Community Organizational Health
Santé des organismes communautaires

WOOLWICH COMMUNITY HEALTH CENTRE

BUILDING HEALTHIER ORGANIZATIONS REVIEW

FINAL REPORT

Date of the Review: January 26 – 30, 2004

Date of the Report: April 7, 2004

OVERVIEW OF THE PROCESS

The Building Healthier Organizations[1] (BHO) review process to date has involved:

- Woolwich Community Health Centre (WCHC) signing the BHO Application for Review on June 25, 2001;

- Surveys being sent to 28 community partners identified by WCHC and 25 responses being compiled into a Community Partners Survey Summary Report (enclosed with the preliminary report);

- Selection of the review team composed of:
  - Michael Barkley, COHI Consultant (Team Leader);
  - Dot Quiggin, Best Practices Manager, Lakeshore Area Multi-Service Project (LAMP);
  - Gail Church, Finance and Administration Manager, Somerset West CHC;

- The review of preparatory documents;

- The on-site portion of the review including:
  - a tour of WCHC and the community;
  - six interviews involving 22 people;
  - observations of WCHC;
  - review of the WCHC documents consistent with the BHO documents checklist;

- Presentation of a verbal report to the executive director, board and staff members on January 30, 2004;

- Submission of the preliminary report on February 12, 2004;

- WCHC's response to the preliminary report on March 23, 2004;

- Review team consideration of the response to the preliminary report and preparation of a recommendation to the COHI board of directors;

- The COHI board of directors' consideration of WCHC's status at its April 2, 2004 meeting.

[1] © Community Organizational Health (COH) Inc. (COHI)

BHO LEVELS

There are three levels in BHO, defined in the *BHO Manual* as follows:

Level 1: Accreditation
Level 2: Integration
Level 3: Innovation and Excellence

All BHO accreditation requirements must be met for an organization to achieve full accreditation status. Similarly, all BHO integration requirements must be met for an organization to be identified as functioning at the integration level in a specific component. The integration level builds on the accreditation level.

Areas of innovation and excellence are independent of the other two levels. They are sporadic and specific to a particular activity. It is possible for an organization to be innovative or have achieved excellence in a particular area and still not meet the accreditation level requirements.

THE ACCREDITATION DECISION

The Community Organizational Health board of directors made the decision to grant full accreditation to Woolwich Community Health Centre at its April 2, 2004 meeting.

This means Woolwich CHC meets all accreditation level requirements.

THIS REPORT

This final report summarizes the findings of the review and considers Woolwich CHC's response to the preliminary report. Comments are illustrative and not comprehensive. The findings are presented in narrative form, building block by building block, based on information collected to date in the review process. Wherever it has been suggested that the centre take action, the specific BHO question number is noted beside the comments. For a detailed explanation of the building blocks and the questions which relate to areas for growth, please see the 2002 version of the *BHO Manual*.

An overview of the review findings is provided in table form in Appendix A.

GOVERNANCE BUILDING BLOCK

Overall Findings

WCHC meets the BHO accreditation and integration level requirements in all the components of this building block.

WCHC has achieved ***excellence*** in the Board Establishment and Development component of this building block.

Please note there are no integration level requirements for the Hiring, Firing, Supporting and Appraising the Executive Director component.

1. Board Establishment and Development

WCHC uses a consultative board recruitment process that is well documented. A matrix system is used that identifies the valued attributes of current board members to help identify gaps. Assessment includes expertise and skill sets, geography, and term expiry dates. The nominating committee begins its work each January as it prepares for the June AGM. The committee casts a wide recruitment net which includes suggestions by staff, program resource and advisory committees, participants of board committees, newspaper ads, and the newsletter. Last year these strategies produced more candidates than positions. When there are a number of potential candidates a group orientation process is initiated, otherwise they are oriented by the executive director. Potential board members attend a board meeting, and meet with the executive director before accepting a nomination. Typically there are no unfilled board positions.

