Board Orientation

Andy Kroeker, Executive Director
John Mockler, Finance and Operations Director
Kate Dymock, Primary Health Services Director
Barry Fellinger, Community Health Services Director

October 22, 2020





Every One Matters.

AGENDA

- Centre Overview
- Board's Role
- Accountability and System Change
- External Partners and Resources
- Primary Health Services Director
- Community Health Services Director
- Finance and Operations Director



Centre Overview



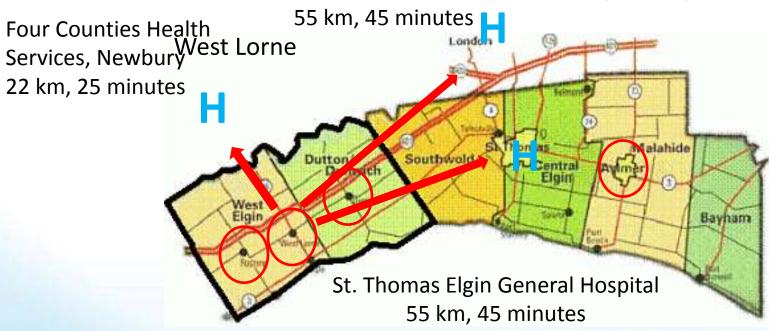
History

- December 2, 1992 Letters Patent
- July 1994, First services delivered
- June 19, 1995 Official Opening
- January 2004 Move to current location at 153 Main Street
- May 2004 Official Opening
- August 27, 2008 Heritage Homes Official Opening
- February 3, 2012, Hub Official Opening
- July 2019 celebrated 25th anniversary



Catchment Area

London Health Sciences Centre (Victoria)



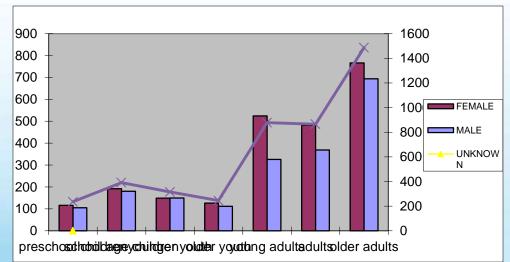
West Elgin: Population 4,995 (-3.1%), 2,102 households, 322 km²
Dutton-Dunwich: Population 3,866 (-0.3%), 1,481 households, 295 km²
(Approx 9,000 people, 3,500 households, 600 km²)



West Elgin CHC

- \$6 million
- 50 FTE
- 125+ Volunteers
- ~6,000 clients (2,600 primary care and 3,400 other programs and services)





Hours of Service

- Centre Hours:
 Monday, Wednesday, Friday 8:30am 5:00pm
 Tuesday and Thursday
 8:30am 8:30pm
- COVID Hours closed Tues and Thu eve and lunch 12-1
- Assisted Living Program:
 7 days per week, 6:00am 10:00pm plus overnight coverage
- Clinical Team:24/7 on call phone coverage



Are We a Rural Health Hub?

- Primary Health Care
- Chiropody
- Diabetes Education (2)
- Mental Health
- Dietitian
- Health Promotion
- Systems Navigation
- Children's Programs
- Physiotherapy

- Chronic Disease
 Management
- Transportation
- Accessible Van
- Meals on Wheels
- Congregate Dining
- Friendly Visiting
- Caregiving Support
- Assisted Living



