Belleville and Quinte West
Community
Health Centre

Belleville & Quinte West Community Health Centre

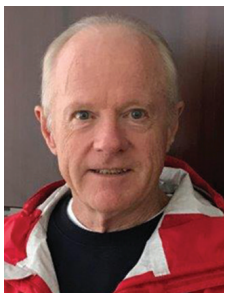
Annual Report

2016 – 2017





President's Report



The past year has been very active for the Board of Directors. Our first task was to recruit a new Executive Director and Sheila Braidek was chosen to lead our organization. Sheila quickly became immersed in the many challenges facing the Board and has proven herself to be the right choice for the BQWCHC.

The Board made a decision to spend considerable time developing the Board membership and committee structure. We recruited a full complement of Board members based on skills needed to round out the Board composition. All Board members chose to sit on various committees of the Board, providing a strong base for Board succession planning. All committees developed work plans for the year, which were reviewed and approved by the Executive Committee.

There were a number of issues the Board had to attend to involving policies and procedures. The organization has been growing and adapting to changes in the health system which has required a review of many practices and wording of policies. The Board has had many lengthy discussions in this area, to ensure clarity for future actions and decisions. The intended result is to have a highly functioning Board, one that people will want to serve on.

As President, I speak for all the Board members in thanking all the staff for providing excellent programs and for living the community health centre philosophy. At a recent Strategic Planning session, Board members experienced the dedication of staff which reaffirmed the Board's support for all they do. In addition, I would like to thank all the volunteers and community members who participate in the life of the CHC and keep the organization grounded in the community health centre provision of service.

The Board will be facing many challenges over the next year. We will continue to follow our strategic directions to engage, influence, innovate and integrate, and with the help of everyone in the organization and the community we serve, we look forward to a successful year.

Alan Mathany
President, Board of Directors

Executive Director's Report

Annual reports do a couple of things. They hold us accountable – to our funders, our community, each other. And they help us celebrate – all the things we do and the difference we try to make.

As you read this year's report bear in mind our efforts have been in a very dynamic context. Health system reform, emerging health crises such as the opioid and housing crises, and a shortage of physicians have all contributed to the context. In addition to a new Executive Director, there have been several other staffing changes. We have bid farewell to Drs. Goodall, Esperanzate, Whelan, Morales and Jacobs, and Nurse Practitioner Andrade. Other staff including Janine DeVries-St. Jacques, Robin McFarlane and Beverly Putnam have also moved on and we wish them all the best. We've welcomed Dr. Gomide, Nurse Practitioner Miles and welcomed back NP English. As we work our way through, our mission and values keep us on track.

The coming year we will be focusing on health system reform, increasing our MD and NP staffing, our new strategic plan and finally getting the new building in Quinte West under construction.

We've worked hard, have much to do and can take a moment to breathe deep and acknowledge the growth and emerging maturity of this exciting organization. And how deeply rooted that is in our commitment to working with our community.

Thank you to our staff and volunteers for your hard work, the Southeast Local Health Integration Network for their funding and support, and our clients and community for your trust in us.

Sheila Braidek
Executive Director

Our Programs

PRIMARY HEALTH CARE

In the past year our primary care case load has increased by 6%. Because our physicians and nurse practitioners work as part of a team – including registered nurses and registered practical nurses, pharmacist, social workers, dentists and a dental hygienist, dietician, chronic disease nurse, wound/foot care nurse, and a community resource worker – more people have access to comprehensive care.

Of the 3,752 people we saw for clinical care this year, almost 22% had 3 or more complex health issues. In general, the clients accessing care at BQWCHC have a care complexity 1.5 times greater than the general population in Ontario. Who we serve and their health needs influences how we work and drive the work we do.

In total approximately 9% of our clinical clients accessed 2 or more other services at the Health Centre. This goes up to 15% for our clients with many complex health issues.

BQWCHC is committed to providing high quality care. Our Cervical and Breast Cancer screening rates both increased from 70 to 80% in the year. We are also very proud of our nursing staff who have done a fantastic job of contacting clients about their influenza vaccinations. As a result our Influenza Vaccination rate for adults over 65 years has jumped to 92%!

We have worked hard over the past year to put in place a system for urgent care appointments with each primary care provider. This helps clients see their own provider when needed and reduces the demand on the hospital emergency department.

90% **OF CLIENTS SAY THEY ARE INVOLVED IN DECISIONS ABOUT CARE & TREATMENT.**

92% **OF CLIENTS SAY THEIR PROVIDER SPENDS ENOUGH TIME WITH THEM.**

NUTRITION COUNSELLING & GROUPS

IN 2016/17 THE DIETITIAN HAD 485 VISITS WITH INDIVIDUALS AND FACILITATED 64 GROUPS WITH 454 ATTENDANCES.

