

Every
One
Matters.

2014-15



West Elgin
Community
Health Centre

2014-15
ANNUAL REPORT

West Elgin Staff



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Our Valued Board of Directors

Dan McKillop
David James, CHAIR
Jennifer Ford, SECRETARY/TREASURER
Mervin Coleman, VICE-CHAIR
Richard Leatham
Ruth Martin

Message from the Board Chair

Your Board of Directors has had a busy year working to offer the highest quality health care within our funding capacity. I mention funding, because we must be mindful that our financial resources are limited and dictated by our funder, the Ministry of Health and Long Term Care through our Local Health Integration Network (the South West LHIN). These circumstances pose some challenges for a Community Health Centre like WECHC, but we continue to work diligently to minimize their impact on service delivery.

It may not be common knowledge that our dedicated staff members, without exception, are paid significantly less than their counterparts working in urban hospitals and other areas of health and social services. Our great staff team serves our communities because they see the value of their services, and they believe the work is meaningful. To all the dedicated WECHC staff, I say thank you from the bottom of our hearts. On behalf of the Board of Directors, we truly appreciate all you do for our community.

I also owe a vote of thanks to all of our volunteers, including your Board of Directors, for all the hard work they have done over the past year. Our volunteers make a difference in our communities everyday working with many different Health Centre programs. Your Board Members have taken the time to become better at what they do by attending workshops, seminars, conferences and webinars. These included workshops on Risk Management, Board Basics, Big Picture Thinking, Financial Fitness, and Emerging Trends in Board Governance. Board members were present at the Association of Ontario Health Centres' annual conference in order to represent our community, and to learn more about making the most of Health Centre resources. They have participated in Board to Board meetings with our funder, including making a presentation to highlight our financial challenges and make a strong case for more money for our sector.

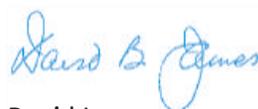
At the close of 2014-15, we implemented a new Strategic Plan. The work to produce this was led by a team of consultants, and involved hard work by the Board, staff, our steering committee, our stakeholders and community members, who all provided invaluable input. This new 'roadmap' builds on the work of the previous three-year plan, and reflects the changing needs of our community, the reality of spending constraints and the changing priorities of our funders. I invite you to learn more about and respond to our 2015-18 strat plan, keeping in mind that it is a living document that is subject to regular review and revision to keep it responsive to community needs. You can read more on page 10 of this report, ask a staff member, or visit our website for more information. Your input is welcome at any time.

The Board also enjoyed attending many WECHC community events, including the Teddy Bear Picnic, our Volunteer Appreciation Dinner, the staff Christmas Party, and two Fall Fairs.

Finally, I offer an expression of gratitude to our Executive Director, Andy Kroeker, who holds this all together and works many more hours than he is paid for. In addition to all the work Andy does for us, he provides a leadership role in Health Links, and the LHIN's Primary Care Plan – two very important initiatives aimed at improving health care in the region. Andy's work on these initiatives is a requirement of the LHIN and is taken into account when the LHIN evaluates our Health Centre's progress in meeting our targets.

The Board looks forward to working with its new members, staff, clients, and partners to continue building caring, vibrant, healthy communities in the coming year.

Sincerely,



David James
BOARD CHAIR

Audited Statement of Financial Position

Statement of Financial Activities and Net Assets Year ended March 31, 2015

	\$	2014 \$
Revenue		
Government funding	5,063,159	4,701,043
Grants and program funding	49,104	32,436
Consumer income	55,593	58,829
Interest	1,173	1,270
Other	10,130	19,798
Amortization of deferred capital contributions	<u>161,130</u>	<u>161,130</u>
	5,340,289	4,974,506
Expenses		
Salaries and wages	2,392,163	2,269,225
Benefits	707,946	713,813
Nurse Practitioner remuneration	281,068	252,013
Medical staff remuneration	707,106	567,704
Medical and surgical supplies	27,210	24,459
Supplies and sundry	608,023	742,701
Equipment expenses	16,246	15,313
Contracted out	139,244	87,230
Buildings and grounds	94,461	110,997
Amortization – capital cost of Centre	161,130	161,130
Amortization – other	<u>20,087</u>	<u>11,677</u>
	5,154,684	4,956,262
Excess of revenue over expenses, prior to funding repayable	185,605	18,244
Funding repayable, Ministry of Health and Long-Term Care	<u>84,042</u>	<u>4,752</u>
Excess (deficiency) of revenue over expenses	101,563	13,492
Net assets, beginning of year	<u>93,331</u>	<u>79,839</u>
Net assets, end of year	<u><u>194,894</u></u>	<u><u>93,331</u></u>