Partners

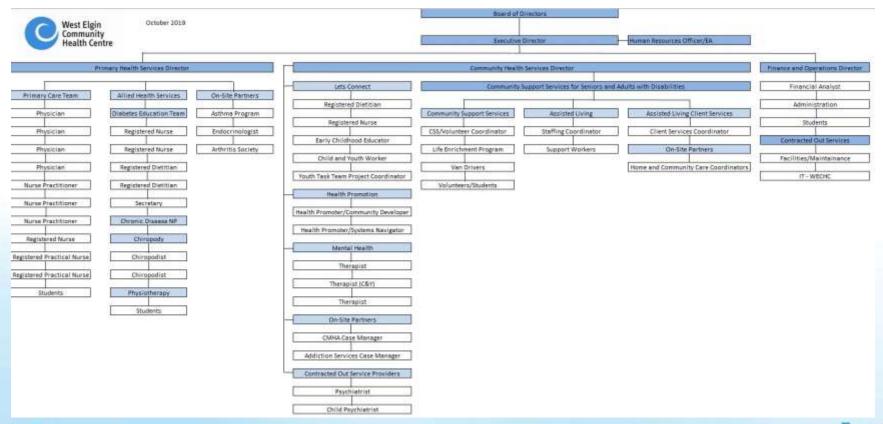
- Gamma Dynacare Lab Services
- CMHA Elgin
- Addiction Services
- Ontario Early Years
- Southwestern Public Health
- VON SMART Exercise
- MS Support
- Parkinson Support

- Alzheimer Society
- Community Living
- Talbot Trails Physiotherapy
- West Elgin and Dutton Dunwich Municipalities
- East Elgin FHT
- St. Thomas Elgin General
- Four Counties Health Srv
- SW LHIN Homecare



One Matters.

Organizational Chart





Challenges – Recruitment and Retention

- Historically staff turnover due to lower salaries compared with hospitals combined with challenges of commuting.
- Tended to attract recent graduates who worked here for a few years before leaving for higher paying roles.
- Younger female work force means that maternity leave replacements are part of our reality.
- Causes client and staff concerns with continuity of care and challenges with increasing number of clients seen.
- Last five years received Recruitment and Retention funding increase for staff salaries.
- Assisted Living/ Community Support Services budgets have not received increases.



Challenges 2 – Base Funding

- 85% of budget is for salaries and benefits
- 15% is for everything else
- Over the past eleven years we have had base increases of 2%, 1.5%, 0%, 0%, 0%, 1%, 0%, 0%, 0%, 0%, 0% and 0%.



Board's Role



By-Laws

WEST ELGIN COMMUNITY HEALTH CENTRE BY-LAW NUMBER 2

A BY-LAW TO PROVIDE FOR THE ORGANIZATIONAL STRUCTURE AND GENERAL ADMINISTRATIVE AND OPERATIONAL PROCEDURES OF WEST ELGIN COMMUNITY HEALTH CENTRE.

- Updated at Sep 20 17 AGM
- Formalities, Membership, The Board, Officers of the Corporation, Protection of Directors and Officers, AGM, Books and Records
- Pending changes to Ontario Not- for-Profit Corporations Act (ONCA) will require another update within the next few years



Board Policy Manual

- Online as part of Board Portal http://wechc.on.ca/about-us/board-portal-3/
- Four Sections

Manuals

- Organizational Ends
- Board Governance
- Staff Limitations
- Board Staff Relationships
- Additional Operational and Departmental Policy



GOV 208 Directors Responsibilities and Declaration

Each Director shall:

- at all times comply with the Centre's Code of Ethics and Conduct;
- at all times comply with the Centre's Privacy Policies;
- represent the interests of all of the Centre's stakeholders in a fair and unbiased manner, and not favour any particular individual or special interest group inside or outside of the Centre;
- exercise care and diligence when making any decisions regarding the Centre;
- not use his or her position as a director or his or her service to the Board for his or her own personal advantage or for the advantage of his or her friends or supporters;
- approach all issues being considered by the Board with an open mind and to carefully consider all such issues and to base his or her decisions on what is in the best interests of the Centre in both the long and short term.



Healthcare Insurance Reciprocal of Canada (HIROC)

- A Bodily Injury (incl. Personal Injury)
- A1 Advertising Liability
- B Property Damage Liability
- B1 Tenant's Legal Liability
- C Professional Liability
- C1 Blood Transfusion Legal Liability
- D Contingent Employer's Liability
- E Employee Benefits Liability
- F Errors and Omissions Liability
- G Environment Impairment Liability
- H Non-owned Automobile Liability
- I Crime Insurance
- J Property Insurance



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Errors and Omissions Liability

- HIROC's version of Directors and Officers
- Covers Trustees, Officer's, Director's, Members of Boards or Committees, Officers/Board Members of volunteer and auxiliary associations, and employees.
- Insurance covers not only judgments or settlements arising from allegations but also the costs to defend against such allegations whether groundless or not.





