seen significant reductions in ER (Emergency Room) visits, admissions and readmissions to hospital.**

Approach to Care Coordination

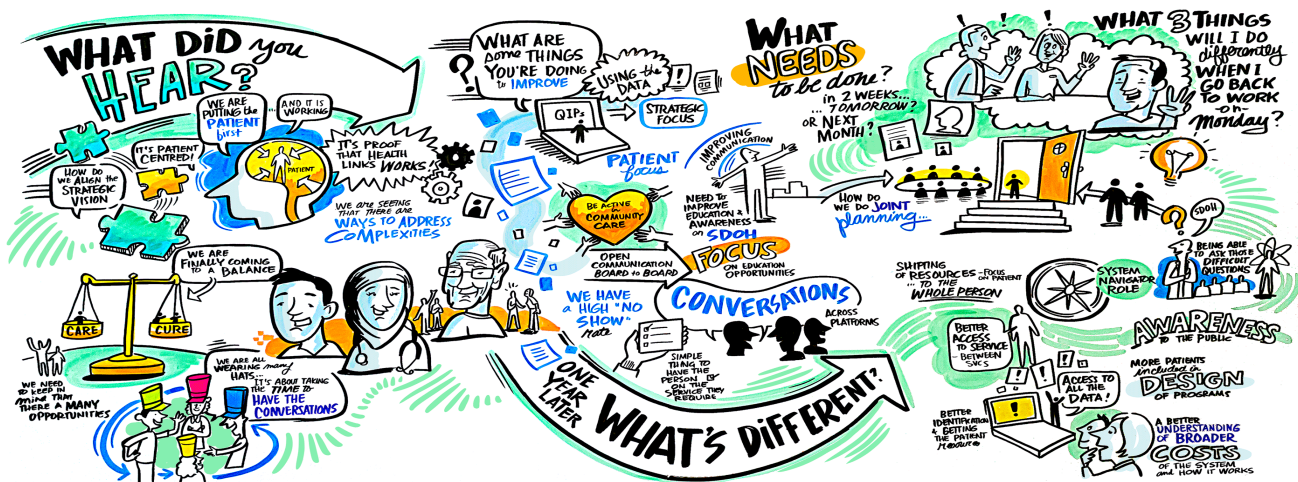
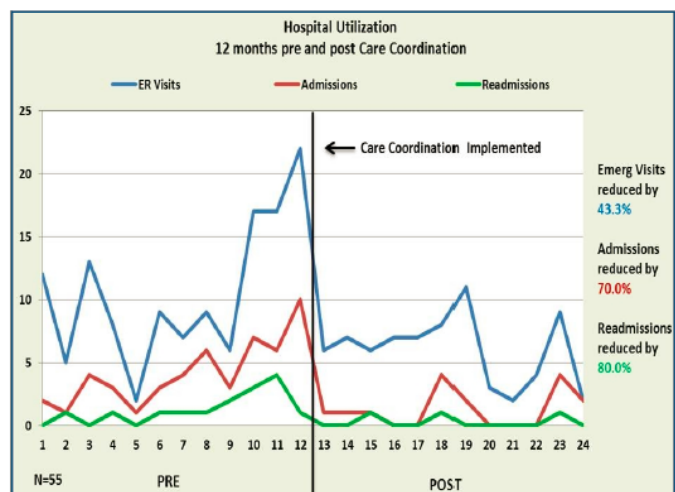
Fall 2013—We asked 14 Nurse Practitioners to implement Care Coordination across eight primary care teams.

Summer 2014—We continued to spread the Care Coordination model; and a core team (sponsored by Canadian Foundation for Health Care Improvement) enrolled in Better Health Lower Costs Learning Collaborative. We improved our population study; tested new tools and processes to identify patients; interviewed patients; and, redesigned care.

Fall 2014—We increased our focus on “End of Life” needs patients.

Spring 2015—Over 45 Care Coordinators involved. In an inter-professional model, redesigned care for 260 patients. Currently, we are learning from Institution for Health Care Improvement “how to scale up” in terms of workforce and improved processes to continue the spread and sustain this model of care.

Fall 2015—We expect to target our population with Addictions and Mental Health needs, using approaches learned in Better Health Lower Costs. For example, we will use “trauma informed care and behavioural integration” methods.



Health Links Redesigning Care for Colette

May 2014—Colette had recently lost her left leg to cancer and was being treated for lung metastases with chemotherapy. With each round of chemo, her side effects were becoming more severe, requiring repeated hospitalizations. After Colette's third admission we identified Colette as a candidate for redesigned care. During a home visit, we asked Colette about her cancer journey and recent experiences. She found it difficult to travel from her rural community to another town to be seen by her FP. She had difficulty with her manual wheelchair; she had requested an electric chair. Colette was awaiting cataract surgery and was fearful of her cardiac and renal function which had both declined with chemotherapy. Colette was dealing with much uncertainty.

