

BQWCHC
Annual Report
2015–2016



In the community • With the community • For the community

Vision

Together achieving health and wellness





Message from Lori Cooper, Board President

Turning vision into action

It is my pleasure as the outgoing Board President to take a moment to reflect on the fiscal year just closed and the many accomplishments and opportunities we have experienced as an organization. The role of a Community Health Centre (CHC) in our community has never been so important. The opportunities that lie ahead for our Centre to contribute to health and wellness and improved access for all are immense.

An extremely successful accreditation program with Accreditation Canada has demonstrated that as an organization we have laid a strong quality-driven foundation to meet the expectations of our community, the health system and our clients. Full accreditation this early in the life of a CHC is a major accomplishment, and we are extremely proud of the work of the leadership team and staff who led us to such a positive outcome!

Our vision, *Together achieving health and wellness*, is at the heart of all we do. Together as an organization with our clients, staff, volunteers and our health care system partners, we are committed to providing services and identifying solutions that will improve the health care experience in our community. The Board has encouraged community involvement at all levels and has directly supported community dialogues and initiatives to reach out to those we can help. We will continue to work diligently to reflect the voices of our stakeholders.

As most of you know by now, our Executive Director Marsha Stephen announced her retirement, and by the time of the AGM will have officially retired, though she will continue to offer targeted support until our new Executive Director Sheila Braidek arrives in September. When I reflect on our vision, I believe it also reflects Marsha's approach to leading our CHC and her contributions to our community health care system. Marsha's passion for community-driven, client-centred care has shaped our

organization at every level, and we are grateful for her dedication. All the very best Marsha!

In closing, I would also like to acknowledge our engaged and dedicated Board of Directors. Our current and past Board members have brought amazing expertise and insight to our CHC journey. My sincere best wishes to Alan Mathany as incoming President and to the Board for continued success.



Message from Marsha Stephen, Executive Director

How we do what we do

An annual report represents a wonderful opportunity to recognize the accomplishments of the people who make this organization successful.

Our vision, *Together achieving health and wellness*, continues to guide our day-to-day work. This year, we also focused on revitalizing our “why” - the purpose that drives each of us to strive to deliver the best care possible to the individuals, families and communities we serve. We want to help people in our community live healthy, happy lives. We also know the health care system is undergoing significant transformation. Despite working in a climate of never-ending change, increasing demands and uncertainty about what the future will bring, our “why” has never faltered. Our staff remain steadfast in its commitment to providing excellent care.

This report will highlight some of our significant activities this year. However, a few pages in a report cannot begin to capture the full scope of activity or the impact our work has had on the people we touch on a daily basis.

Our Primary Health Care Team undertook initiatives this year to improve access to care, screening and preventative care, medication management and to support individuals with chronic diseases through diabetes education, smoking cessation and self-management programs.

In response to community needs and input from clients, our Community Health Team expanded the range of programs and services available. In 2015-16 we offered 39 group programs to more than 1,600 individuals. Programs focused on nutrition, health lifestyles, physical activity, mental and emotional well-being, food security, parenting support and many others.

Partnership is key to creating a more coordinated and integrated approach to meet the health and social needs of the populations we serve. We continue to build strong relationships with our community partners to strengthen the coordination and integration of care. Health Links worked with

more than 20 partners, providing coordinated care to more than 300 individuals with complex health needs, achieving significant reductions in the utilization of acute care services while improving the patient experience.

Our unrelenting attention to quality improvement culminated in achieving full accreditation in Accreditation Canada’s Quality Momentum program and recognition for our participation in the international quality collaborative called Better Health Lower Costs.

When I look back over the six years that I have been Executive Director for the Belleville and Quinte West Community Health Centre, I am struck by how much our team has accomplished. As I complete my final year with the Centre and retire, I want to acknowledge everyone who has contributed to my amazing journey: staff, board, volunteers and clients. I have been inspired every day by your dedication to our vision and to our “why.”

I am confident the team will continue to demonstrate a never-ending commitment to advancing access, equity and quality of care.