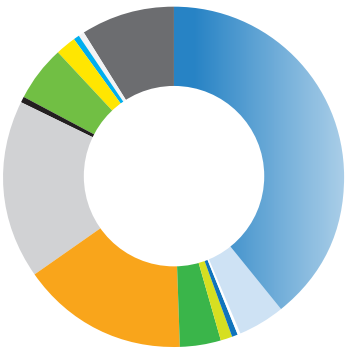
BQWCHC Dietician provides one-to-one nutritional counselling and group work. Programming focuses on improving client knowledge of how diet impacts health and building capacity to improve clients' own health and wellbeing. Group work this past year included: Craving Change (in partnership with the Social Worker), Food for Thought (a cooking program for youth aged 9 - 12 years), and Best Weight focused on non-diet ways to reach your best weight.

TELEMEDICINE

Telemedicine (TM) continues to be an innovative way to help add programs and access to specialists for people living in Hastings/Prince Edward. Telemedicine is a regional program operated by BQWCHC. We work with our partner organizations to deliver the program across the region. Thanks to Prince Edward Family Health Team, Brighton and Quinte West Family Health Team, the Central Hastings Family Health Team, North Hastings Family Health Team, and Gateway Community Health Centre for their ongoing support.

This year we have supported 2,954 clients in single and group appointments. TM saved local people over $300,000 in mileage costs not including driver fees, parking and meals. Clients accessed 240 consultants in 26 specialties to assist in influencing positive health outcomes.

In the past year we are pleased to have been able to expand the programs/specialists offered to include Providence Care Crisis Intervention Clinics, medical marijuana referral, and psychotherapy for gender transitioning. The Telemedicine team also works with the BQWCHC clinical and community health teams to identify needs and add programs to assist clients self-manage their health.



Telemedicine Use 2016/17

- Mental Health 39.4%
- Endo 4.3%
- Cardiology 0.4%
- Allergy 0.4%
- Pain Management 1.2%
- General Surgery 3.9%
- Exercise 15.7%
- Dermatology 17%
- Primary Care 0.5%
- Neurology 5.4%
- Fertility 2%
- Respirology 0.6%
- Infectious Diseases 0.5%
- Other 8.7%

CHRONIC DISEASE PREVENTION & MANAGEMENT

Managing a chronic disease might require lifestyle changes or medications. Our ability to manage chronic diseases might be impacted by our financial situation or by other health conditions we have. The CDPM programs at BQWCHC focus on 1 to 1 and group programming to provide education, support and help people develop the skills and capacity to manage their chronic disease(s).

One-to-one support allows for more focused education and support to review medications, treatment plans, and lifestyle changes. The group work allows more people to access information and helps build skills and connections. Workshops include Smoking Cessation, Living Well With Diabetes, Spotlight on Diabetes, and Managing COPD.

SOCIAL WORK

BQWCHC provides one-to-one counselling and group work on mental health issues. Groups included: Managing Powerful Emotions, Bouncing Back/ Beyond from Anxiety and Depression, Stress Less, Finding Emotional Balance for Adolescents, Transforming Trauma. Social work also partnered with other staff at BQWCHC on workshops such as Sleep Well and Assertiveness for Women among others.

IN TOTAL, SOCIAL WORK PROVIDED 2385 INDIVIDUAL VISITS, AND RAN 122 GROUP SESSIONS WITH 855 ATTENDANCES.

This year BQWCHC was an active participant in the regional Personality Disorders Working Group led by Providence Care. People living with personality disorders experience stigma and problems getting access to services. The Working Group came together to address the gap in services for this population. Through the Working Group, BQWCHC was trained on and delivered the Managing Powerful Emotions 12 week program to 302 people in the Belleville area.

OF THE 139 CLIENTS SCREENED, 26 WERE REFERRED TO THE COMMUNITY RESOURCE WORKER.

WHY SHOULD WE SCREEN CLIENTS FOR POVERTY?

In general, people with higher incomes have better health. People living in poverty are more likely to have chronic disease, mental illness, higher infant mortality rates and low birth weight babies and higher adult mortality rates.

In 2016, BQWCHC decided to test a poverty screening tool developed by the Ontario College of Family Physicians and The University of Toronto, Family and Community Medicine. Over the course of 2 weeks, 139 clients attending their primary care appointment were asked "Do you have troubles making ends meet at the end of each month?"