Elected board members are oriented to their roles through a comprehensive board orientation, a written manual, position descriptions for officers, annual board calendars, committee work plans, and clear terms of reference for committees.

WCHC has a committed board of directors who represent the varied urban and rural communities served by the centre. Gender, professional background and skills mix also contribute to a diversified, representative group. Many of the board members have served their maximum terms, demonstrating a high degree of commitment and continuity. Half the board members are participants in one or more centre programs or services.

WCHC has four standing committees of the board: executive, finance, human resources and nominating. The centre strikes other committees or work groups, such as the intake advisory committee, when required. Over the past few years the board has done an extensive review of its role and function resulting in a streamlined approach to committees and decision-making. For example the program committee was abolished to reflect the fact that the operation of programs is more of an administrative responsibility than the substance of board policy. The board clarified its role, that of the executive director and staff and redefined executive limitations.

Board packages are distributed prior to the meetings and include an agenda supported by appropriate documentation that is organized, focused and complete. Board meetings are held regularly and quorum is achieved. Board meetings are very well minuted with appropriate

discussion and decisions clearly recorded. Usually board meetings end on time and priority agenda items are completed.

The centre has demonstrated ***excellence*** in the way it encourages and supports community participation in the governance of the organization. Each standing committee (except executive) has non-board community representation; there are reference or advisory groups for programs that have community participation; community members participate on the intake advisory committee; and the AGM is open to the community. The community newsletter is distributed to all households in Woolwich Township. It is issued three times a year and has a "Quarterly Question" to solicit feedback and input. Results of the previous question are published in the subsequent issue. There is a comprehensive annual client satisfaction questionnaire.

Other ways of keeping connected to the community include an active volunteer program and board minutes being made available to the public in the centre's resource library. The board is aware that some communities (i.e., Old Order Mennonites) do not participate on boards of directors of government-funded agencies and the board has utilized other means of surveying their needs. The review team encourages the board to continue these efforts to ensure input is secured from non-participating communities. (See BHO question 3.1.1.08.)

Interviews and review of documentation show a consistent understanding amongst board and staff about the role and function of the board. The board has its own work plan including items for which they are responsible and those brought by the management team. There is a focus on policy development, assessment and planning, and monitoring for results.

The board regularly evaluates its performance and that of its committees and work groups. Mechanisms used include meeting evaluations, an annual survey, and a more in-depth analysis every other year. Self-assessment questionnaires are used. While WCHC achieves integration in the Board Establishment and Development component and the board does review the terms of reference of the committees on a regular basis, the review team encourages the board to consider using the board self-assessment questionnaire to also assess the work of the committees. (See BHO question 3.1.2.03.)

The board engages in its own development by providing opportunities to learn by allocating time for presentations from staff, district health council, and by attending AOHC events, to name a few. Funds are allocated for board development.

2. Trusteeship

The board is informed about organizational activities through the executive director's monthly reports, board packages, committee meetings and presentations from staff. The board packages are very thorough and include documentation about the centre's adherence to applicable legislation, regulations, and internal policies. The material is well organized, clear and comprehensive.

The board takes its fiduciary responsibilities seriously having approved comprehensive financial policies which include signing authorities and executive limitations related to spending. The board reviews annual and interim budget approvals, quarterly financial reports, funding reports, and all submissions to funding agencies. Documentation shows consistent application of these policies.

WCHC by-laws were recently reviewed and some minor changes approved. The by-laws are consistent with current legislation.

As noted above in Board Establishment and Development, the board is actively engaged in communicating regularly with its membership and the community. There is evidence in the minutes of meetings, the five-year and annual planning cycles, and through the board interview that the board is very connected to the community it serves. The board is actively involved in the development of a Wellesley expansion proposal to provide primary care services, and thereby expand its catchment area to include an under-serviced rural area bordering the centre's current catchment area. The proposal is now before the Ministry of Health and Long-Term Care.

