



## BOARD CHAIR & EXECUTIVE DIRECTOR'S REPORT

After the significant changes associated with the Centre's relocation in 2012/2013, this last fiscal provided the board and staff of the BCHC with a timely and much needed opportunity to reflect, assess and evaluate how to better meet the needs of the community.

The AGM was also slated to be held in June rather than in September, thus requiring the Board to make a number of significant considerations and decisions in a condensed time frame. Overall, fiscal 2013/14 proved to be a busy yet very productive year for the Board and the organization. Highlights of fiscal 2013/14 activities include:

- Advocating with the municipality to enhance transit access to the BCHC at the new location
- Proceeding with the strategic plan renewal which commenced with a health-equity based experiential learning opportunity for board, board standing committee membership and staff resulting in a refresh of the Centre's value statements. The Board then completed a rigorous environmental scan that included stakeholder engagement with partner agencies, Centre membership and staff. The information garnered from these key strategic planning phases enabled the board to develop and endorse new strategic themes and the corresponding strategy map for 2014-2017.



*2013 AGM Volunteer Recognition-Christine Breedon*

- Continuing to support Board development which included participation in NSM LHIN Regional Governance planning and training sessions as well as hosting financial planning/budgets and legal workshops for the board.
- Endorsing the Association of Ontario Health Centre's Model of Health and Wellbeing which replaced the CHC's Model of Care to reflect the unique role of the CHC sector in addressing the broader context of health and wellbeing.
- Approval of the 2014-2017 Community Annual Planning Submission in preparation for the 2014-2017 Multi Sector Accountability Agreement with the NSM LHIN. The board reviewed and evaluated the significant changes within the accountability agreement as well as the corresponding performance indicators.
- In collaboration with the Outcome and Quality Assurance Committee, the Board supported the development and endorsement of the BCHC's 2014-2015 Quality Improvement Plan for submission to Health Quality Ontario.
- Partnering with community stakeholders in the development of the business plan and being a member of the Steering Committee for the Barrie Community Health Links initiative as well as providing staffing support for the Phase 1 Health Links MVP project.
- Fostering new partnerships with the local elementary and secondary schools as well as the local municipal recreation centre and social housing by providing outreach community kitchens and primary health care access.
- Supporting the development of a new partnership with the Barrie YMCA to deliver the Fitness for Health Program targeting individuals with chronic conditions that traditionally have barriers to accessing community based activity programs.

# BOARD CHAIR & EXECUTIVE DIRECTOR'S REPORT

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Connect Café food demonstration

The momentum for change established last fiscal will enable the BCHC board and staff to realize the revitalized vision:

**“a healthy and engaged community”**

At BCHC, we value:

- Compassion
- Collaboration
- People-centredness
- Quality and Excellence
- Equity

The vision and values enable the board, staff, membership and volunteers to fulfill the long-standing mission of the BCHC:

*“BCHC encourages personal responsibility for one’s own health and that of the community through health promotion, illness prevention, chronic disease management and integrated primary health care services”*

## BCHC’s 2014-2017 Strategic Themes:

- Equity-driven and People-centered Health Care
- Enhanced Health Outcomes
- Responsive Community Outreach
- Collaboration and Innovative Partnerships
- Effectual Organizational Governance

Christine Colcy,  
Executive Director

Stephen Bertelsen,  
Board Chair

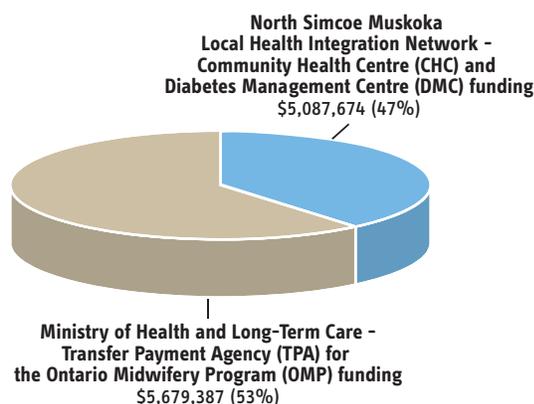
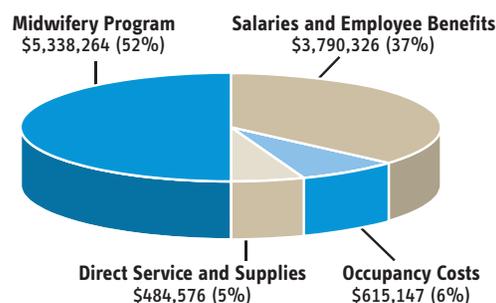
# FINANCIAL SUMMARY

