

2018-2019 Annual Report

## Belleville and Quinte West Community Health Centre



## BQWCHC at a Glance

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Emergency department visits avoided by our oral health services **661**

Collaborative Care Conferences **165** • New primary care clients **291**

Clean needles distributed **25085** • Staff members **65**

Hours contributed by volunteers **2115** • Total budget **\$7,757,051**

Visits with clients **43185** • Groups with **5532** attendance **965**

And a trip to the moon and back! (See Telemedicine on page 8)

### 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**



### 2017-21 Strategic Directions

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#### Engage

BQWCHC will work with our clients, community members and staff to strengthen the organization and the work we do

#### Influence

BQWCHC will work on social issues that impact the health of our clients and communities

#### Integrate

BQWCHC will work with others to ensure people get the care they need, on time, and in ways that make sense

#### Innovate

BQWCHC will explore different ways of doing things better

# President's Report

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## 2018-2019 has been a year of perseverance for BQWCHC.

We inch closer to fulfilling the vision of a new CHC site in Quinte West and being able to serve the community with the services needed in Primary and Community Health Care. The Board has been dedicated to ensuring this continues to move forward and we are hopeful that 2020/21 will see the doors open on the new Centre for the Quinte West community.

We have welcomed three new dynamic Board members – Scott Robertson, Gerry Watts and Deborah Hierlihy who bring extensive experience to the Centre for its continued growth.

The Board has been dedicated to its own development which includes accreditation preparation, governance policy revisions, and authorizing a new electronic medical records for improved sharing of patient information for access to care. As noted, there has been ongoing support for the capital project as well as the monitoring and promoting of the ongoing work of the organization. The dedication of the staff to that work is commendable, and it is the heartbeat of this Centre in every way.

The Board is working hard to prepare for the health reform currently underway with the new provincial government, and we are very appreciative of the leadership consistently demonstrated by the Executive Director, Sheila Braidek who has navigated the changes while keeping the Board well informed.

Finally, the BQWCHC lost a dedicated member. Brenda Pergantes was a founding member of the CHC, and sat on the Board for nine years. She was a champion for the most vulnerable in the community. After her term was completed, Brenda served on the Community Advisory Committee and continued to provide leadership to create the connections for clients of the CHC to improve their healthcare options. We all mourned her passing – and know she has left a legacy to this organization and to the communities it serves.



**Sandie Sidsworth**  
President

# Executive Director Report

**BQWCHC has experienced change both internally and externally over the course of 2018-2019.**



**Sheila Braidek**  
Executive Director

Internally we've experienced a period of unprecedented change over the past couple of years adding new programs, new staff, and new dimensions to how we work as a team and in our communities.

New programs include the Home for Good Housing program in partnership with Hastings County and having mental health and addictions services on-site in a partnership with AMHS-HPE.

New dimensions include the Social Prescribing Initiative as part of a broader provincial initiative, a shift in how we organize our social work resources, deeper and more day to day discussions on the meaning of collaborative practice, and a review of our community health programs.

And new staff... my, oh my. Eighteen new staff as we had programs expand, current staff go on maternity leaves, and others leave the organization permanently. The contributions of those who have left us during the year – including Susanne Chatten, Meagan Feeney, Charlotte Burt, Brandy Phillips, Shannyn Tucker, April Rowlandson, Carla Vander Voort, Athena Gaumond, Katie Grieve, and Diana Hancock – are very much appreciated. We wish them all the best.

Thanks are due to all the staff and our fantastic Volunteers and Health Champions! It's been terrific watching the organization evolve over the year under your leadership and creativity. And thanks also to the Southeast Local Health Integration Network and Hastings County for your support.

One of the biggest changes for us this past year has been the evolving broader health care environment. As we lean into the unknowns of the coming year, a deep commitment to quality, an ethos of working with our clients and community, and a practice of innovation and collaboration will help us stay both steady and adaptive.

Community health is a complicated environment – we have to follow best practices and be innovative; we have to be playful and adaptive; we have to think of both the individuals we see and those we don't; we have to respond to medical demands that might be socially driven; we have to focus both on prevention and on treatment; we have to be fair and make choices to invest resources differentially; and, we have to attend to our own Mission while being integrated as part of the broader system.

We balance all these demands because of, and with, a fundamental belief. Everyone – regardless of who they are – should have access to good quality health care.



# Comprehensive Primary Health Care

CHC provides **comprehensive primary health care** to over **5140** individuals.

This includes access to a primary care provider – a nurse practitioner (NP) or a physician (MD) – and a range of other services to meet basic needs. At BQWCHC our services includes one-to-one and group education and counselling on chronic disease prevention and management, medication management, nutrition, dental, health promotion and others.