Directors and Officers Responsibilities

Directors and Officers have a fiduciary responsibility to act in the best interests of the organization

Responsibilities include:

- Duty of Loyalty
- Duty to Act Honestly and in Good Faith
- Duty to Act Prudently
- Duty to Act in Timely Manner





Board Executive

- Chair
- Vice-Chair
- Secretary-Treasurer
- Membership Secretary



Board Committees

- Committee of the Whole
- Finance
- Governance
- Quality
- Youth (community)
- Client and Family Advisory Council



Strategic Plan

STRATEGIC PLAN



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.



Our Vision

We envision caring and vibrant communities where people achieve and maintain the highest possible level of well-being.

Our Mission

The West Elgin Community Health Centre team works with our communities and our partners to provide accessible, high quality health care, health promotion, and community support services.

Our Values

- · Person-centred and Community-centred
- Service Excellence * Teamwork
- Accountability
- . Leadership
- · Respect



BUILDING CARING, VIBRANT, HEALTHY COMMUNITIES

153 Main Street, West Lame, ON Not 2Fb + T-519,768.1715 + F-519,768.2548 + Info@wechc.en.ca+ www.wechc.en.ca

STRATEGIC PRIORITIES

Every One Matters.



ACCESS

GOAL STATEMENT We will deliver timely, coordinated access to care.

STRATEGIES

To support this goal, we will:

- Improve access to programs and services.
- Guide people to the care and services they need.
- improve the way we work to ensure clients receive limely care.
- Improve access to Mental Health and Addiction services.



ORGANIZATIONAL CULTURE

GOAL STATEMENT

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

STRATEGIES

- To support this goal, we will:
- Regruit and retain dedicated staff, valuateers, and Board to meet our communities' needs.
- Exhance professional development apportunities for staff, volunteers, and Board.
- Support a culture of collaboration.



COMMUNICATION

GOAL STATEMENT.

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

STRATEGIES

To support this goal, we will:

- Actively seek appartunities to listen to our
- Tell our story' so that our cliests and communities are better informed about our programs and services.
- Build our ability to support effective, efficient connunication and education.
- Continue to advocate for those people must in need of our help.



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:
- Ensure our programs and services are aligned with our
- reprove the quality of our operations through Accreditation, and by maximizing the potential of our reformation systems.
- Make informed decisions that allow us to continually morove our programs and services.
- Be an active leader in system change, including Health Links, and the Primary Health Care plan.

Prepared by: Platinum Leadership Inc. and Koyacs Group Inc.



Vision

 We envision caring and vibrant communities where people achieve and maintain the highest possible level of well-being.



Mission

 The WECHC team works with our communities and our partners to provide accessible, high quality health care, health promotion and community support services.





Values

- Person-Centred and Community-Centred
- Service Excellence
- Teamwork
- Accountability
- Leadership
- Respect



Strategic Priorities

ACCESS

Goal Statement – We will deliver timely, coordinated access to care.

COMMUNICATION

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





Strategic Priorities (2)

ORGANIZATIONAL CULTURE

Goal Statement – We will create a collaborative environment where staff, volunteers and Board feel valued and supported.