Clients who indicated that they were having difficulty making ends meet were referred to our Community Resource Worker (CRW). Of the 139 clients screened, 26 (18.7%) were referred to the CRW. Some clients declined a referral, or were already working with the CRW. Of the clients referred to the CRW, 69% had never had contact with her before! This shows that by simply asking a question, we can connect with clients that we may have otherwise missed and help ensure they are getting all the benefits they are entitled to and information they need. Plans are being made to engage the 26 clients to discuss their experience and to implement poverty screening as a permanent process at the CHC.

POA CLINIC

BQWCHC works in partnership with the Community Advocacy & Legal Clinic (CALC) to host a monthly (alternating between Belleville and Quinte West sites) Power of Attorney (POA) Clinic. This clinic helps clients who are in financial need to do advanced care planning. A CALC lawyer will meet 1 to 1 with clients to help work through the process of writing up a legal Power of Attorney. The process lets clients explore issues, discuss options, gather information, and make decisions that end up documented in a legal document, all at no cost to the client.

There is a close connection between health and the law – especially in situations of advanced care planning and power of attorney.

SINCE 2016 WHEN THE CLINIC STARTED, OVER 40 PEOPLE HAVE BEEN SERVED.

VOLUNTEERING AT BQWCHC

Our volunteers make a valuable contribution to our programs and every day services. Community members who participate in our programs truly appreciate the many volunteers who support them through making reminder calls, preparing nutritious meals in our kitchen, or providing instruction in the Colouring, Walking and other Wellness programs. In turn, the volunteers have shared that they feel rewarded as they gain more confidence, become a part of positive change in the community, and make new friends along the way.

THIS YEAR WE HAD 21 ACTIVE VOLUNTEERS WHO COLLECTIVELY CONTRIBUTED OVER 540 VOLUNTEER HOURS.

HEALTH PROMOTION & WELLNESS PROGRAMS

BQWCHC runs a variety of programs designed to help promote the health and wellbeing of our clients and community. These programs focus more on the social determinants of health like food security, income, education, early childhood development and social connection. We do this because health is more than the "presence or absence of disease" according to the World Health Organization and wellness is about having the resources and opportunity to engage in our community and being engaged in our community.

BQWCHC works hard to respond to the needs of our clients and community. By talking with participants from various groups we conducted in previous years, we learned that people living with chronic pain or chronic diseases want an ongoing support group. We learned that a support group would help them support each other in managing some of the challenges of living with a chronic condition. The Positive Connections Group was started in January 2017 and runs monthly in Belleville. It is facilitated by people living with chronic pain/disease. Ongoing participant input helps give the group focus.

We've also learned that Seniors and isolated adults want opportunities to connect with each other. The Seniors' Drop-in at Club 105 in Trenton, Fun With Crafts, and the Adult Colouring program in Belleville are great examples of programs to help people connect with others in the community.

Indoor Walking, Urban Polling, and Seated Exercise are great programs to help build physical fitness and social connections.

Mindful that early childhood development is critical to lifelong health, we offer Triple P Parenting, Babies and Beyond workshops and Child Car Seat clinics.

And we know that food security is so important and a challenge for many people living on low incomes. We are happy to offer the Good Food Box in partnership with the Quinte Community Development Council.

IN 2016/17 WE HAD OVER 206 GROUP SESSIONS WITH A TOTAL OF OVER 2722 ATTENDANCES.

These types of programs change over time depending on the needs expressed by the community and also depending on what other agencies are offering.

PHARMACY PROGRAM

IN 2016/17 THE PHARMACIST WORKED WITH 255 CLIENTS DURING 627 VISITS.

BQWCHC is very pleased to have a primary care pharmacist on staff. Their role is to work with others on the primary health care team, to promote best practices in prescribing and to help clients and providers effectively manage medications. This helps reduce the likelihood of medication errors, poor health outcomes, and medication-related visits to the emergency department.

The Pharmacist and other staff will work with clients to make sure we have accurate and complete information about your medications and that they are being taken as prescribed. This "medication reconciliation" is especially important for people as they transition from one care provider to another (ie. from hospital to community) or when they are taking 5 or more medications.

The Pharmacist will also help with tapering – reducing the amount of medications, especially opioids, benzodiazepines and marijuana, that a client is taking to manage their pain.

LINKING CLIENTS & SERVICES – CLIENT RESOURCE & HEALTH LINKS

People often face social or other barriers to getting the services they need or even knowing what services might be available. BQWCHC has a Client Resource Worker (CRW) whose job is to help people navigate through the various services and systems that impact their health. We also participate in the Health Links program – and this is also about connecting people with the services they need.