Danielle became a primary care client of the Health Centre in 2011. Since then she has received a range of health care services from her NP, the nursing staff, the Dietitian, Chronic Disease Prevention & Management Nurse, and others. The holistic and collaborative care approach of the CHC has proven very successful for Danielle. Having access to the many different services and resources “under one roof” has allowed her to get the care and support she and her children need and from a team of providers who work together with Danielle to achieve her health care goals. “In many ways, the people at the CHC make me feel like I am family to them. I couldn’t ask for better care.”

– Dannielle

Client Danielle Demorest and son Izac  
with Krista Smith, Nurse Practitioner



## What is a Nurse Practitioner?

A Nurse Practitioner is a Registered Nurse with additional education and training – a Masters degree. A NP has a broad scope of practice – they can diagnose and treat about 80% of what a physician can. An NP consults with a physician when necessary.

“Being an NP at the BQWCHC is the most rewarding career I can imagine. I am given the opportunity daily to participate and witness positive life-changing events that literally change clients’ trajectory, making a very different outcome than what might have occurred.”

– Krista Smith, Nurse Practitioner



We are open to everyone, and we focus on those groups who have multiple health and/or social needs. We take a health equity approach, tailoring our programs and services to groups that face systemic barriers.

We know that individual, family, and community health are all linked... one supports the other.

### Equity vs Equality

Getting equal – exactly same as everyone else – care or opportunity to be healthy doesn't always work. For example the same diet plan for a diabetic who is living on a middle income probably won't work for someone who is living on a low income or who fasts for religious reasons. Equity means that both people get a diet plan that considers who they are, their lives, and what will work for them.



People's sense of belonging – in a community, in a family, among friends – is important to health.

On average, our clients have more complex health needs than the general community. In fact our clients as a group are 70% more complex than the average population. Twenty-five (25) percent of our primary care clients seen in 2018/19 have three or more conditions. Of those, 75% accessed at least three services at BQWCHC in the year. This complexity informs how we work and the services we provide. Part of this includes team appointments, collaborative care conferences, same/next day appointments, group work, care coordination, helping people navigate through health and other systems, and helping build people's own capacity to take action on health.



## Harm Reduction

Is about working with people to reduce the risk of harm associated with their substance use or other activities. Harm reduction is an evidence-based effective approach to improving health outcomes. We partner with Addictions and Mental Health Services HPE, Peer Support Services South Eastern Ontario, and Public Health. BQWCHC saw 145 clients over 849 visits through our addiction medicine program. We also distributed over 22,500 needle kits and provided Naloxone training for our entire staff.

## Registered Social Workers provide both one-to-one short-term counselling and facilitate workshops such as Managing Powerful Emotions and People Skills.

The **Social Work Team** has undergone several changes during this fiscal year with one Social Worker departing and a new Social Worker coming onboard. In the Fall of 2018, the team began a re-design of the Social Work Program to have more dedicated time for the demand of individual counseling and for more intentional time allotted to community development. The Social Work team also continues work with Rainbow Youth Outreach, the Prenatal Educators Network and has helped to implement Social Prescribing at the CHC.

The nutrition services program at BQWCHC offers a wide range of programming to the community, covering topics from gardening and food safety to heart health and diabetes management.





By offering accessible education and practical life skills to clients and the community, we can help people manage their health and prevent illness and disease.

The **Registered Dietitian** does one-to-one nutritional counselling often focused on chronic disease management. This year her focus has been on expanding our food program to address food insecurity and food literacy across the organization.

Our **Certified Diabetes Educator** and **Registered Dietitian** partner to bring a diabetes pathway to clients offering full best practice supports for clinical and dietary needs.

We are also helping to launch a new regional primary care program on **COPD** (chronic obstructive pulmonary disease) management. This will help ensure better access to diagnosis and treatment in the community.

**Smoking cessation** is an important component to our work. We had over 115 people engaged in smoking cessation programs and many of them were successful in stopping smoking!

Our **High Risk Wound and Foot Care** program worked with 182 clients this year. Foot care is so important to many people including people who are diabetic and those who are homeless. This year we received additional funding for 'off-loading' devices – a real help with managing some types of serious wounds.

The community **Pharmacist** works with staff and clients to ensure effective use and management of medications. Seventy-six (76) percent of our clients with multiple health issues have had a medication reconciliation.





## Oral Health Program

BQWCHC has an oral health program focused on people living on low-incomes.