July 2014—A coordinated care plan was shared amongst all providers in the circle of care. Her doctor then called the oncologist and explained on the patient's behalf. An electric wheelchair was arranged through Home Care. Her ophthalmologist was notified so her cataract surgery could be booked. Her cardiac condition had to be stable to travel, so cardiology was consulted. Colette's granddaughter traveled with her to Belgium. They enjoyed 6 weeks in Belgium.

April 2015—Colette continues to be well. She is currently considering returning home to Belgium again this summer. In the meantime, she volunteers as a patient partner, sharing her story and teaching all of us what a difference we can make if we just take the time to ask the right questions and listen deeply to the answers.



We asked her ***“What matters most to you?”*** and Colette replied ***“Nobody has ever asked me if I want chemo and I don’t”..... “I dream of traveling back to Belgium, my home”.***

Wound Care Program

The High Risk Foot and Wound Care Initiative program was implemented in the fall of 2014 to treat and prevent wounds and associated secondary complications such as infections and amputations.

High risk clients with advanced foot related problems are referred to the Foot Care Nurse and a treatment plan is initiated. Successful treatments have resulted in enhanced quality of life for our local population.

Mary's Story

Mary, an elderly stoic World War II veteran was referred to the program by her physician. She stated the wound on her lower leg had been present for one year at which time her son reminded her that it had in fact been almost two years.

Mary lives at a retirement home. She walks with a walker and is self-sufficient for most of her activities of daily living.

Because of her wound however Mary's mobility was becoming a problem and her quality of life was compromised.

Mary explained that, because of her wound she was unable to use the pool – her favorite activity.

With Mary's goals of being self-sufficient and to be able to swim again being a priority for the team, a multi professional plan was implemented. Dietary issues were discussed; Home Care Nursing was activated, and her physician was contacted for medication support. As well, daily home care visits were organized to support Mary's recovery.

The first couple of weeks were challenging but the team worked together and within three months, the wound had healed, and the infection was resolved.

Today Mary is once again self-sufficient and enjoys her daily swims at the retirement home.

“You changed my life. This feels like magic”

Mary, Client



**Belleville and Quinte West
Community
Health Centre**

FINANCE COMMITTEE REPORT

Susan Hall, Treasurer

This is the fourth year of our fully annualized operational budget from the South East LHIN/Ministry of Health and Long Term Care. Both the Belleville and Quinte West site continue to operate smoothly with new programs being offered to service the community. Additional funding to support the regional Pharmacist program, Oral Health Program and to support the South East LHIN Health Links Project was received. Operating funds received during the year were used to deliver effective programs and services to our communities.

The balance sheet has total assets of \$3,232,316 as at March 31, 2015. Operating dollars unspent as of March 31, 2015 amounts to \$343,227 which is to be paid back to the Ministry of Health. This is shown in the liability section as "subsidies repayable". Short term investment of \$1,013,530 relates to funding for our new Capital building in Quinte West. This excess cash was invested in a GIC to be held until the funds are required.

The Finance Committee had a busy year and we would like to thank Priya Abeyirigunawardena, Director of Finance and Administration and Marsha Stephen, Executive Director, for their experience, guidance and commitment to ensure that all filings and work was completed in a timely manner.

Many thanks to Welch LLP who provided their professional services as our Auditors for 2014/2015. A full set of audited financial statements is available on our website at www.bqwhc.com

Susan Hall
Treasurer

Statement of Revenue, Expenditure and Net Assets

(As excerpted from the audited Financial Statements)

	<u>2014/15</u>	<u>2013/14</u>
Revenue	\$7,407,267	\$7,067,303
Expenditures	\$7,096,104	\$6,695,907
Excess/(Deficiency) of Revenue over Expenditure, before under noted item	\$311,163	\$371,396
Less: Subsidies repayable	-\$343,227	-\$421,218
Add : Contributions for the purchase of land	\$0	\$329,555
	-\$32,064	\$279,733
 Net Assets, beginning of the year	 \$440,386	 \$160,653
Net Assets, end of the year	\$408,322	\$440,386

Statement of Financial Position

	<u>2014/15</u>	<u>2013/14</u>
CURRENT ASSETS		
Cash	939,464	1,087,127
Short-term investments	1,013,530	1,000,000
Accounts receivable	97,221	45,370
Government rebate recoverable	120,354	161,456
Prepaid expenses	42,962	23,237
	2,213,531	2,317,190
TANGIBLE CAPITAL ASSETS	964,573	1,095,511
INTANGIBLE CAPITAL ASSETS	54,212	67,765
	3,232,316	3,480,466
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	293,629	337,978
Government remittances payable	46,488	33,587
Deferred revenue	1,530,187	1,524,407
Subsidies repayable	343,227	421,218
	2,213,531	2,317,190
DEFERRED CONTRIBUTIONS related to capital assets	610,463	722,890
NET ASSETS		
Invested in tangible and intangible capital assets - internally restricted	408,322	440,386
Unrestricted		-
	408,322	440,386
	3,232,316	3,480,466