The CRW had 1037 one-to-one client visits, participated in 11 group sessions with 73 attendances.

BQWCHC HEALTH LINKS CONDUCTED 284 VISITS AND WORKED WITH JUST OVER 50 PEOPLE.

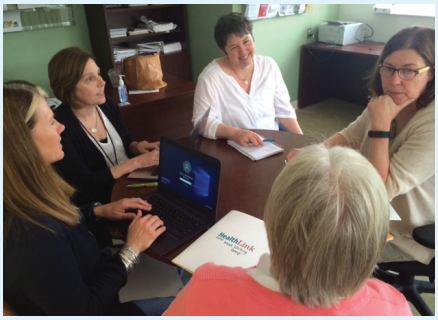
Helping people make these connections – and overcoming some of the barriers in our health care system – are essential to promoting health and wellbeing in our community.

QUINTE HEALTH LINK

In addition to participating in the HealthLink program, BQWCHC is pleased to be the sponsoring organization for the Quinte HealthLink (QHL).

Quinte HealthLink completed a fourth successful year of operation. In close collaboration with key primary care partners (Queens Family Health Team (FHT), Brighton Quinte West FHT, Prince Edward FHT and the Belleville NP Led Clinic) care coordination was provided for 347 clients with complex health and social needs. Similar to previous years, and to other HealthLinks in Ontario, the results have been terrific... HealthLinks clients showed a 60% reduction in hospital utilization! These clients received a patient-centered model of care; a single care plan and system navigation.

HEALTH LINKS CLIENTS SHOWED A 60% REDUCTION IN HOSPITAL UTILIZATION!



This year QHL focused on building connections beyond primary care. We worked with the SE Coordinated Care Access Centre, Addictions and Mental Health Hastings Prince Edward, and Canadian Mental Health Association to increase providers' knowledge and practice of the HealthLink model. And we worked with clients to engage them in sharing their stories and helping improve the program.

QHL connected with the Poverty Roundtable HPE initiative and sponsored a workshop hosted by QHL to get a better and bigger picture of who was providing what social services in the area. As a result more bridges have been built between housing, income security and food security for our clients.

HIGH RISK WOUND AND FOOT CARE PROGRAM

The High Risk Wound and Foot Care program provides assessments, identification of wounds and treatment. Effectively treating high risk wounds and feet in a timely way helps people stay healthier and less likely to end up in hospital with a much more serious health condition.

IN 2016/17 THE PROGRAM PROVIDED CARE TO 170 PEOPLE DURING 948 VISITS.

The Wound Care Nurse works with the client and other service providers the client is engaged with. These might be a pedorthist, chiropodist, CCAC, family physicians, nurse practitioners and orthopaedic surgeons and diabetic educators.

DOUG'S STORY

Doug was referred to the BQWCHC High Risk Wound and Foot Care Program Sept 2014. His multiple foot wounds had been ongoing for 12 years. He is Type one diabetic with substantial loss of sensation in both feet and hands. His referral indicated his wounds were "non-healable".

A treatment plan unfolded. Doug attended appointments weekly for debridement and wound care, saw a wound care specialist in Colbourne as needed. He was referred to Eagle Orthotics for offloading braces, with appeals made to ODSP for funding for appropriate foot wear.

Doug and his team are delighted to shout out that his wounds have been resolved as of April 2017!!

He will continue to attend the program on a regular basis for assessment and callus reduction to maintain his wound-free new life.

My Experience with My Foot Wounds

"What I have found out is not just one person can heal the wounds I have, or should say ...I had! I know, I tried for years trying this, trying that, but what it takes is a great team like I had.

My wife, Eagle Orthotics, Dr. Noland, Tim from Bioped, and Gretchen.

If it weren't for them, I could not have healed up the way I did.

Thank You!!"

ORAL HEALTH PROGRAM

Oral Health is fundamental to overall health, wellbeing and quality of life. Unfortunately, many people are unable to access dental care. As part of a regional initiative supported by the Southeast Local Health Integration Network (SE LHIN) our program is designed to provide oral health services to low income seniors, individuals, and families without dental insurance who are at high risk for poor health.

Our two dentists, hygienist, dental assistant and dental receptionist provide quality basic oral health services including extractions, fillings, root canals, preventative care, and education regarding good oral hygiene and the impact on overall health. We also partner with other local oral health care professionals to provide access to some specialty care and dentures.

IN 2016/17 WE PROVIDED CARE TO 1641 CLIENTS (25% OF WHOM WERE LOW INCOME) DURING 3872 VISITS.