M-SAA Indicator Tracking 2014-15

As part of the agreement with our main funder, the South West Local Health Integration Network (South West LHIN), the Health Centre signs a three-year Multi-Sectoral Accountability Agreement (M-SAA). For each year in the agreement, the targets and corridors are set for the indicators. New indicators may be added and old ones dropped. The results are reported to the LHIN for Q2 (April 1-September 30), Q3 (December 31) and Q4 (March 31) each year. As shown below, green results are meeting the target, yellow are within the acceptable corridor, while red are not meeting the expected results. The Health Centre uses this information to show us the areas that need more attention.

INDICATOR	Q4 YTD (%)	Q4 PROPOSED TARGET YTD 14/15	Q4 PROPOSED PERFORMANCE STANDARD LOW	Q4 PROPOSED PERFORMANCE STANDARD HIGH
Fund Type 2 - Balanced Budget	1.6%	0.0%	0.0%	0.0%
Proportion of Budget Spent on Admin	17.5%	13.3%	10.6%	15.9%
SCHEDULE E2A: CLINICAL ACTIVITY-DETAIL				
General Clinic Visits	12,432	21,500	20,425	22,575
General Clinic Individuals Served	1,663	1,900	1,710	2,090
Therapy Clinic Visits	3,856	4,225	3,803	4,648
Therapy Clinic Individuals Served	925	1,357	1,221	1,493
Diabetes Clinic Individuals Served	760	800	680	920
Diabetes Clinic Visits	2,375	2,500	2,250	2,750
Meals Delivery – Individuals	55	70	56	84
Meals Delivery – Meals Delivered	5,053	2,200	1,980	2,420
Congregate Dining – Individuals	383	470	376	564
Congregate Dining – Attendance Days	4,848	4,800	4,320	5,280
Transportation – Visits	3,588	4,200	3,780	4,620
Transportation – Individuals	140	140	112	168
Homemaking Hours of Care	5,475	5,475	5,201	5,749
Homemaking Individuals Served	6	6	5	7
Assisted Living – Resident Days	5,840	8,030	7,629	8,432
Assisted Living – Individuals	16	22	18	26
Caregiver Support – Visits	1,503	1,200	1,080	1,320
Caregiver Support – Individuals	367	500	425	575
Visiting Social and Safety – Visits	1,434	1,500	1,350	1,650
Visiting Social and Safety – Individuals	112	100	80	120
SCHEDULE E2B: CHC SECTOR SPECIFIC INDICATORS				
Cervical Cancer Screening Rate (PAP Tests)	66.9%	69.0%	55.2%	82.8%
Colorectal Screening Rate	56.5%	48.0%	38.6%	58.0%
Inter – professional Diabetes Care Rate	89.6%	94.0%	75.2%	100.0%
Influenza Vaccination Rate	25.7%	21.0%	16.7%	25.1%
Breast Cancer Screening Rate	48.9%	37.0%	29.9%	44.9%
Periodic Health Exam Rate	50.7%	54.0%	43.2%	64.8%
Vacancy Rate (NPs and Doctors)	25%	20.0%	0.0%	24.0%
Access to Primary Care	48%	55.0%	49.1%	60.1%



Celebrating 20 Years



Our Dedicated Volunteers

We could not do it without you!
Thank you for making an impact
in our community!