SERVICE EXCELLENCE

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



Operational Plan



2019-20 Operational Plan for West Elgin Community Health Centre Updated: Feb 25 19

Year 5:

Priority	Strategy	Key Actions	Timeline	Lead	KPIs	KPI source	Status	Progress Update
Access	We will improve access to programs and services	Primary Care team to continue client intake to move toward Panel Size targets	Mar 2020	Kate	Minimum 3260 clients (75% target for Access to Primary Care indicator)	Nightingale (NOD)		
Access	We will guide people to the care and services they need	Expand participation of clients in Social Prescribing pilot study	Mar 2020	Barry	Number of clients in study	Nightingale (NOD)		
Access	We will improve the way we work to ensure clients receive timely care	Continue implementing improvements in the advanced access scheduling process	Mar 2020	Kate	Percentage of clients reporting they received services when needed	Client satisfaction survey		
Access	We will improve the way we work to ensure clients receive timely care	Explore expansion of appointment call reminder system and self- scheduling in Telus PS Suite	Mar 2020	John	Number of clients served by each system	PS Suite		
Access	We will improve access to Mental Health and Addiction Services	Deploy Mental Health Rapid Assessment protocol	Jun 2019	Barry	Number of clients served using protocol	Nightingale (NOD)		



Accountability and Systems Change



Local Health Integration Networks





Multi-Sectoral Accountability Agreement (M-SAA)

Indicator	Q4 YTD (%)	Q4 Proposed Target YTD 18/19	Q4 Target Perf Stand LOW	Q4 Proposed Perf Stand HIGH	
Schedule E1: Core Indicators	1-7				
Scriedule L1. Core marcators					
Balanced Budget- Fund Type 2	1.6%	S0	\$0	S0	
Proportion of Budget Spent on Admin	19.7%	19.6%	15.7%	23.5%	
Schedule E2a: Clinical Activity Detail					
General Clinic Individuals Served	2,382	2,150	1,935	2,365	
General Clinic Service Provider Interactions	14,144	14,139	13,432	14,846	
Foot Care Individuals Served	470	509	433	585	
Foot Care Service Provider Interactions	1,997	2,000	1,800	2,200	
Nutrition Individuals Served	212	200	160	240	
Nutrition Group Sessions	42	35	28	42	
Nutrition Group Participant Attendance	485	250	200	300	
Nutrition Service Provider Interactions	376	350	280	420	
Physiotherapy Individuals Served	294	425	340	510	
Physiotherapy Group Sessions	59	5	4	6	
Physiotherapy Group Participant Attendance	133	25	20	30	
Physiotherapy Service Provider Interactions	1,619	1,800	1,620	1,980	
Counselling Individuals Served	272	350	280	420	
Counselling Group Sessions	64	36	29	43	
Counselling Group Participant Attendance	587	430	344	516	
Counselling Service Provider Interactions	1,475	1,950	1,755	2,145	
Chronic Disease Individuals Served	162	200	160	240	
Chronic Disease Group Sessions	67	50	40	60	
Chronic Disease Group Participant Attendance	508	250	200	300	
Chronic Disease Service Provider Interactions	1,320	1,000	900	1,100	
Diabetes Individuals Served	912	950	808	1,093	
Diabetes Group Sessions	46	20	16	24	
Diabetes Group Participant Attendance	349	250	200	300	
Diabetes Service Provider Interactions	3,013	3,250	2,925	3,575	
Community Engagement Individuals Served	158	250	200	300	
Community Engagement Group Sessions	111	50	40	60	

Indicator	Q4 YTD (%)	Q4 Proposed Target YTD 18/19	Q4 Proposed Target YTD 18/19	Q4 Proposed Perf Stand HIGH						
Community Engagement Group Participant Att	1,064	500	425	575						
Community Engagement Service Provider In	367	550	468	633						
Pers Health Wellness Individuals Served	307	125	100	150						
Pers Health Wellness Group Sessions	185	150	120	180						
Pers Health Wellness Group Participant Attend	1,984	1,700	1,530	1,870						
Pers Health Wellness Service Provider Interact	530	450	360	540						
Meals Delivery Individuals Served	51	70	56	84						
Meals Delivery Combined	4,058	3,500	3,150	3,850						
Congregate Dining Individuals Served	466	470	376	564						
Congregate Dining Attendance Days	8,292	4,800	4,320	5,280						
Transportation Visits	5,914	4,200	3,780	4,620						
Transportation Individuals Served	166	200	160	240						
Assisted Living Resident Days	10,228	8,030	7,629	8,432						
Assisted Living Individuals Served	37	25	20	30						
Caregiver Support Visits	2,154	1,200	1,080	1,320						
Caregiver Support Individuals Served	372	350	280	420						
Visiting Social and Safety Visits	2,482	1,500	1,350	1,650						
Visiting Social and Safety Individuals Served	119	100	80	120						
Schedule E2b: CHC Sector Specific Indicators Cervical Cancer Screening Rate (PAP Tests) 83% 75.0% 60.0% 90.0%										
Colorectal Screening Rate	85%	74.0%	59.2%	88.8%						
Inter-professional Diabetes Care Rate	96%	95.0%	76.0%	100.0%						
Influenza Vaccination Rate	69%	70.0%	56.0%	84.0%						
Breast Cancer Screening Rate	82%	65.0%	52.0%	78.0%						