Marvin became a client of the CHC in 2012 and since that time, has accessed many of the Centre's programs and services including the Oral Health program.

At a recent visit to the Centre, Marvin spoke about how for him, the CHC is more than just being a client – he feels like he is a part of a family.

“This is the best clinic in Belleville – the people are wonderful and make me feel so welcome.”

Client Marvin Loft with Bill Armstrong, Dentist and Stephanie Maggiolo, Dental Assistant



We had the privilege to work with **1353** people in 2018-2019.

Oral health is so important to overall health and for many people who can't afford access to dental care, and the emergency department may be their only relief. By serving this low-income community, we were able to help avoid 661 emergency department visits!

# Connecting, Coordinating, Navigating

The Complex Case Work helps BQWCHC primary care clients with multiple health and/or social challenges coordinate and navigate the different care and supports they need.

The Community Resource Worker assists and advocates with both clients and community members meeting their practical short term needs using a solution base focus.

“In short, I help people. I also recognize that I need help sometimes too. To me, that’s what health promotion is, people helping people. Building trust, sharing ideas and information. Acquiring the skills we need to improve our current situation. This promotes our individual health and well-being but also contributes to the growth of a healthy community.”

- Cheryl Swallow, Community Resource Worker

## Quinte Health Link

Quinte Health Link is a regional program designed to help coordinate care for people with multiple health and/or social needs. BQWCHC is the administrative home for this program, but it is a way of work being adopted by primary care and other providers across the region. In the past five years Quinte Health Link has worked with 1832 people or 26% of the high risk population, almost double the provincial average. This work has helped these people avoid both emergency department visits and hospital admissions.

## Thrive

Thrive is a regional program that operates out of the Belleville Quinte West Community Health Centre. Thrive supports pregnant and parenting women who have present or past problems with opioids or who are presently receiving methadone treatment. Thrive Case Managers help women to recognize their strengths, set goals, and expand their supports by providing counselling, parenting support and education. The Program also aims to reduce the stigma associated with methadone treatment through agency, stakeholder, and community outreach and education. Thrive staff had 1197 visits with clients in 2018-2019.

## Telemedicine

Telemedicine is a secure 2-way live videoconferencing system that allows clients to meet with specialists virtually – kind of a medical Skype but with better equipment and the support of nurses! BQWCHC is the host organization for a Telemedicine nurse team in Hastings and Prince Edward County – serving clients from Picton in the south to Bancroft in the north; Brighton in the west and east to Belleville. Usage of the Telemedicine program was up 32% over the previous year!



“This year the Telemedicine Program has saved people in Hastings Prince Edward 766,707 km in travel and related costs. That’s essentially the same distance as from Belleville to the moon and back!”

- Heather Sylvester-Giroux, Telemedicine Manager

Left to right: Heather Sylvester-Giroux, RN Telemedicine Lead; Jacqueline Dillon, RPN Telemedicine; Jane Clement, RPN Telemedicine; Valerie Robbins, RPN Telemedicine



## Building Capacity & Community

Volunteering is about building community, improving health, and learning new things. This year we had **26 volunteers** supporting programs and administration.



**Our Volunteer Ambassadors attended five community events to promote the Health Centre and were able to facilitate/host an outreach session at one seniors' residence in Belleville. Thank you for all your support and leadership!**

**The BQWCHC contingent at Belleville Pride festivities was larger than ever! Join us in June!**



### Social Prescribing

BQWCHC launched its Social Prescribing initiative in October 2018. Social Prescribing is based on three simple ideas. First, many people go to their health care provider looking for help, but the help they need is often social. Second, people have time, ideas, experience to offer, not just needs to be met. Third, it can make a difference when a primary care provider refers their patient to a social activity.

At BQWCHC those ideas have come together in the work of 17 volunteer Health Champions. They have provided leaders on several new programs at the CHC including: a walking club, craft group, breakfast and dinner clubs, Learning to Live Again – Life Beyond Grief (a social group for widows) and a Song Circle. Health Champions have also re-arranged the lobby, added a lending library, books, games and colouring activities and provide music in the lobby.

Social Prescribing is another way our focus on community capacity building and health promotion comes to life.

### Housing

BQWCHC is a partner with Hastings County in the Home For Good housing program. The purpose of this program is to provide homeless or precariously housed people with housing and support. A new housing development on Sidney Street in Belleville will be finished in October 2019 and accommodate up to 40 units. The BQWCHC Housing Worker works to support residents in four of those units as well as to people in the community who are homeless, evicted, or precariously housed. In the past year we've been able to assist about 20 of the 40 people we've worked with to access housing.