Allan Binks
Aloria Skelding
Andy Honchell
Ange Welch
Angus McLain
Audrey Roodzant
Ben Sloetjes
Bill Graham
Bill Miller
Bonnie Robertson
Bonnie Rowe
Brenda Szusz
Brenda VanBree
Candida Francisco
Carol Mooney
Carole Giles
Carolyn Arn
Carrie Proulx
Cathy Attridge
Cathy MacVicar
Charles Cronkite
Charlotte Skelding
Chris Kirschner
Christina Swann
Claire Champ
Daryl Dickieson
David Thwaites
Deanna DeRooy
Derek Heard
Domenic Maniacco
Donna Miller
Ed Mylrea
Eileen McTavish
Elaine Brown
Elmer Dean
Eric Neyens
Esther Pennings
Fran Downie

Gary Long
Gino Maniacco
Gordon Hadash
Harry Slaats
Irene Puddester
Jane Anton
Jean Georgevich
Jessica Stacey
Jill Soos
Joan Neil
Joanne Slaats
Joey Bolton
John Dewilde
John St.Pierre
Joyce Baker
Julie Campbell-Peters
Justin Chase
Karen Kendrick
Karen Roos
Kathy Corneil
Ken Mott

Kenzie Beer
Lina Bettencourt
Linda Dionne
Liz McNeil
Lucas Bettencourt
Mabel Miller
Madison Murray
Mandi Lockyer
Maria Silveira
Marie I. Oliveira
Marion Binks
Martha Groniger
Martin Slaats
Mary Mylrea
Mary Verbeek
Mary Vergeer
Maya Maniacco
Melissa Stokes
Micalya Cartlidge
Mike Rowe
Nancy Labadie

Neal Fleming
Normande Morencie
Patrick Mooney
Phyllis McNeil
Rachel Skedgel
Ron Downie
Rose Welch
Ruth Martin
Samantha Heard
Selaena Hayward
Seth Abbott
Shantaya Feasey
Shekina Cartlidge
Shirley Dewilde
Stan Champ
Steele VanDyk
Susan Donahue
Tammy Cartlidge
Tanya Lima
Thea Long
Tom Beresford



Our Accomplishments

FUNDING

While the Centre did not receive an overall budget increase in 2014-15, we succeeded in securing new permanent funding in many areas. This allowed for the creation of new services for the residents of West Elgin and Dutton Dunwich:

- \$5000 for our transportation services to help more clients access Adult Day Programs
- Increased wages for Personal Support Workers as part of a provincial plan that recognizes the value of their service to clients in our Assisted Living Programs
- Funding to hire a chronic disease Nurse Practitioner, whose new role allows us to provide additional support to community members dealing with pain, chronic obstructive pulmonary disease (COPD) and diabetes
- Funding to provide free physiotherapy to residents of West Elgin and Dutton Dunwich without benefit coverage, which began in February through a partnership with Talbot Trails Physiotherapy in the Heritage Homes Community Hub
- One time minor infrastructure funding to make lighting more energy efficient; renovate and repair the teaching kitchen, clinical offices and the roof; and upgrade the phone system, servers and other Information Technology hardware to improve the reliability of our systems and equipment
- One time funding to co-lead a Primary Health Care Planning process with our funder, the South West Local Health Integration Network (South West LHIN), which will focus on identifying the inequities of five key groups in accessing primary care: Rural, Elderly and Disabled, Low-Income, Aboriginal, and Ethno-Cultural Populations; the initial project is scheduled to be completed by March 31, 2016

“The staff treats everyone in an individual dignified manner- to make everybody feel like they matter.” – *Client Satisfaction Survey 2014*

NEW PROGRAMS AND SERVICES

The Centre continued to partner with other organizations to bring in new programs and services to our communities. In 2014-2015 these included:

- Getting Ahead Financial Literacy Classes through Bridges Out of Poverty
- How to get the Most Out of Your Healthcare Appointment
- The Arthritis Society started offering services onsite in November
- Open Art Therapy Class
- Needle Exchange Program

CLINICAL COVERAGE

The Centre continued to search for full-time permanent staff for our clinical care team. One physician locum left in August and new ones started in September and January. A Nurse Practitioner left in August, a new one started in September, one Nurse Practitioner returned from her maternity in the spring and we said farewell to another shortly after. Despite these challenges, we successfully eliminated the waiting list for clinical services and we are actively recruiting new clients. In the fall, we began an intensive planning process to prepare for the launch of Advanced Access.

COMMUNICATION

Our efforts to improve communication focused on our online presence, in order to make us more accessible to our clients and stakeholders. Last summer, we launched a new website and a Facebook page. You can also find us on Twitter @WECHC. This has allowed for more ways to participate in and engage with our community.