The board has implemented an annual client satisfaction questionnaire to help it analyze the effectiveness of programs. As well, the board receives a semi-annual service data report from the executive director and has approved participation in a regional benchmarking project with other CHCs in the region. The board regularly reviews program evaluation reports and is knowledgeable about the centres programs and services as well as the staff's outreach and advocacy work.

The board has been actively engaged in various assessments of community needs and resources, including a five-year long-term planning cycle and an Integrated Service Plan that is developed every three years. Within that timeframe they commissioned a Community Needs and Capacity Assessment (1999), a Human Resources and Organizational Capacity review (2001) and did scenario planning (2002).

3. Beliefs and Principles

From its inception the WCHC has articulated core values that are expressed through its Mission, Vision and Philosophy statements. These core values speak to accessibility, respecting diversity, sharing responsibility, community capacity and health education and treatment. Collaborative partnerships are valued. These core statements are written in policies, posted on the wall, and evident in the work staff and board are engaged in.

The mission and vision are realistic statements that, over time, are attainable. The process for developing these statements included board, staff, other stakeholders and community residents. Orientation procedures for new staff, board members, volunteers and clients include an introduction to the core beliefs and principles. It is a continual challenge to familiarize clinical services' clients with the role of the CHC, when most often they just want to "see a doctor". The intake procedure for new clients tries to overcome this by requiring an orientation to the centre for all new health centre clients. Orientation is done in group format if numbers permit; otherwise it is done by a clinical services provider.

The beliefs and principles permeate the policies and practices of WCHC. The establishment of the ambulance service on the property; the creative way in which WCHC assisted St. Jacob's Midwives in its capital development; Gesundheit Für Kinder; the agenda of the intake advisory committee; and H.U.G.S. program, all indicate a solid grounding in the centre's core values.

4. Strategic Thinking

The centre has developed attainable goals and objectives which are articulated in the Integrated Service Plan. An excellent proposal for the development of the Wellesley satellite shows a sound, well-conceived plan that reflects the centre's core values. The process used in developing this proposal included significant stakeholder involvement.

The development of the Wellesley satellite proposal demonstrates a strong emphasis on strategic thinking. The board took into account potential governance complexities and the addition of a new priority population (youth) during its deliberations. They reflected on the required conditions needed in order to proceed with the initiative. Other concerns related to making sure the centre had the internal capacity, there were sufficient resources, and that the Wellesley community was sufficiently empowered to take the necessary leadership and ownership over the project.

5. Hiring, Firing, Supporting and Appraising the Executive Director

The board is supportive of the executive director and facilitates her professional development. All the appropriate policies and personnel practices are in place including a position description and a performance evaluation system and practice. There is a recruitment policy in place. Executive limitations are written and the board members and the executive director are able to articulate the role these play within a policy governance model.

MANAGEMENT BUILDING BLOCK

Overall Findings

WCHC meets the BHO accreditation and integration level requirements in all the components of this building block.

WCHC has achieved ***excellence*** in the Accountability, Organization Structure and The Organization as a Learning Organization components and ***innovation*** in the Accountability and Sharing Responsibility components of this building block.

1. Managing Change, Managing Conflict

Over the past three and a half years, WCHC has been in a state of continuous change. However, the staff and board composition has been fairly stable. While staff and board describe the communication process as "polite", people appear to be able to express their opinion freely without recrimination. Staff describe the successful management of physical restructuring and renovations which were handled well with minimal disruption to service. Throughout the process staff were continually informed of its progress. The review of all human resource policies over the past two years took a considerable amount of discussion and staff describe a process where issues were approached with an objective of resolving differences, thereby avoiding conflict.

Conflicts between the community and/or external agencies and the centre seem to have been well managed. It appears that conflict is dealt with by engaging in considered discussion and debate, where those who have a stake in the issue can be heard and opinions shared. This type of consultative process appears to be a hallmark of much of the centre's planning activity. The development of the Wellesley proposal, the re-opening of primary care intake and the evolution of the Gesundheit Für Kinder program all followed this approach.