## SOURCES OF REVENUE

North Simcoe Muskoka Local Health Integration Network - Community Health Centre (CHC and Diabetes Management Centre (DMC) funding	\$5,087,674
Ministry of Health and Long-Term Care - Transfer Payment Agency (TPA) for the Ontario Midwifery Program (OPM) funding	\$5,679,387
	<b>\$10,767,061</b>

## EXPENSES BY TYPE

Salaries and Employee Benefits	\$3,790,326
Occupancy Costs	\$615,147
Direct Service and Supplies	\$484,576
Midwifery Program	\$5,338,264
	<b>\$10,228,313</b>



## Key Facts

- Our team of 50 staff including physicians, nurse practitioners, nurses, physiotherapists, social workers, dietitians, community health workers, health promoters and diabetes educators along with support staff served over 5,100 active clients with 29,000 visits to the Centre, in the home or in the community.
- Group programs activities increased substantially during the last year with a total of 111 group sessions hosting over 840 participants at the Centre and throughout the community.
- Over 26 volunteers provided approximately 2,000 volunteer hours in 2012/2013. Thank you to our dedicated volunteers!
- BCHC hosted 23 students (1,354 hours) for placements and practicums including social service workers, dietetic interns, nurse practitioner and nursing students as well as medical residents.

## Outcome and Quality Assurance Committee

Meetings were held May 6, 2013, November 20, 2013, February 12, 2014

Outcome and Quality Assurance Committee's primary role is to evaluate how well the BCHC has "accomplished the BCHC's strategic objectives and priorities". The committee reviews performance measures as they relate to the strategy objectives, audits compliance standards for accreditation, contributes to the Board annual work plan and review recommendations of the Program Development and Evaluation Committee. Fiscal 2013/14 activities included:

- Reviewing and monitoring the Centre's Annual Quality Improvement Plan (QIP) as per Health Quality Ontario's requirements under the Excellent Care for All Act, 2010 as well as the feedback provided by HQO on the first annual QIP submission.
- Supporting the development of operational leadership for quality improvement that aligns with the BCHC's updated 2014 Quality Improvement Framework and existing staffing complement (i.e. no net new staffing to support quality improvement).
- Orientation to the LHIN Multi-sector Accountability Agreement (MSAA) Performance Dashboard including CHC specific indicators and system level indicators. Initiate discussion regarding the role of the CHC in LHIN-wide, system level performance.
- Amending the Centre's Executive Dashboard to enable improved Board level informed decision making related to performance across the organization and improve linkages with the Balanced Scorecard/Strategy Map.
- Reviewing the recommendations of the Program Development and Evaluation Committee related to new and existing programs.

## Risk Management Committee

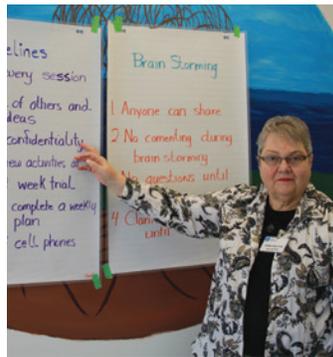
Risk Management Committee of the Board met on the following dates: May 1, 2013, November 5, 2013, November 27, 2013, January 29, 2014

The Risk Management Committee has responsibility to ensure that the human resource, finance, facility and information resources and systems support the achievement of the Centre's strategy objectives, maintains the Centre's overall activities and identifies and manages risks to avoid or minimize loss. The Committee key activities during fiscal 2013/14 included:

- Approved the 2014-17 Community Annual Planning Submission to the NSM LHIN.
- Reviewing and approving the Centre's Advocacy and related staff level policies.
- Ensured alignment of performance and accountability through a review and analysis of the Centre and MSAA performance dashboard indicators and metrics.
- Reviewed the draft Risk Management Policy as required by the MSAA.
- Approved changes to the Emergency Management Plan related to the new location.