STRATEGIC PLAN

A major focus during the year was on our new Strategic Plan. Over 300 people participated in its development, and it was released at the end of the fiscal year. Read more about the plan and its four key priorities of Access, Communication, Organizational Culture and Service Excellence on page 10 of this report.

20TH ANNIVERSARY OPEN HOUSE

On July 9, we celebrated the 20th Anniversary of the Centre opening its doors to deliver care and services to the community. This trip down memory lane allowed us to honour the great work done by all the employees and volunteers at the Centre over the years.

OTHER ACCOMPLISHMENTS

- We undertook an initial Canadian Index of Wellbeing Baseline Survey that gathered nearly 450 responses from people in the community
- We celebrated the International Year of the Farmer with a Dinner in September
- Our Diabetes team moved to a new site in Aylmer and is now co-located with the East Elgin Family Health Team on Talbot Street
- We were fortunate to receive a generous donation of six pieces of artwork from Harry Wilkinson. Harry is a local artist who lives in New Glasgow. He also made a donation of artwork to the Hub



"I can call anytime, and someone is there to help!" – Client Satisfaction Survey 2014

Building Caring, Vibrant, Healthy Communities

In 2014-15, one of the Health Centre’s main activities was our strategic planning process.

We began by engaging and listening to our stakeholders through focus groups, surveys, and one-to-one interviews with clients, staff, volunteers, members of the public, community partners, funders, associations and the Board. Our planning was mindful of our communities’ needs, the directions and priorities of our funders and partners, the wider systems in which we work, and our organizational resources and capacity.

Strategic planning is about building a roadmap for the future. We have done our best in this planning process to reflect the voices of our communities and stakeholders, and to ensure that the plan reflects both the rural environment and the social and economic realities of our communities. The priorities that will guide our activities for the next three years are: access, communication, organizational culture, and service excellence. We will focus our efforts and investments on these priorities, working to achieve our goals by communicating with our stakeholders, developing action plans to ensure day-to-day operations keep their focus, and monitoring and reporting our progress.

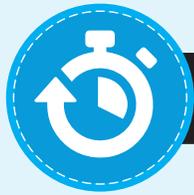
Our Strategic Priorities for 2015-2018

Through our planning process, we have created a road map to help us build caring, vibrant, healthy communities. We will focus our efforts and investments on four strategic priorities. Each of these priorities is based on feedback received from stakeholders. These priorities will guide our activities for the next three years.



“The best part of the Health Centre is the medical team. It has top doctors and nurse practitioners that are caring and sensitive about their patients. They are also very flexible and listen to their patients.”
– Client Satisfaction Survey 2014

Strategic Priorities



ACCESS

GOAL STATEMENT

We will deliver timely, coordinated access to care.

STRATEGIES

To support this goal, we will:

- 1 Improve access to programs and services.
- 2 Guide people to the care and services they need.
- 3 Improve the way we work to ensure clients receive timely care.
- 4 Improve access to Mental Health and Addiction services.



COMMUNICATION

GOAL STATEMENT

We will engage with, listen, and respond to our communities.

STRATEGIES

To support this goal, we will:

- 1 Actively seek opportunities to listen to our communities.
- 2 'Tell our story' so that our clients and communities are better informed about our programs and services.
- 3 Build our ability to support effective, efficient communication and education.
- 4 Continue to advocate for those people most in need of our help.



ORGANIZATIONAL CULTURE

GOAL STATEMENT

We will create an environment where staff, volunteers, and Board feel valued.

STRATEGIES

To support this goal, we will:

- 1 Recruit and retain dedicated staff, volunteers, and Board to meet our communities' needs.
- 2 Enhance professional development opportunities for staff, volunteers, and Board.
- 3 Support a culture of collaboration.



SERVICE EXCELLENCE

GOAL STATEMENT

We will provide quality services that add value for our communities, partners and funders.

STRATEGIES

To support this goal, we will:

- 1 Ensure our programs and services are aligned with our communities' needs.
- 2 Improve the quality of our operations through Accreditation, and by maximizing the potential of our information systems.
- 3 Make informed decisions that allow us to continually improve our programs and services.
- 4 Be an active leader in system change, including Health Links, and the Primary Health Care plan.

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2014-15



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The West Elgin Community Health Centre wishes to thank its funders for their continued support: the South West Local Health Integration Network, and the United Way of Elgin-St. Thomas.