Even though the centre's clinical services reached capacity some time ago, there are numerous examples of new programming or changes to existing programs designed to meet new needs or adjust to changing needs. There are many examples: the addition of infant hearing screening; the development of the Wellesley satellite proposal; reorganizing the clinical services team to adjust to the centres inability to recruit a physician; the development of a new supervisory structure to accommodate a growing staff complement (learning from previous experiments with a more informal process for clinical coordination); and the development of a productive partnership with the St. Jacob's Family Support Centre.

2. Accountability

The centre has numerous mechanisms to assess that it does what is says it does. Examples include: regular reports to funders; client surveys; suggestion box; program evaluations; resource and advisory groups; peer and chart audits; attempts to compare centre activity to benchmarks created by the South West CHC benchmarking project; staff and executive director presentations and reports to the board. This information is also used to inform program development and improve program delivery. Diabetes case discussions group came out of an

assessment process. The dietitians developed an evening hours schedule as a result of feedback from a newsletter question. The Community Partners Survey and the Client Questionnaire also describe an organization that listens and is making a difference.

The centre has demonstrated ***excellence*** in the way it has designed mechanisms to solicit feedback and keep connected to its constituency. A particular ***innovation*** is the use of the newsletter to create a two-way conversation between the community and the centre. The "Quarterly Questionnaire', which is actually published three times a year, asks a focused question that solicits feedback from the readership. The results of the question are compiled and fed back to readers in a subsequent issue. Feedback informs service delivery and depicts an intentional strategy designed to listen to community residents.

The review team heard throughout the interviews that open and timely communication exists at WCHC. There are regular all staff meetings, team meetings, cross team meetings and cross team communications, a staff room with ample space for notices, executive director updates following each board meeting, and most recently more electronic communications such as group e-mails and access to the network server for information files.

There is evidence detailed in the Integrated Service Plan that outlines program objectives and indicators for success. The plan also integrates program planning and budgeting. The finance committee also reviews efficiency at the quarterly examination of the financial statements. The executive director and coordinator of the Gesundheit Für Kinder program explore ways to manage static Health Canada funding concomitant with a rise in demand for the program. Despite fixed funding levels, service enhancements (such as the development of programs for men) are being integrated into current programming.

3. Organization Structure

WCHC has a novel and descriptive organizational chart indicating lines of authority and accountability for individual staff positions and the board of directors. In the background there is a shaded oblong that encircles the hierarchical line authority and reflects the role of advisory, planning and focus groups that help inform decision-making.

The structure supports interdisciplinary teamwork and communication. The centre has demonstrated ***excellence*** in the way it has developed interdisciplinary teamwork and communication. Staff describe a holistic approach to clinical services, primary care, and community programs where the shared belief described in the core values comes alive. When communication difficulties were identified between the reception team and community programs staff, the community team created a place at the table for a member of the reception team. When staff identified problems with cross team co-ordination of care for clients with diabetes, a new case coordination team was created which is composed of all providers who care for this group. Nurse practitioners and physicians form practice teams to provide services to clients that meet their needs and improve efficiency in the delivery of health care services.

4. Sharing Responsibility

There are monthly supervisory meetings for all staff. The Integrated Service Plan serves as the individual and teamwork plan, and staff teams share responsibility to ensure that the Plan's objectives are met. The Plan also contains most of the information staff require to allow input

and make decisions about resource allocations. Whoever leads the program or service is given the budget and they are responsible for spending to support program objectives within the budget. The executive director meets with various teams on a regular basis to share responsibility for results. Staff express significant clarity regarding accountabilities and supervision.

Since there is a very flat management structure with only two full time administrative management staff, many responsibilities that are traditionally seen as management are redirected to front line staff. Budgeting, program planning and evaluation, management of volunteers within a program or service are all handled by frontline staff.