Marsha Stephen

Vision

Together achieving health and wellness

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

Values

Client Self Determination

Compassion

Respect

Equity

Integrity



2014-17 Strategic Directions

Engage

BQWCHC will ensure provision of client centered care supported by continuous client and community engagement

Influence

BQWCHC will lead and influence our communities: proactively engaging in system transformation utilizing a social determinants of health approach

Innovate

BQWCHC will create a culture of innovation, safety, prudent risk taking and quality performance

Integrate

BQWCHC will engage in strategic partnerships to enhance health and wellness through system integration



"We want to help people in our community live healthy, happy lives"



Here are some of the initiatives we've undertaken during the past year to turn these words into care for the people we serve.

Access to Services and Follow Up

Timely access to our Centre is one of our top priorities. Through group intake sessions, we have been able to enhance the registration process and expand the number of clients we serve. Over the past year, we had 31 sessions with 565 participants. We also streamlined our same day/next day urgent care procedures so that clients can see a health care provider on a daily basis for urgent needs.

In all, our health care providers met 70% of our case loads, and we continue to recruit more physicians and nurse practitioners so we can process more registrations.

We now work closely with the Belleville General Hospital to share data on clients. We have established a process for receiving information about clients' emergency room visits and hospital discharges. This allows us to

follow-up with their care and enables us to schedule necessary appointments with our health care providers.

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Diabetes care

In order to effectively manage a chronic disease such as diabetes, individuals must first understand their condition and then be armed with skills and abilities to help them maintain good health and improve their quality of life. We provide this assistance.

Our team includes a certified diabetes educator who works closely with clients and our health care team. In addition to one-on-one

consultation and follow-up to ensure clients are on track with their care, the Centre offers Spotlight on Diabetes, a monthly support workshop for people who have been diagnosed with diabetes as well as their caregivers and partners.

As a member of the Bay of Quinte Diabetes Educator Sector, our Centre is kept up-to-date on the latest tools, treatments and products.

Prevention is an important focus of chronic disease management. We encourage early referrals by our community partners. By seeing individuals at an early stage, we can help them make lifestyle changes to delay or even avoid being diagnosed with diabetes.



**Karen White, Chronic Disease Nurse (R)
with Client Norma Coleman**

Our Primary Health Care Team undertook initiatives this year to improve access to care, screening and preventative care, medication management and to support individuals with chronic diseases through diabetes education, smoking cessation and self-management programs.

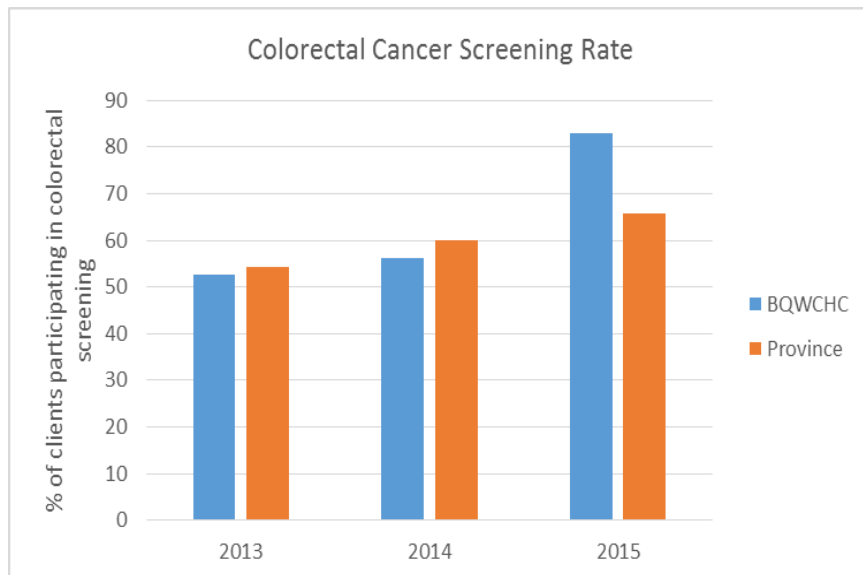
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Colorectal preventative screening

With assistance from the South East Regional Cancer Program, the Centre has been able to focus on client awareness and participation in fecal occult blood tests to screen for colon cancer. Our nursing team takes a proactive role in contacting clients to advise them that they are due for the test, providing education about its importance and then mailing the package to them. Because of this diligence, we have achieved participation that is 15% higher than the provincial target for the test.

We have begun similar procedures to increase screening

for breast and cervical cancer, and we have already started to see results.



Smoking cessation

Smokers can kick their habit. And we can help.