Green is meeting the target, yellow is meeting the corridor, while red is not meeting the corridor.

68%

% Green 70%

Access to Primary Care

% Yellow 17%

% Red 13

60.0%

54.0%

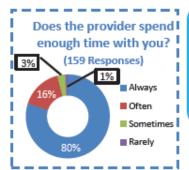
Total 100%

66.0%

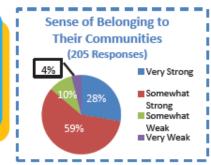
Overall Satisfaction with the Centre in 2018/19

96% of WECHC's clients were satisfied with their services and programs in 2018/19!

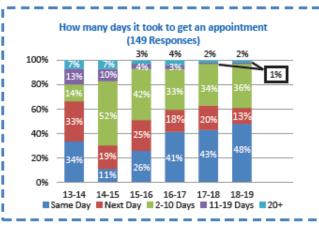
"They have many programs and the staff is awesome" - Client

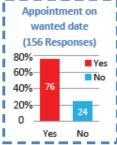


"Booking appointments can sometimes be a barrier to seeing Doctors/Nurse Practitioners" -Client











Thank You To the 222 clients who took part in our survey!

How to Improve the Health Centre: (111 Responses) Improve scheduling process

Best Parts of the Health Centre:

(171 Responses)

Friendly and caring staff

Access to appointments Location and convenience

Diversity of Services and programs

- No improvements needed
- Increase hours, staff, and amount of programs
- Opportunities to improve care



Every Matters.

Quality Improvement Plan (QIP)