The centre has developed an ***innovative*** way to compensate for power differences and promote equitable working relationships. The management team is comprised of the executive director, the primary health coordinator and the administrative assistant. They are joined by two staff representatives from the primary health and community teams as equal members of the team. These two positions rotate on an annual basis so all staff have the opportunity and responsibility to serve in this position. This system improves communication between management and staff. Other examples are: budget development and management responsibilities are delegated to front line staff; reception staff are part of the decision-making structure of the community team; program/ service delivery teams are designed to be self-directed with wide latitude in their decision making capabilities; and the interdisciplinary diabetes case management structure.

5. Teamwork

WCHC has a strong commitment to managing its work based on a team model (e.g., formal programs and services teams, functional teams such as chiropody and case coordination, and issue and risk management teams such as diabetes). These teams are well organized with terms of reference, regular meeting times, minutes and team leadership. Staff describe the roles, responsibilities and accountabilities of the team as clear. Cross team membership noted in Sharing Responsibility contributes to excellent centre-wide communications and helps facilitate interdisciplinary service delivery. Staff were able to describe in clear terms the activities, roles and responsibilities of co-workers in other teams. They described how to access them to help address client related needs.

Management describes the addition of community programs delivery staff joining their team as a way to enrich the management team's decision-making processes and foster communications. Meetings take longer with more participants and remove people from direct program delivery, however, the learning and sharing of information and improved decision-making and communications outweighs the extra time taken. Clearly teamwork, embodied in the numerous teams active in the centre, describes a well-integrated fundamental principle of the management of the organization.

Teamwork is also evident within the board/ committee/ work group structure.

6. The Organization as a Learning Organization

WCHC supports the concept of the learning organization through student placement opportunities, volunteer placements, in-service training opportunities, practicum placements, and providing time and financial support for staff and board for continuing education.

The significant sharing of responsibility at the centre also fosters learning. Staff state that it is okay to make a mistake at WCHC, it is taken as a learning opportunity not a moment to invoke punitive measures.

Staff describe a pro-active approach to learning. Plans are underway to have an in-service on non-violent crisis intervention after it was identified as a need by some staff. Aggressive client training occurred in the past. The Integrated Service Plan is another opportunity for learning as the staff take two half days a year to work through the results of the previous year and update the plan. Some staff identify the management style as a learning opportunity. Management philosophy builds a trust relationship, built on a sound framework of defined roles and responsibilities, program work plans, feedback and supervision opportunities. This structure allows staff to expand the narrow confines of a position description and learn new skills.

The centre has invited external partners such as CAS, CCAC, and the Credit Counseling Bureau to assist with in-service training. When staff identified that there were insufficient educational opportunities for reception and support staff, the centre paid for membership in the Waterloo Region Professional Medical Secretaries Association. Support staff describe their access to workshops as being an excellent opportunity for both networking and learning.

Staff feel they have equitable access to time and funds. Contract fitness instructors, volunteers and board members are also given opportunities to increase their knowledge. Hospice volunteers receive 30 hours of training and can access some of the staff in-service training such as CPR. Staff who rotate through the management team and the support staff sitting on the community team describe this opportunity as another learning experience.

There are a number of examples of reflective practice but two that are illustrative are the development of the new annual physical forms and the development of a mindfulness-based stress reduction program. The clinical team analyzed the results of their chart and peer audit practices and felt they were not capturing information from the annual physical in a consistent manner. They developed three forms to reflect age differences and have integrated these into their practice. The stress reduction course was developed after the need was identified and one of the staff concentrated their continuing education to develop the skills to lead the course.