We offer clients nicotine replacement therapy along with specialized counselling to help them overcome their habit.

The program is based on STOP (Smoking Treatment for Ontario Patients) from the Centre for Addiction & Mental Health (CAMH) and the Ottawa Model for Smoking Cessation.

Our success rate is encouraging.

During the past year, 75% of the people who were part of the smoking cessation program at the Centre quit smoking after three months, 83.3% said they were no longer smoking six months after starting, and 58.3% were still smoke-free one year later.

In 2015-16 we offered 39 group programs to more than 1,600 individuals.

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High risk wound and foot care

Our community has one of the highest rates of amputations in the province of Ontario. The Centre's high risk wound and foot care program is a response to the need for treatment to avoid hospitalization or amputation.

Clients with diabetes, PVD, chronic illness with open wounds or infection are particularly at risk.

Working with a multidiscipline team of caregivers in the community, we offer a seamless referral system, limited wait time for an initial assessment and a prompt treatment plan that includes wound healing, education and prevention.



**Gretchen Grenke, Wound and Foot Care Nurse
with Client Ron Porter**

Comments from our Clients

"Excellent service!"

"We were very pleased with the care the nurse has provided to my aunt. Her wounds have improved with her care and her intervention in mitigating regular visits from CCAC nurses was very beneficial."

"I am very fortunate to have my doctor refer me."

"I feel we got information that was very important and very good care."

"My foot is actually healing and I am feeling much better."

"The care for my leg ulcer was exceptional. The treatment was followed-up every couple of days. As a result, the wound healed beautifully. As a diabetic, this type of care is essential."

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Telemedicine

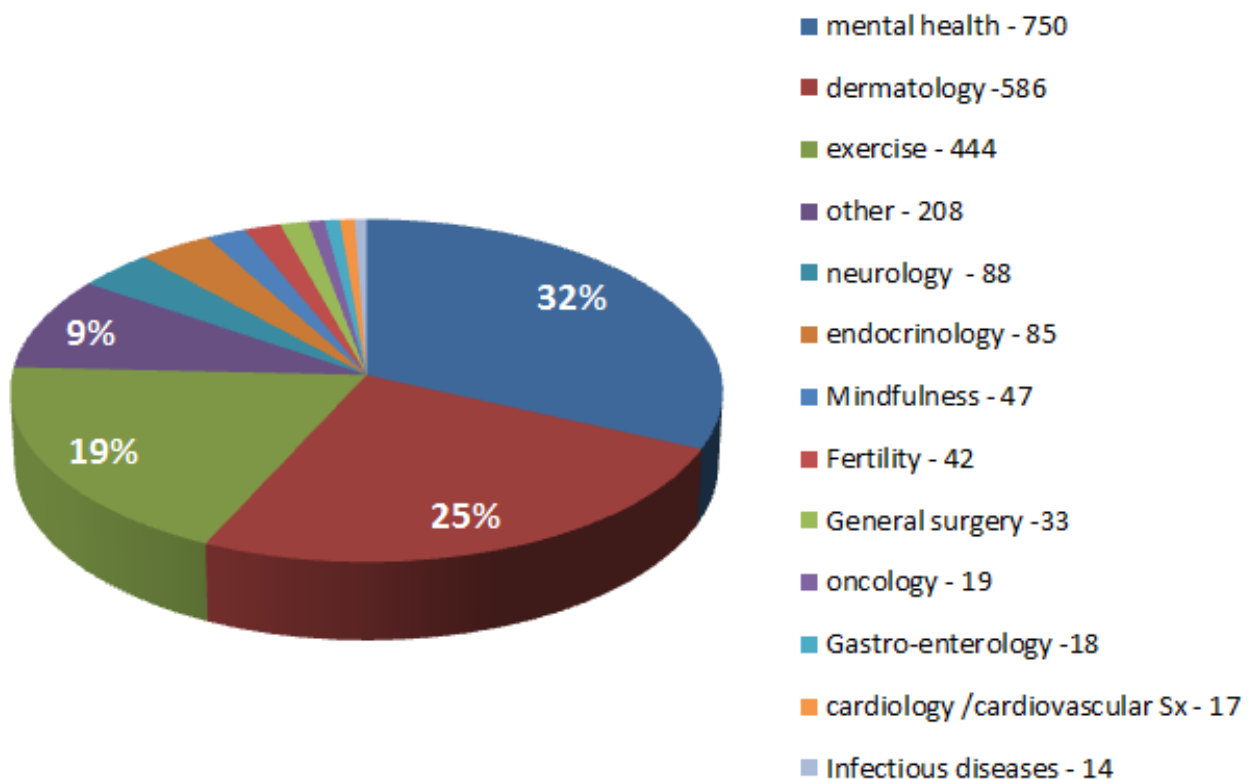
Telemedicine brings the health care specialist to a client.

