



South East Grey Community Health Centre



Annual Report

2011 - 2012

Every One Matters

We are grateful for the ongoing support and funding received
from the South West Local Health Integration Network.

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“Body and soul cannot be separated for purposes of treatment, for they are one and indivisible. Sick minds must be healed as well as sick bodies”. –

Jeff C. Miller

Message from the Board Chairperson

On October 3, 2011 the South East Grey Community Health Centre opened its doors to patients and clients. What seemed like an eternity ago, a number of community-minded citizens volunteered to sit as board members in response to an ad placed by the Ministry of Health and Long Term Care and the South West Local Health Integration Network (SW LHIN). Over the course of the last four years, we worked to engage the community, undertake a needs assessment, define our operational plan and then, hire an Executive Director. Allan Madden started working as the first employee on January 1, 2011 and over the course of the last ten months, Allan hired staff, defined the clinical and community program offering and oversaw the construction of the centre.

Today we are a going concern filling a much needed void in the provision of primary and allied health care and community services. Patients and clients have reacted very positively to the presence of a multi-disciplinary health care team that covers Chatsworth, Grey Highlands and Southgate.

Our mandate is to provide services to patients without a family doctor, seniors, youth and individuals suffering from chronic diseases such as diabetes, heart disease, arthritis, etc. We are also very proud to serve individuals suffering from mental illness.

Our population is a high needs group and the South East Grey Community Health Centre is well positioned to provide quality services along with our community partners well into the future.

On March 24, 2012 we partnered with the Bluewater District School Board, Grey Bruce Public Health and Hope Grey Bruce and opened a student health clinic at Grey Highlands Secondary School in Flesherton. The clinic provides much needed counseling and primary care services to students five days per week.

The Board just completed its first strategic plan and over the course of the next four years we intend to grow our service offering, increase our access to care and implement a number of initiatives that will improve our quality and accountability. The South East Grey Community Health Centre is well positioned to become a provincial leader in the provision of rural primary care health services and programs.



Terry Mokriy – Board Chairperson

“If you can dream it, you can do it”.
— Walt Disney

“The leaders who work most effectively, it seems to me, never say “I.” And that’s not because they have trained themselves not to say “I.” They don’t think “I.” They think “we”; they think “team.” They understand their job to be to make the team function. They accept responsibility and don’t sidestep it, but “we” gets the credit.... This is what creates trust, what enables you to get the task done”. — Peter Drucker

To Our Stakeholders

There is an increasing recognition by the general public and stakeholder groups that public services and specifically health care-related services, must continue to be transformed to respond to new policy and financial priorities. These priorities have led to a growing acceptance that the process of reform must be inclusive of the funders, employees, providers and consumers of health-related services.

In an environment frustrated by economic stagnation, it is incumbent upon leaders to work together to redefine the service offering in a manner that regards teamwork and partnership as paramount. Change will not happen within health care unless leaders are able to put the patient/client ahead of their own personal ambitions.

The South East Grey Community Health Centre embarked on a stakeholder engagement strategy early to gauge the community’s response to our opening and to look at opportunities to partner, plan and further enhance the services within the broader community in which we serve. The result was captured in a community white paper and led to the development of several joint initiatives including the launch of the student health clinic in Flesherton.



Allan Madden – Executive Director



Student Health Clinic Grand Opening – March 24, 2012

“Teamwork is a constant balancing act between self-interest and group interest”.
— Susan Campbell

“The bitterness of poor quality lingers long after the sweetness of meeting schedule”. — Unknown

Operations

Clinical Operations

In the first six months of operations, the teams (primary care and allied health) worked with a policy advisor to develop and implement a number of clinical policies and procedures which have served to ensure that the privacy and safety of our patients and clients remains our number one concern.

Staff were trained on all clinical policies and regular meetings are conducted to deal with issues as they arise.

Human Resources

A human resources manual was developed and implemented. The manual consists of HR-related policies and procedures along with orientation material, payroll strategy, performance management program details and benefit administration materials. The performance management program is designed to ensure that any compensation increases are directly related to individual performance. The material in the HR binder is updated on a regular basis.

Health and Safety

A health and safety program was designed and implemented this year. All staff have been trained on WHIMIS and legislative requirements have been strictly adhered to. A comprehensive health and safety program consisting of workplace policies and procedures related to employee safety, hygiene, cleaning standards and sterilization practices was developed and implemented. A trained workplace health and safety committee meets quarterly to conduct workplace inspections and document any employee issues or concerns.