STAFF AND BOARD DIRECTORY 2014-2015

Priya Abeysirigunawardena, Director of Finance and Administration

Jennifer Allan, Registered Dietitian

Amy Allore, Social Worker

Antonia Benton, Nurse Practitioner

Ciara Brown, Physician

Susanne Chatten, Registered Practical Nurse

Robert Crutchfield, Dentist

Rosaleen Cutler, Director of Clinical Services

Jan Dearing, Bookkeeper

Janine DeVries, Executive Assistant

Pauline Douglas, Nurse Practitioner

Laura Erwin, Registered Nurse, Clinical Manager

Patrick Esperanzate, Physician

Margaret Flynn, Director of Primary and Community Health Care

Sandra Forcier, Thrive Counsellor

Vicki Forestell, Medical Secretary

Pamela Garrison, Registered Practical Nurse, Clinical Manager

Robert Goodall, Physician

Sarah Graham, Registered Practical Nurse

Jessica Hedley, Registered Nurse

Chanse Holder, Physician

Shailesh Karthik, Information Technologist

Natasha Kerr, Medical Secretary

Dana Longlois, Dental Hygienist

Jessica Lyon, Registered Practical Nurse

Anne McDermid, Nurse Practitioner

Dora Morales, Physician

Carrol Nugent, Medical Receptionist

Fiona Parent, Medical Secretary

Brandy Phillips, Administrative Support—Oral Health

Debbie Pilgrim, Registered Nurse—Quinte Health Link

Beverly Putnam, Registered Nurse—Telemedicine

Elaine Radway, Health Promoter

Sarah Richardson, Janitor

Valerie Robbins, Registered Practical Nurse—Telemedicine

Valerie Roulston, Human Resources Assistant

Fran Schmidt, Nurse Practitioner

Bianca Scippa Barrett, Health Promoter

Jennifer Searle, Nurse Practitioner

Luba Shepertycky, Pharmacist

Krista Smith, Nurse Practitioner

Lisa St. Pierre, Medical Receptionist

Lois Stather, Registered Nurse

Jason Steele, Facility Maintenance Coordinator

Marsha Stephen, Executive Director

Cheryl Swallow, Community Resource Worker

Heather Sylvester—Giroux, Registered Nurse—Telemedicine

Meghan Thain, Social Worker

Carla Vander Voort, Social Worker

Daniel Vernet, Director of Decision Support Services

Katrina Vos, Program Secretary

Jennifer Whelan, Physician

Karen White, Registered Nurse

Mary Woodman, Project Manager—Quinte Health Link

Christine Young, Registered Dietitian

Donna Andrade, Nurse Practitioner

Matt Eldridge, Social Worker

Susan English, Nurse Practitioner

Britta Gaddes, Thrive Counsellor

Gretchen Grenke, Wound and Foot Care Nurse

Veneda Murtha, Program Secretary

Amy Parks, Registered Practical Nurse—Telemedicine

April Rowlandson, Dental Assistant

Deborah Scoletta, Registered Practical Nurse—Telemedicine

Gail Skelly, Registered Practical Nurse—Telemedicine

Bette-Anne Smith, Medical Receptionist

Marc Snelgrove, Information Technologist

Dolores Turner, Thrive Counsellor

Deborah Burrows, Receptionist

Manpreet Virk, Dentist

Board of Directors 2014-2015

Lori Cooper, President

Alan Mathany, Vice President

Susan Hall, Treasurer

Karen Carswell, Secretary

Michael Piercy

Brenda Pergantes

Katherine Stansfield

Sandie Sidsworth

Ken Palmer

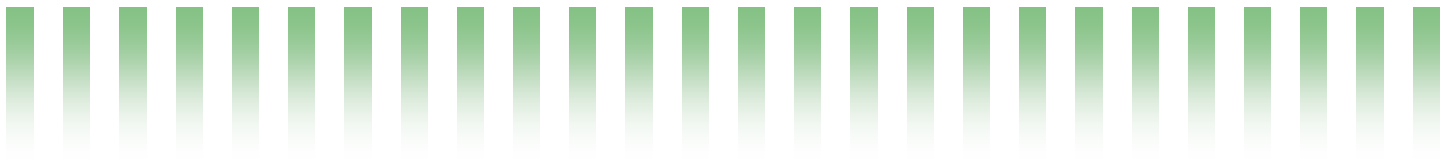
Gayle Parks

Deborah Goulden

Wendy Osborne



Belleville and Quinte West
Community
Health Centre



ENGAGE

INFLUENCE

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Belleville and Quinte West
Community
Health Centre



Ontario

South East Local Health
Integration Network
Réseau local d'intégration
des services de santé
du Sud-Est