Through a secure two-way live videoconferencing system at our Belleville site, clients can review their issues with an appropriate specialist. A special camera can zoom in on a certain body part or zoom out to assess the ability of the client to walk or stretch. A

Bluetooth stethoscope allows the specialist to hear lung sounds and heartbeat from a distance. Clients are referred to the service by their health care provider.

Last year, our telemedicine service drew on the expertise of 200 consultants in 26 specialties to serve over 2,350 medical appointments.

Telemed Service Activity 2015



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Pharmacy Program

Drug therapy is about benefit and balance. The role of our pharmacist is to work closely with clients, our health care providers and local authorities to prescribe effective medication for pain management, to promote the safe use of drugs and to help individuals reduce their dependency on habit-forming medication - notably opioids and benzodiazepines.

We operate within very strict guidelines in the assessment of need and allocation of treatment. An open dialogue has been established between the Centre and local authorities to monitor drug use and activities in our area.

For many clients, it's not about the medication they need, but about their dependency on and misuse of drugs, and this is an increasing focus of the pharmacy services we provide. With carefully-monitored opioid and benzodiazepine tapering, we are able to help clients reduce or eliminate their dependency on their drugs in safe and effective phases.

We check on clients on a regular basis so we can address issues in the withdrawal

process. If a client cannot come into the Centre, we often contact the individual by telephone to ensure continuous interaction.

Tapering from medication has been a great benefit to many clients. It is also helping to keep our community safer from illegal drug practices.



Luba Shepertycky, Pharmacist (R) with Client Sandi Winder

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Full Qmentum Accreditation



Highlights of Improvements:

- **Ethics framework**
- **Quality framework**
- **Risk management**
- **Medication management**
- **Infection Prevention and Control**

This year, the Centre received full accreditation in Accreditation Canada's innovative and rigorous Qmentum program. Accreditation Canada is an independent, not-for-profit organization that works with the health care industry to help improve quality, safety and efficiency so that health care providers can offer the best possible care and service. Qmentum stands for Quality Momentum.

We began our accreditation journey in 2013 by participating in the Primer process, the first step in assessing and improving the fundamental elements of quality and safety in everything we do: strategic planning, service delivery, communications, human resources, ethics and risk management.

We were issued an Accreditation Primer Award in October 2014 along with positive feedback and recommendations for proceeding to the full Qmentum.

With the Primer behind us, we immediately began preparations for the on-site Qmentum survey which took place in November 2015. Our staff worked diligently on reviewing the centres practices and processes to ensure we were providing quality care and service to our communities and building a strong and sustainable culture of safety.

In April 2016, we were pleased to announce to clients, partners, funders and other community members that we have been accredited for 2015 - 2019!

With our unwavering devotion to client care, the Centre is committed to improving quality, reducing risk and strengthening accountability.

We now have a solid platform on which to grow and develop.

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THRIVE Program

Opioid dependence in Ontario is on the rise. As a result, more and more pregnant women and mothers with young children have a history of opioid dependency.

THRIVE is a regional program offered by the Centre for women who are experiencing problems with opioids or receiving methadone treatment and are pregnant or parenting children under the age of 16. THRIVE case managers collaborate with the women to create a care plan that

addresses their physical health, emotional wellbeing, parenting needs and social activities.

In addition to this personal guidance, the Centre links women to resources in the community to help expand their support network.

A new aspect of THRIVE is the Rooming In Program, which is coordinated with the Belleville General Hospital. This allows a newborn of an opioid-dependent mother to stay in the same room

as the mother during the management of neonatal abstinence syndrome, instead of being transferred to the hospital nursery.

The skin-to-skin touch promotes mother-infant bonding and has dramatically changed the experience of child birth for opioid-dependent women and the need for medication for their newborns.