### Homelessness Enumeration

BQWCHC participated with Bridge Street United Church and the Community Development Council of Quinte in the 2018 Homelessness Enumeration. Four volunteer surveyors from the CHC had the opportunity to meet with self-identified homeless or precariously housed people. In addition to hearing about their housing situation, the surveyors were able to share information about BQWCHC.

The Enumeration surveyed 50 people in Quinte West, 150 people in Belleville, and others in Madoc and Bancroft. We learned that 22% were youth, 45% had been homeless for more than six months, and most had more than one health issue. We also learned that low income/poverty and lack of affordable housing were the two primary contributing factors to homelessness.

“Sitting across from a person listening to their story makes it real and stirs a compassion and a desire to see change in a way that simply knowing about an issue cannot.”

- Homelessness Enumeration Surveyor

### Community Governance

Our priorities and how we do our work is shaped in part by our Board of Directors and the people on different committees and work groups. This ensures that our programs and services are meaningful to our community and reflect the diversity of our community. And it gives people in our community the opportunity to provide leadership and develop leadership skills which will benefit the community as a whole.

### At our Centre, health promotion programs bring people together to:

- connect with others
- meet basic needs, become physically active or maintain physical activity, manage chronic pain or chronic conditions, relax and be creative, or access fresh fruits and vegetables
- share and learn from each other.

Our **Food program** has been substantially expanded over the past year. A Dinner Club, Soup Program, and Breakfast of Champions are now underway. BQWCHC also helps distribute the Good Food Box.

**Physical Activity programs** include Indoor Walking, Seated Exercise, Urban Pole Walking, and Seated Yoga.

**Pain & Chronic Disease Management programs** include Living Well With Chronic Disease, Living Well With Chronic Pain, Chronic Pain and Chronic Conditions Support Group, and Mindfulness Awareness Stabilization Training.





### **Mental Health & Social programs**

include Adult Colouring Drop-in, Fun With Crafts, and Club 50+ Drop-in. The Social Work team has also collaborated with several community partners to facilitate access to Dialectical Behavioural Therapy groups for community members.

### **Rainbow Youth Outreach**

BQWCHC has been working with Rainbow Youth Outreach to increase supports and opportunities for gay/lesbian/bi/trans/queer/questioning/two-spirit youth. We co-hosted a Rainbow Youth March Break Camp and a dozen youth attended this unique and welcoming event!



## Marsha Stephen Community Health Leadership Award

**Mary Woodman** received the Marsha Stephen Community Health Leadership Award in 2018 for her hard work and leadership in the development of Quinte Health Link.

The Marsha Stephen Award was established to recognize leaders in the Quinte area who understand that health starts where we live, learn, work and play – in our community. It acknowledges their commitment to promoting health through collaboration and community capacity-building.

Mary Woodman is one such leader. Congratulations, Mary! And thank you.

## And the nuts and bolts

BQWCHC has an infrastructure team that keeps all systems go! This group includes information technology, decision support, accounting, human resource management, and the management team overall.

IT has been focused on completing an equipment refresh, and adopting and enhancing tools for monitoring and security software at the Centre. Part of this means that of the 159,531 emails we received, 74,836 were weeded out as either spam or malicious.

Accounting and Human Resources has made sure that staff and vendors are both paid and supported. Not an easy task!

And Decision Support has been supporting access to external databases like the South East Integrated Information Portal and Connecting Ontario. Decision support helps us produce the data we need to do our jobs, improve how and what we do, and report on all that we do.

# Finance Committee Report 2018-2019

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, 2019.

Copies of the complete audit can be obtained from [info@bqwchc.com](mailto:info@bqwchc.com).

- **Wendy Osborne**, Treasurer

## Statement of Revenue, Expenditure and Net Assets

(as excerpted from the audited Financial Statements)

	2018/19	2017/18
<b>Current Assets</b>		
Cash	\$ 2,725,586	\$ 2,281,015
Short-term investments	\$ 655,795	\$ 1,042,226
Accounts receivable	\$ 157,417	\$ 315,476
Government rebate recoverable	\$ 332,696	\$ 161,457
Prepaid expenses	\$ 29,897	\$ 84,678
	<b>\$ 3,901,391</b>	<b>\$ 3,884,852</b>
<b>Tangible Capital Assets</b>	<b>\$ 1,782,634</b>	<b>\$ 1,195,776</b>
<b>Intangible Capital Assets</b>	<b>\$ 9,242</b>	<b>\$ 11,553</b>
	<b>\$ 5,693,267</b>	<b>\$ 5,092,181</b>