Having an Oral Health Program in the CHC helps clients stay out of the emergency department and connect with other health services.

Feedback from clients about the program has been extremely positive. Thank you!

THRIVE

Thrive is a regional program offered by BQWCHC to women who are experiencing problems with opioids or receiving methadone treatment and are pregnant or parenting children under 16 years. Case managers work with the women to identify and address their health needs, link them with a range of community supports, help them get through different systems, and advocate on their behalf.

Thrive is an important advocate and service partner for our clients. For example:

We have helped change the way Opiate Substitution Therapy (OST), including methadone, is perceived by the Family Court system in Quinte. We challenged the language used and educated the court on more appropriate language and helped the court understand the important role of methadone treatment.

Participating in the Thrive program has helped one client regain custody of her daughter.

In one instance, the Thrive worker helped present a bail plan for a client that included working with a local shelter to get the client housed, the methadone clinic to begin treatment, and with the Thrive worker for ongoing case management.

THRIVE CASE MANAGERS WORK WITH THEIR CLIENTS TO DEVELOP PLANS. IN 2016/17 THRIVE WORKED WITH 82 WOMEN.

Finance Committee 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, 2017.

This is the sixth 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 sites continue to operate smoothly with new programs being offered to service the community. Additional funding to support the Oral Health Program and Thrive Program and to support the South East LHIN Health Links Project was received during the year. Operating funds received during the year were used to deliver effective programs and services to our communities.

The Balance sheet has total assets of $3,688,324 as of March 31, 2017. Operating dollars unspent as of March 31, 2017 amounts to $764,233 which is to be paid back to the Ministry of Health. Of this, $171,923 relates to One time funds and $444,370 relates to Physician vacancies. The amount due to Ministry of Health is shown in the liability section as "subsidies repayable". Short term investment of $1,033,989 relates to funding for our new Capital building in Quinte West. This excess cash was invested in a GIC until the funds are required.

The Finance Committee would like to thank Priya Abeysirigunawardena, Director of Finance and Administration, for her 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 2016/2017. A full set of audited financial statements is available on our website at www.bqwchc.com.

Wendy Osborne, Treasurer

Statement of Revenue, Expenditure and Net Assets

(as excerpted from the audited Financial Statements)

	2016/17	2015/16
Current Assets		
Cash	$ 1,393,715	$ 1,675,668
Short-term investments	$ 1,033,989	$ 1,024,648
Accounts receivable	$ 92,532	$ 88,682
Government rebate recoverable	$ 98,880	$ 161,747
Prepaid expenses	$ 36,614	$ 101,931
	$ 2,655,730	$ 3,052,676
Tangible Capital Assets	$ 1,007,256	$ 862,795
Intangible Capital Assets	$ 25,338	$ 43,370
	$ 3,688,324	**$ 3,958,841**
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued liabilities	$ 321,141	$ 370,587
Government remittances payable	$ 58,864	$ 50,069
Deferred revenue	$ 1,511,492	$ 1,542,173
Subsidies repayable	$ 764,233	$ 1,089,847
	$ 2,655,730	$ 3,052,676
Deferred Contributions		
related to capital assets	$ 677,001	$ 520,228
Net Assets		
Invested in tangible and intangible capital assets - internally restricted	$ 355,593	$ 385,937
Unrestricted	$ -	$ -
	$ 355,593	$ 385,937
	$ 3,688,324	**$ 3,958,841**

	2016/17	2014/15
Revenue	$ 7,579,380	$ 7,690,363
Expenditures	$ 6,827,210	$ 6,966,128
Excess/(Deficiency) of Revenue over Expenditure, before under noted item	$ 752,170	$ 724,235
Less: Subsidies repayable	$ -764,233	$ -746,620
Less: Loss on disposal of capital assets	$ -18,281	$ 0
	$ -30,344	$ -22,385
Net Assets, beginning of the year	$ 385,937	$ 408,322
Net Assets, end of year	$ 355,593	$ 385,937

Complete copies of the audited financial statements are available by contacting the Health Centre.

2016 - 2017
BOARD OF DIRECTORS

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Wendy Osborne, Treasurer
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Kathryn Brohman
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Kathy Baker
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Sarah Graham
Shannon Wall
Sheila Braidek
Susan English
Susanne Chatten
Stacey Allport
Valerie Robbins
Veneda Murtha
Vicki Forestell

*Indicates people who left BQWCHC during the year

Ontario's Community Health Centres
Les centres de santé communautaire en Ontario

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Every Individual.
Every Family.
Every Community.




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