L—R

Shelly Kay, Manager Maternal/Child Program QHC; Darlene Stuckless, Social Worker QHC; Dolores Turner, BQWCHC Thrive Program; and, Tracey Giles, Nurse Educator QHC

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Better Health Lower Costs

In 2014, The Centre was among 10 Canadian teams that received a bursary to participate in a year-long international collaboration led by the Institute for Healthcare Improvement to focus on improving outcomes and lowering costs for patients with the most complex health care needs.

It is estimated that 5% of the population uses 60-70% of all health care services. These patients often have complex — often chronic — health and social issues that can result in a mismatch between what they need and the traditional way in which health care is offered.

Through Quinte Health Links, partners explored how services might be offered differently in a more coordinated manner to focus on what was important to the patient. Instead of asking, “What is the matter with you?” the question would become, “What matters to you?”

Based on in-depth discussions with patients, we learned how important it is to understand the full picture, to really listen to the challenges patients face and not just learn about their disease.

A coordinated care plan was then created that could be shared by all providers within a patient’s circle of care, including family and life partners. By redesigning how we deliver care, we can enhance quality-of-life and end-of-life experiences and at the same time utilize acute care hospitals in the way they’re meant to be used.

The result: With coordinated care, there was a 43% reduction in emergency room visits, a 70% reduction in admissions and a 83% decrease in hospital re-admissions.

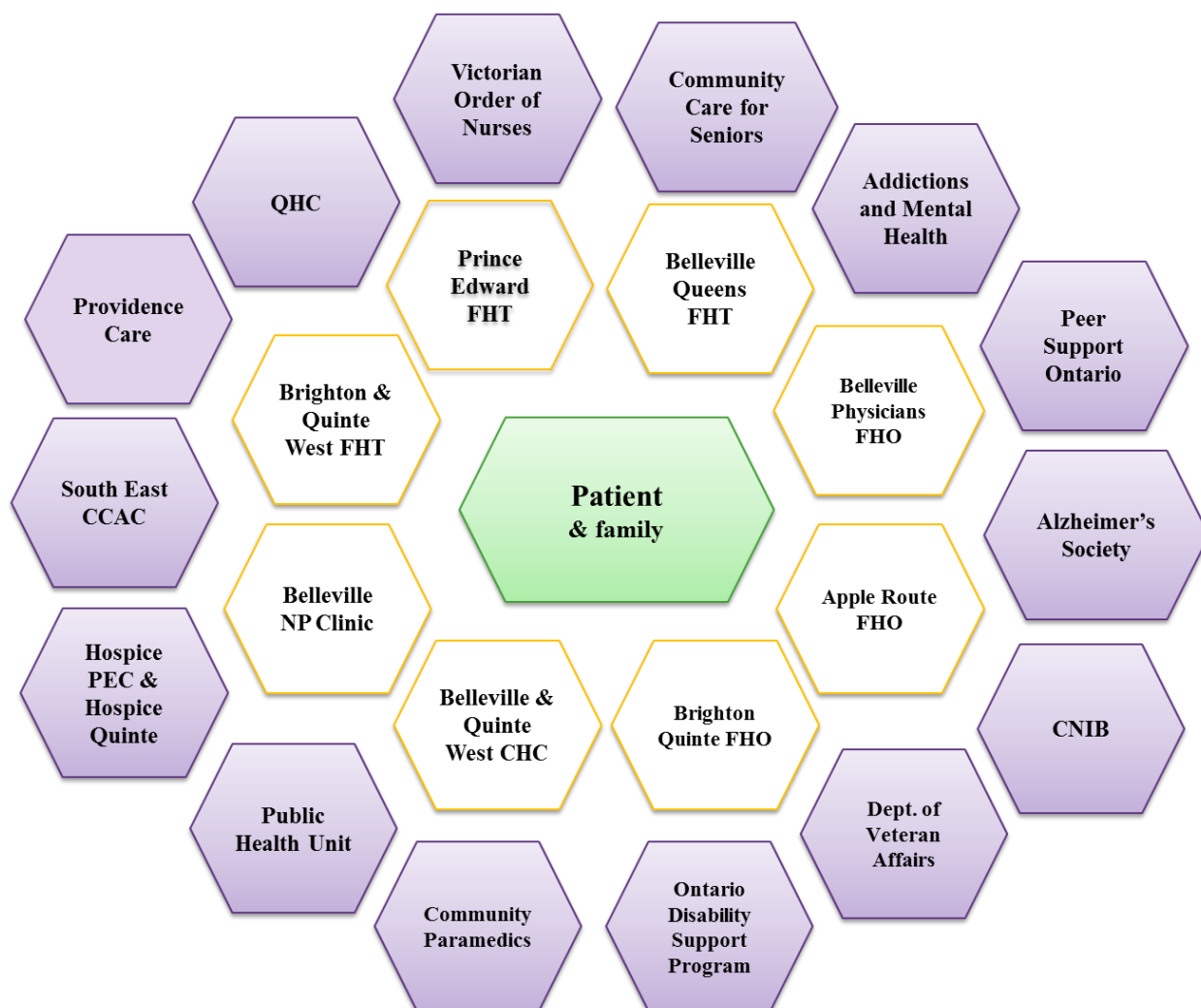
Palliative care was also re-examined. Through the Quinte Health Links Hospice Palliative Care Working Group a system was created with partners so that more people could end their lives in a setting of informed choice. Although 73% of people do not want to die in a hospital, on average only 40% of deaths are outside of a hospital.