## Liabilities and Net Assets

### Current Liabilities

Accounts payable and accrued liabilities	\$ 547,056	\$ 556,033
Government remittances payable	\$ 69,665	\$ 58,967
Deferred revenue	\$ 1,229,342	\$ 1,503,164
Subsidies repayable	\$ 2,055,328	\$ 1,766,688
	<b>\$ 3,901,391</b>	<b>\$ 3,884,852</b>

### Deferred Contributions

related to capital assets	\$ 1,266,021	\$ 848,221
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### Net Assets

Invested in tangible and intangible capital assets - internally restricted	\$ 525,855	\$ 359,108
Unrestricted	\$ -	\$ -
	<b>\$ 525,855</b>	<b>\$ 359,108</b>
	<b>\$ 5,693,267</b>	<b>\$ 5,092,181</b>

	2018/19	2017/18
<b>Revenue</b>	<b>\$ 7,757,051</b>	<b>\$ 7,671,750</b>
<b>Expenditures</b>	<b>\$ 6,779,046</b>	<b>\$ 6,585,479</b>
Excess/(Deficiency) of Revenue over Expenditure, before under noted item	\$ 978,005	\$ 1,086,271
Less: Subsidies repayable	\$ -982,720	\$ -1,071,859
Less: Loss on disposal of capital assets	\$ -\$7,786	\$ -\$10,897
	<b>\$ -\$12,501</b>	<b>\$ 3,515</b>
<b>Net Assets, beginning of the year</b>	<b>\$ 359,108</b>	<b>\$ 355,593</b>
<b>Net Assets, end of year</b>	<b>\$ 525,855</b>	<b>\$ 359,108</b>





Standing left to right:  
 Kathy Baker, Director  
 Dawne Brown, Director  
 Gerry Watts, Director  
 Scott Roberston, Director  
 Sheila Braidek, Executive Director

Sitting left to right:  
 James Huff, Board Secretary  
 Deborah Hierlihy, Director  
 Wendy Osborne, Treasurer

Missing from photo:  
 Sandie Sidsworth, President  
 Brad Harrington, Vice President  
 Lorrie Heffernan, Director  
 Kim Egan, Director

## Board of Directors 2018-2019

Sandie Sidsworth  
 Brad Harrington  
 Wendy Osborne  
 James Huff  
 Lorrie Heffernan  
 Kathy Baker  
 Kim Egan  
 Dawne Brown  
 Gerry Watts  
 Scott Robertson  
 Deborah Hierlihy  
 Kathryn Brohman\*  
 Christine Chomyn\*  
 Christine Durant\*

## Current Staff Team

Beth Abbott*	Helen Lakhan
Jennifer Allan	Christanne Lewis
Anastasia Bennett	Michael Li
Kimberley Boyle	Stephanie Maggiolo
Sheila Braidek	Ruth McCallum
Charlotte Burt*	Heather McColman
Terri Cadeau	Shawna McCulloch
Susanne Chatten*	M. Anne McDermid*
Jane Clement	Carrie McGeown
Jacqueline Dillon	Julia Miles
Susan English	Christina Moore
Meagan Feeney*	Veneda Murtha
Vicki Forestell	Stephanie Nickerson
Pamela Garrison	Brittany Papke
Athena Gaumond*	Amy Parks
Jose Gomide	Brandy Phillips*
Sarah Graham	Sarah Powell
Sara Graves	Stacey Powell
Daina Greene	Elaine Radway
Gretchen Grenke	Valerie Robbins
Katie Grieve*	Meghan Rosborough
Diana Hancock	April Rowlandson*
Chanse Holder	Kristina Salomon
Melissa Holowaty	Deborah Scaletta
Holly Johnson	Fran Schmidt
Jamie Kennedy	Bianca Sclipa Barrett
Natasha Kerr	Jason Scott

Luba Shepertycky  
 Anna Sherlock  
 Krista Smith  
 Roger Snow  
 Lois Stather  
 Jessica Stevenson  
 Tania Strong  
 Cheryl Swallow  
 Heather Sylvester-Giroux  
 Lorri Taylor  
 Meghan Thain  
 Natasha Theocharides  
 Shannyn Tucker\*  
 Dolores Turner  
 Carla Vander Voort\*  
 Krista Vandermeer  
 Daniel Vernet  
 Shannon Wall  
 Robyn Watson  
 Karen White  
 Patty Wilson  
 Mary Woodman

\*Indicates people who left BQWCHC during 2018-2019

**Every One Matters.  
Every Individual.  
Every Family.  
Every Community.**

[www.bqwchc.com](http://www.bqwchc.com)