## Mission:

The BCHC encourages personal responsibility for one's own health and that of the community through health promotion, illness prevention, chronic disease management, and integrated primary health care services.



Erma Walton, CDSMP Lay Leader



Fitness for Health at the YMCA

- Within the context of the CHC sector-wide human resource and compensation issue, supported management in health human resources planning and recruitment/retention strategies.
- Provide advice and guidance to amending the organizational design to meet new and increasing accountability and performance requirements.
- Commenced review and made recommendations for changes to the Personnel Policies.

## Governance Committee Report 2013/14

Governance Committee of the Board met on the following dates: March 12, 2014, January 22, 2014, November 13, 2013, June 19, 2013, April 17, 2013

The Governance Committee's role is to ensure the establishment and maintenance of good governance structures, systems and practices and to recruit new directors that bring the required set of knowledge, skills, experience and philosophy to meet Board requirements.

The Committee key activities during fiscal 2013/14 included:

- Revising the BCHC Board Evaluation and Self-Evaluation tools to more efficiently reflect Board strengths and areas for growth, while maintaining the valuable policy of having our Board consist of 2/3 Centre member-users.
- Formulation of a Communications Work Group to further develop the communications plan, policy framework and protocols as well as required Board and staff training
- Reviewing and revising BCHC Board bylaws within the context of the pending new Ontario Not-for-profit Corporation Act (ONCA) legislation including organization of a legal seminar for the Board

Board member orientation and education remained a priority with the development of a staff presentation series regarding new and existing Centre programs and community development initiatives as well as participating in health equity experiential learning via a vie the strategic planning renewal.

## Vision:

**A healthy and engaged community**

## At BCHC, we value:

Compassion, Collaboration, People-centredness, Quality and Excellence, Equity

# BCHC PROGRAMS AND SERVICES

## Primary Health Care

- Team based health care including medical, nursing, social work, physiotherapy and dietitian services
- North Innisfil Health Services-specialized geriatric primary health care
- Primary Care Asthma Program (PCAP)

## Young Families/Youth Programs

- Playgroup
- Cook and Taste
- Young Parent Program
- Youth/Innisdale Health Connect

## Chronic Disease and Activity Programs

- Fitness for Health
- Supervised Walking Program
- Chronic Pain Self-Management Program
- Living a Healthy Life with Chronic Conditions
- VON SMART Program

## Diabetes Programs:

- Kitchen Conversations
- Grocery Store Tours
- Resistance Band Exercise Class

## Other Programs:

- Volunteer Services
  - Mentor Program
  - Coffee Cart
  - Chronic Disease Self-Management Lay Leaders
- Administration
- Café Connect
- Information Desk
- Art Therapy
- Community Development Initiatives

## Diabetes Management Centre

The BCHC's Diabetes Management Centre provides individualized diabetes assessment and teaching/counselling services with a Registered Dietitian and Registered Nurse. The Centre also offers a Pre-Diabetes Program and a variety of innovative group programs.

## BCHC Foundation

The BCHC Foundation seeks to acquire and invest donations, bequests, legacies and gifts for charitable purposes on behalf of the BCHC. Every donation is a valued contribution. Contact Evelyn Trainer, 734-9690 ext 247.

## Midwifery Transfer Payment Agency

BCHC is the Transfer Payment Agency for the following Midwifery Practice Groups:

- Midwives Grey Bruce
- Barrie Midwives
- Caring Hands Midwives
- Nottawasaga Midwives



Mural  
Courtesy of the BCHC Art Therapy Group

# BOARD OF DIRECTORS

Stephen Bertelsen, Chair  
Robert Rymell, Vice Chair  
Gayle Rushton, Treasurer  
Beverly Pearl, Secretary  
Bob Beckwith  
Clay LaFleur  
Tara Looby  
Sandra Cole  
Jane Dutly