Since 2008, an average of 45 people per month within Quinte Health Links have died in an acute care hospital bed. In the past 18 months, there have been eight consecutive months in which fewer than 40 people passed away in an acute hospital bed and three

months have had fewer than 30 deaths in a hospital.

This is a significant step in reducing the need for patients to come to a hospital for end-of-life, and it was only possible with the collaboration of many community and hospital partners.

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Community Partners supporting Quinte Health Link and Collaborated Care

Partnership is key to creating a more coordinated and integrated approach to meet the health and social needs of the populations we serve. We continue to build strong relationships with our community partners to strengthen the coordination and integration of care.

Financial Report

On behalf of the Finance Committee and the entire Board of the Belleville and Quinte West Community Health Centre I am pleased to present the highlights from our financial statements for the twelve months ending March 31, 2016

	<u>2015/16</u>	<u>2014/15</u>
CURRENT ASSETS		
Cash	1,675,668	939,464
Short-term investments	1,024,648	1,013,530
Accounts receivable	88,682	97,221
Government rebate recoverable	161,747	120,354
Prepaid expenses	101,931	42,962
	<u>3,052,676</u>	<u>2,213,531</u>
TANGIBLE CAPITAL ASSETS	862,795	964,573
INTANGIBLE CAPITAL ASSETS	43,370	54,212
	<u>3,958,841</u>	<u>3,232,316</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	370,587	293,629
Government remittances payable	50,069	46,488
Deferred revenue	1,542,173	1,530,187
Subsidies repayable	1,089,847	343,227
	<u>3,052,676</u>	<u>2,213,531</u>
DEFERRED CONTRIBUTIONS related to capital assets	520,228	610,463
NET ASSETS		
Invested in tangible and intangible capital assets - internally restricted	385,937	408,322
Unrestricted		
	<u>385,937</u>	<u>408,322</u>
	<u>3,958,841</u>	<u>3,232,316</u>
	<u>2015/16</u>	<u>2014/15</u>
Revenue	\$7,690,363	\$7,407,267
Expenditures	\$6,966,128	\$7,096,104
Excess/(Deficiency) of Revenue over Expenditure, before under noted item	\$724,235	\$311,163
Less: Subsidies repayable	-\$746,620	-\$343,227
Add : Contributions for the purchase of land	\$0	\$0
	<u>-\$22,385</u>	<u>-\$32,064</u>
Net Assets, beginning of the year	\$408,322	\$440,386
Net Assets, end of the year	<u>\$385,937</u>	<u>\$408,322</u>

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This is the fifth 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 , Thrive 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 \$3,958,841 as of March 31, 2016. Operating dollars unspent as of March 31, 2016 amounts to \$746,620 which is to be paid back to the Ministry of Health. Of this, \$297,489 relates to One time funds and \$268,603 relates to Physician vacancies. The amount due to Ministry of Health is shown in the liability section as

“subsidies repayable”. Short term investment of \$1,024,648 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 Abeysirigunawardena, 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 2015/2016. A full set of audited financial statements is available on our website at www.bqwchc.com