The centre has ***excelled*** as a learning organization. Whenever the centre faces a challenge it reflects on the experience and moves forward. There are many examples throughout this report that describe an opportunity to learn from mistakes, codify good practice and change behaviour and practice as a result of reflection. The centre established a social and public policies work group which prepared a policy on centre involvement in politically charged issues. This arose from a fractious debate in the community about a proposal to establish a significant gambling enterprise in Woolwich. The centre learned from that experience and used the learning to develop a policy to address controversial issues in the future. Other examples include the development of the interdisciplinary diabetes case coordination/ management group, the development of comprehensive annual physical forms, experimenting with clinical coordination roles and learning from the experience.

ADMINISTRATIVE SYSTEMS AND PRACTICES BUILDING BLOCK

Overall Findings

WCHC meets the BHO accreditation level requirements in all the components of this building block.

WCHC meets the BHO integration level requirements in the following components of this building block:

- Financial Management Systems;
- Risk Management Systems;
- Centre Accessibility and Responsiveness.

1. Financial Management Systems

WCHC has well-defined financial systems policies and practice conforms to them. There is excellent control over cash and other revenues with appropriate checks and balances, and a good system for receipting charitable donations. There is a conservative investment policy in place for cash flow surplus. There is a purchase order system with four people engaged in checks and balances prior to payment. All paperwork is attached to cheques. While WCHC achieves integration in this component, the executive director may wish to consider further delegating coding responsibility via the development of more standard payment vouchers or vesting that role with those staff that have responsibility for holding the budgets. (See BHO question 5.1.1.09.)

For the past few years the annual audit has not included a management letter. There are significant safeguards and policies in place, including a system to ensure reimbursement claimants do not authorize or sign their own cheques. Two signatures are required on all cheques regardless of the amount. There is an inventory of capital assets and the visual review confirmed the items existed in the locations described. Financial reports are reviewed quarterly by the finance committee and reported to the board. The executive director reviews variance reports. Any adjustments to the annual budget are brought to the finance committee and if prudent are approved by the board. These adjustments may result from a change in funding levels or a review of program priorities and expenditure patterns that arise from the quarterly reviews. If any surplus is available for redistribution, staff are consulted before the finance committee recommends redistribution to the board.

The budget process is included in the development of the Integrated Service Plan. This process ensures that the programs and services that are part of the plan are properly resourced to carry out their objectives.

2. Risk Management Systems

Staff are aware of their rights and responsibilities related to safety, security, hazards and emergency and high-risk service situations. WCHC meets legislated requirements as it pertains to having an active occupational health and safety committee (OH&SC) as well as written health and safety policies and procedures which guide responses to high-risk situations. The

committee meets quarterly and monthly on-site inspections are conducted. Insurance coverage is maintained to ensure necessary coverage and anticipate any potential risks. Insurance coverage is reviewed annually by the board.

The building is secured safely with an alarm system, panic buttons and emergency paging protocol, evacuation plan, and first aid kits and fire extinguishers in appropriate locations. The centre provides cell phones for staff who might find themselves in a high-risk situation off site. The centre is not a contributor to WSIB, and is aware of its responsibility to inform the Ministry of Labour of serious injuries.

Staff are aware of their rights and responsibilities related to occupational health and safety legislation and are given annual in-service WHMIS refresher training on workplace safety, MSDS data sheets, prevention measures and WCHC policies. Annual fire drills are carried out.

There is an incident reporting system with reports going to the executive director and management team and if there is a serious accident or injury to the OH&SC and the Ministry of Labour. New lighting was installed as a response to a serious injury in the parking lot. The review team encourages the centre to clarify the routing of incident reports. The review team suggests that staff be reminded of the routing of incident reports and that it should mirror the policy. (See BHO question 5.2.1.07.)

Clients and community members can express their concerns through the suggestion box, the community survey or through program evaluations or directly to any staff person. There is evidence that feedback is addressed.

The centre is able to anticipate risks and much of this is a result of having analyzed previous situations. They learned a great deal from the Y2K preparation and the purchase of a large generator capable of keeping the centre open during emergencies has come into play a number of times, the recent blackout being an example. While the review team was on-site a snow storm threatened to close the centre. Staff were prepared. Reception staff took home the appointment lists so if the centre was closed they would be able to call all people with appointments and cancel them. The system was already in place to deal with this type of urgent situation.