2019/	20 Qual	ity Improver	ner	t Plan f	or Onta	rio Pri	mary Ca	are							
		nt Targets an					_								
		West Elgin CHC 153 N	lain St	reet											
IM		Measure									Change				
sue	Quality dimension	Measure/Indicator	Туре	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
1 = Manda	tory (all cells	must be completed) P	= Prior	ity (complete (ONLY the com	ments cell if	you are not w	orking on	this indicator) C = custom (add any othe	r indicators you	are working on)				
heme I: imely and fficient ransitions	Efficient	Percentage of patients who have had a 7-day post hospital discharge follow up for selected conditions. (CHCs, AHACs, NPLCs)	P	% / Discharged patients	See Tech Specs / Last consecutive 12-month period.	92245*	x		Denominator = 19; Data suppressed as per CHI and MOHLTC guidelines. Partnership has been established with Four Counties Health Services (FHCS), Middlesex Hospital Alliance, for follow-up appointments to be arranged at discharge when indicated.	Health Services Corporation,	1)The Elgin Health Links IDEAS project is working with local hospitals to improve the discharge planning process for inpatients with COPD or CHF. This is a pilot project and the Centre is exploring how we can be involved.	Confirm process with Health Links IDEAS team to be followed once one of our clients is identified as a participant in the pilot.	Number of clients with COPD or CHF who have had follow up appointments following hospital discharge		Our centre would be happy to join other nearby health centres (e.g. CKHA, STEGH) in forming agreements, similar to the one in place with FCHS, to facilitate improved post-discharge follow up. Leadership will continue to network and indicate our willingness to collaborate with local partners.
	Timely	Percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed.	P	% / PC organization population (surveyed sample)	In-house survey/ April 2018 - March 2019	92245*	61.9	72.00	Target remains unchanged from previous year's. As mentioned in last year's QIP we are concerned that this metric is not a reflection of our ability to offer 'timely access to services for clients who do not want or are not able to access our services through a same or next-day appointment. (During this year's survey we continued to ask the question: The last time you were sick or were concerned you had a health problem did you get an appointment on the date you wanted? The response was 75.6% YES - which represents a 2.0% increase from last year). Our Primary		1)Continue to implement & evaluate recent change to appointment scheduling system that will allow clients to book appointments up to 5 days in advance.	Implement 5-day booking system for set period of time. Re-evaluate by asking representative sample of clients question "The last time you were sick or were concerned you had a health problem did you get an appointment on the date you wanted?". (Current performance is 75% - as per client satisfaction survey.)	% of clients who answered 'yes' (indicating that they received an appointment on the day they wanted).	80%	Continue to implement a method of data collection to measure this.
									Care Team's current focus is to strike a balance between same-next-day and pre-booked appointments that meets our client's needs. The change ideas and process measures presented identify our plan to do so.		2)Improve primary care provider a vailability by reducing wait-times for mental health counseling and system's navigation. (We expect that this will free-up primary-care provider's appointments that are being utilized to monitor clients with high needs).	Implement identified process changes to improve efficiency of counseling and system's navigation services.	Wait-times (in weeks) for MH counseling or system's navigation	<4wks.	In the past year wait-times for MH counseling have fluctuated between 8-18 weeks.
											3)Continue to track ability to meet cleint's appointment requests at reception/admin on a quarterly basis. Review reports with reception and PHC Team to identify areas for improvement.	Identify 1 week/quarter where Admin will track type of appointment requested by client and type of appointment offered by centre. Report will be generated and reviewed with teams.	Number of reports generated & reviewed with teams.	4 reports generated & reviewed.	We have found this to be a helpful process in past year-as it has helped to identify process changes that can be made to improve our ability to meet client needs. (e.g. Nursing to follow-up with clients to develop care plan if no same-day available when

Accreditation

- Every four years staff and Board review policies and practices
- Canadian Centre for Accreditation
- On site review team for multiple days
- Accredited September 2016 was initially June 2020 – asking deferral until April 2022 tbc
- Barry and Kate both certified as accreditors



Ontario Health



14



Health Force Ontario

LHIN RLISS







Ontario Health Teams Guidance Document

- The Ontario Health Teams: Guidance for Health Care Providers and Organizations sets out the process for providers to become Ontario Health Teams.
- There are multiple components to the Ontario Health Team model:
 - 1. Patient Care & Experience
 - 2. Patient Partnership & Community Engagement
 - 3. Defined Patient Population
 - 4. In-Scope Services
 - 5. Leadership, Accountability, & Governance
 - 6. Performance Measurement, Quality Improvement, & Continuous Learning
 - 7. Funding and Incentive Structure
 - 8. Digital Health
- The guidance document specifies each of these components in detail, including:
 - Minimum readiness criteria that groups must demonstrate over the course of the readiness assessment process in order to be considered for Ontario Health Team Candidate selection
 - Expectations for Ontario Health Team Candidates at the end of their first year
 of operations
 - Expectations for an Ontario Health Team at maturity



Ontario Health Teams:

Guidance for Health Care Providers and Organizations





Elgin Ontario Health Team (EOHT)

- Three sponsoring agencies Central (CCHC) and West Elgin Community Health Centres (WECHC) and St. Thomas Elgin General Hospital (STEGH).
- Initial meetings included Elgin-based health care providers, City of St. Thomas and Elgin County
- Proposal submitted May 2019
- Target population Seniors Respiratory Health including Chronic Obstructive Pulmonary Disease (COPD)



Steering Committee Membership

- Alzheimer Society Elgin-St. Thomas
- Canadian Mental Health Association – Elgin
- Caressant Care Nursing and Retirement Homes
- Central Community Health Centre
- Cheshire Independent Living Services
- City of St. Thomas
- County of Elgin (Long-Term Care and EMS)
- Dale Brain Injury Services
- East Elgin Family Health Team
- Elgin Family Health Organization
- Elmdale Family Health Organization