Finance and Administration and IT

The Centre developed and introduced a number of initiatives in the finance, administration and information technology area this year. A comprehensive procurement strategy was approved by the Board prior to soliciting RFPs for services and supplies. Our finance was outsourced along with our information technology services. The Centre is in line to implement Great Plains financial software and Nightingale (electronic patient record system) in the next fiscal year. A web site and SharePoint-based document management system is also planned for next year.

By The Numbers – Our Performance

We were successful in launching a number of programs and services in our first six months of operation and look forward to growing our service offering in the coming years.

Individual Statistics	Clients
Number of Patient/Client Visits	2797
New Patients Rostered	503
Number of Active Clients	665
Programs	Visits
Smoking Cessation	38
Cardiac Wellness Program	126
Community Presentation # of people (by Dietitian)	168
Influenza Vaccination	260
Tetnus Shot	23
Dental Hygenist Program - Public Health	111
Referrals to Internal	51
Referrals to External	67
Physiotherapy	526
Walking Program - Dundalk/Flesherton	1083
Senior Fitness Class	33
Dietitian	174
Social Work	160
Social Work (GHSS)	71
Chiropodist	38
Rec. Therapist	6
Community / Health Promotion Programs	87
Meetings with Community Partners (# of meetings)	68
Youth Focus Groups (# of people)	136
Chronic Disease Prevention Programs	Examinations/Labs
Cervical Screening: Paps	29
Colorectal Screening	22
Diabetes Care	257
Breast Cancer Screening	18
Periodic Health Exam	80

Accountability

Multi-Sector Service Accountability Agreement

The Executive Director and the Board Chairperson signed a Multi-Sector Service Accountability Agreement on April 1, 2011 which links the Centre's performance to funding received through the South West Local Health Integration Network (SW LHIN). *The Local Health System Integration Act*, 2006 requires that the LHIN and the Centre enter into a service accountability agreement. The agreement enables the LHIN to provide funding to the Centre for the provision of services. It supports a collaborative relationship between the LHIN and the Centre to improve the health of Ontarians through better access to high quality health services, to co-ordinate health care in local health systems and to manage the health system at the local level effectively and efficiently.

South East Grey CHC - Board of Directors

Terry Mokriy – Chairperson

Sarah Ellis

Susie Furlong

Dick Kavanagh – Treasurer

Trevor Kendall

Gwen Mullin

Paul Tessier

Report of the Independent Auditor

To the Board of Directors and Members of the South East Grey CHC

We have audited the accompanying financial statements of South East Grey Community Health Centre, which comprise the statement of financial position as at March 31, 2012, and the statement of operations and changes in fund balances and cash flow statement for year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility

Management is responsible for the preparation of these financial statements in accordance with Canadian generally accepted accounting principles and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Opinion

In our opinion the financial statements present fairly, in all respects, the financial position of South East Grey Community Health Centre as at March 31, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Gaviller & Company LLP
LICENCED PUBLIC ACCOUNTANTS
Owen Sound, Ontario
June 26, 2012

Statement of Financial Position

South East Grey Community Health Centre
As at March 31, 2012

ASSETS

	Ref	\$
Current		
Cash on deposit	1A	142,662.47
Accounts Receivable	2A	21,480.00
Total Current Assets		164,142.47
Capital Assets	3A	420,561.80
Total Assets		<u>584,704.27</u>

LIABILITIES

Current		
Accounts Payable and Accrued Liabilities	4A	149,887.90
Due to Funder	5A	14,244.00
Total Current Liabilities		164,131.90
Deferred Capital Contributions	6A	420,561.80
Total Liabilities		<u>584,693.70</u>
Contributed Surplus (deficit) for period		10.57

Statement of Operations

South East Grey Community Health Centre
As at March 31, 2012

REVENUES	\$
Funding from South West LHIN (note x)	2,009,724
Miscellaneous & Interest Income	6,370
Amortization of deferred capital contributions	118,082
	<u>2,134,176</u>
EXPENSES	
Primary Care Expenses	437,888
Allied Health Expenses	438,775
Administrative Expenses	831,420
Amortization Expenses	118,082
One Time Expenses	308,000
	<u>2,134,165</u>
Excess of revenues over expenses for the period	11

Basis of the Summary Financial Statements:

South East Grey Community Health Centre (the "Centre") has prepared these summary financial statements to be included as part of its annual report. The Centre has determined that the level of aggregation presented is adequate for the readers of the annual report. The audited financial statements may be obtained from the Centre.

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