Wendy Osborne
Treasurer

BQWCHC Staff Directory 2015—2016

Antonial Benton	Nurse Practitioner - Resigned
Amy Parks	Registered Practical Nurse - Telemedicine
Anna Sherlock	Nurse Practitioner
April Rowlandson	Dental Assistant
Bette-Anne Smith	Human Resource Assistant
Beverley Putnam	Registered Nurse - Telemedicine
Bianca Scippa Barrett	Health Promoters (Community Health Team Lead)
Brandy Phillips	Dental Administrative Support
Britta Gaddes	Thrive Counsellor - Resigned
Brittany Hudson	Dental Hygienist
Brooke Walmsley	Receptionist - Resigned
Carla Vander Voort	Social Workers
Cassandra Johnson	Social Worker - Resigned
Carrol Nugent	Receptionist - Resigned
Chanse Holder	Physician
Cheryl Swallow	Community Resource worker
Christine Young	Registered Dietitian - Resigned
Dana Langlois	Dental Hygienist - Resigned
Daniel Vernet	Director of Decision Support Services
Deborah Scaletta	Registered Practical Nurse - Resigned
Dolores Turner	Counsellor/Support Worker
Donna Andrade	Nurse Practitioner
Dora Morales	Physician
Elaine Radway	Health Promoters
Fiona Parent	Medical Secretary - Resigned
Fran Schmidt	Nurse Practitioner
Gail Skelly	Registered Practical Nurse - Resigned
Gretchen Grenke	RPN - Wound Care Nurse
Heather Sylvester-Giroux	Registered Nurse (Telemedicine Team Lead)
Holly Johnson	Registered Practical Nurse - Telemedicine / Quinte Health Link Care Coordinator
Jacqueline Dillon	Registered Practical Nurse - Telemedicine
Jan Dearing	Bookkeeper - Resigned
Janine DeVries	Executive Assistant
Jennifer Allan	Registered Dietitian
Jennifer Thibodeau	Registered Practical Nurse - Resigned
Jennifer Whelan	Physician
Jessica Hedley	Registered Nurse (Clinical Manager)
Jessica Lyon	Registered Practical Nurse
Jillian Boudreau	Counsellor/Support Worker
Joanne Fitzgibbon	Quinte Health Link Care Coordinator
Karen White	Registered Nurses-CDPM
Kimberley Boyle	Social Worker
Krista Smith	Nurse Practitioner

Laura Erwin	Registered Nurse - Resigned
Lois Stather	Registered Nurse
Lorri Taylor	Quinte Health Link Care Coordinator
Luba Shepertycky	Pharmacist
Manpreet Virk	Dentist
Marc Snelgrove	Information Technologist - Resigned
Margaret Anne McDermid	Nurse Practitioner
Margaret Flynn	Director of Primary and Community Care
Marsha Stephen	Executive Director
Mary Woodman	Quinte Health Link Project Manager
Matthew Eldridge	Social Worker - Resigned
Meagan Feeney	Information Technologist
Meghan Thaine	Social Worker
Natasha Kerr	Medical Secretary
Natasha Theocharides	Receptionist
Pamela Garrison	Registered Practical Nurse (Clinical Manager)
Patrick Esperanzate	Physician
Priya Abeysirigunawardena	Director of Finance & Administration
Robert Crutchfield	Dentist
Robert Goodall	Physician
Robin McFarland	Bookkeeper
Sarah Graham	Registered Practical Nurse
Shannon Gilbert	Receptionist
Stacey Allport	Receptionist
Susan English	Nurse Practitioner
Susanne Chatten	Registered Practical Nurse
Valerie Robbins	Registered Practical Nurse - Telemedicine
Valerie Roulston	HR Assistant - Resigned
Veneda Murtha	Program Secretary
Vicki Forestell	Medical Secretary

BQWCHC Board of Directors

Lori Cooper, President	Sandie Sidsworth, Director
Alan Mathany, Vice President	Gayle Parks, Director
Wendy Osborne, Treasurer	Susan Hall, Director—Resigned
Karen Carswell, Secretary—Resigned	Lorrie Heffernan, Director
Michael Piercy, Director	Kathryn Brohman, Director
Brenda Pergantes, Director	Brad Harrington, Director
Katherine Stansfield, Director—Resigned	Christine Chomyn, Director



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



Ontario's Community
Health Centres