- Elmwood Family Health Organization
- Mennonite Community Services of Southern Ontario
- Participation House London (PHSS)
- Southwestern Public Health
- St. Thomas Elgin General Hospital
- Thames Valley Family Health Team
- Victorian Order of Nurses
- West Elgin Community Health Centre
- Windemere Family Health Organization
- South West LHIN Home and Community Care program



Challenges

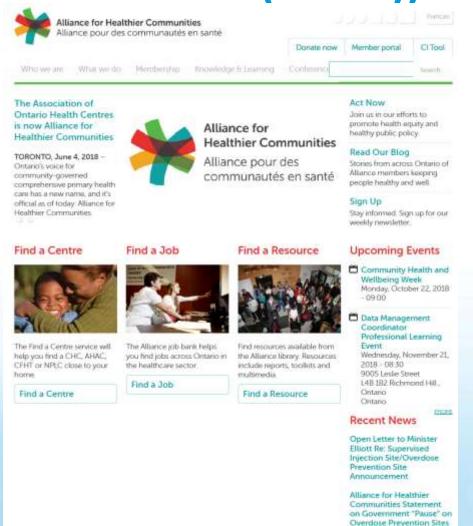
- Involvement of people and Boards
- Engaging primary care
- Involvement of SW LHIN Home Care
- Need to build trust between people and organizations
- Initially no resources offered by Ministry to facilitate "greatest transition in health care in 50 years"
- Identifying scope Health Equity, Social Determinants of Health (SDOH), Wellness, Health Promotion and Prevention to keep people out of hospital



External Partners and Resources



Alliance for Healthier Communities (formerly Association of Ontario Health Centres (AOHC))





Every One Matters

Neighbouring CHCs





Ontario Community Support Association (OCSA)



ABOUT N

MEMBERSHIP

TRAINING

NEWS

RESOURCES

QUALITY ADVANTAGE CONFERENCE



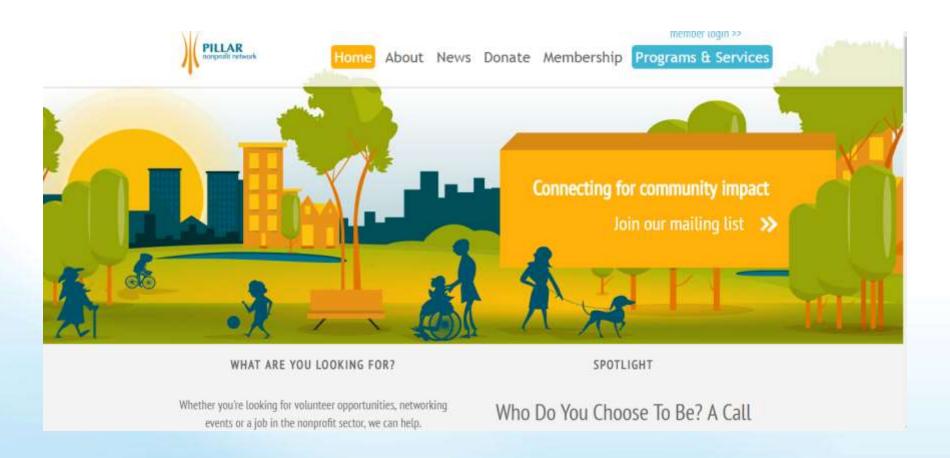
COMMUNITY SUPPORT MONTH 2017 Protect and strengthen not-for-profit community support services!

The Ontario Community Support Association (OCSA) is the voice of the home and community support sector. Our members provide a wide variety of health and wellness services that help a wide range of clients - including seniors and people with disabilities - live independently in their own homes and communities for as long as possible.



One Matters.

PILLAR NonProfit Network





Website wechc.on.ca





Board Portal



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1

Type then press enter

Q

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Events Calendar



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Questions?





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