3. Human Resource Policies and Practices

WCHC has a well-written personnel policy that is widely understood by staff and board. All items on checklist 5-c are included in the policy. Policies are reviewed every five years. The board takes the lead in reviewing the human resource policies. They have a consultation model in place where staff are surveyed for comments before they begin their review and staff are consulted at an all staff meetings before any changes are submitted to the board for approval. The last review was completed about two years ago, but the human resources committee of the board does review specific items in between reviews.

Policies conform to all BHO requirements. Recently the policy was changed to reflect recent changes in the Employment Insurance Act to allow for bereavement and compassionate leaves. The executive director has also written a privacy policy to reflect the recent changes in legislation and is awaiting board approval at its next meeting. There is evidence that policies are equitably applied.

Staff position descriptions are regularly reviewed as part of the performance appraisal process. Policies are accessible in the library and on the network. The human resource records are impeccable, with all required items in place.

Volunteers are a valued resource at the centre. There is no centralized volunteer program. Each staff person who requires volunteers in their program has been trained in the use of the volunteer manual and tools. They take responsibility for recruitment, orientation, training, supervision and performance appraisal. There is evidence of training and support for volunteers and an annual centre-wide recognition event is held.

There are clear grievance procedures in place for use by staff and volunteers. While there is an anti-discrimination policy in place and a sentence in the personnel policy about employment equity, the review team could find no evidence in policies or in hiring protocols that employment equity principles were widely understood or practiced. The review team encourages the centre to develop a policy that guides staff in how to ensure equitable and fair hiring practices are in place. (See BHO question 5.3.2.06.)

4. Centre Accessibility and Responsiveness

The WCHC site feels inviting, accessible, and inclusive of the variety of priority populations served by the centre. Twenty-four hour on-call is provided for primary care clients. The waiting room is particularly inviting, a comfortable homelike atmosphere suitable for all age groups. The publicly accessible library is in the space, inviting people to take out resources or read while waiting. There are also a significant number of inspirational health messages throughout the centre, brochure racks, and invitations to join programs or take advantage of a service. The horse shed affords protection for the horse and buggy for the Mennonites who avoid mechanized transportation. There are meeting rooms and exercise facilities that support the range of programs offered at the centre. The centre has evening hours that ensure extended accessibility to services.

When the centre is open to new clients they have an intake system that includes an interview to orient the client to how a CHC works, the role of the centre in their health care, and an explanation of an expanded view of what health means. The intake advisory committee of the board is currently reviewing the intake criteria as new resources will allow the centre to re-open the waiting lists.

5. Client and Service Information Systems

Despite the challenges with the management information system, WCHC continues to enter data and make corrections in the MOHLTC database. Before the most recent installation the centre was able to extract minimal reports and use them to assist with planning. Computer phobic staff are using the new system and training and support is provided for them to engage with the electronic data gathering system.

Despite system limitations the centre has analyzed service data to guide service and program development. The dietitian's review of an individual assessment program for heart health program led her to establish group sessions instead. Analysis of clients attending the Gesundheit Für Kinder program led to the dietitian attending the Moms & Tots program provided by the St. Jacobs Family Support Centre one day a week, to address nutrition issues in that population within the context of an ESL program. Based on analysis of patterns in the clinical services a post-partum depression program was designed and support sought from a local credit union. Analysis of the stress program points to sleep disorders and headaches as being major symptoms. Staff have identified these as likely areas for future program development or workshops.

There are still numerous challenges in the analysis of data, since the integrity of the information has not been determined. The centre does not have a mechanism to analyze the costs of services (see BHO question 5.5.2.02), nor is it able to compare client information to data on the larger community (see BHO question 5.5.2.01).

COMMUNITY CAPACITY BUILDING BLOCK

Overall Findings

WCHC meets the BHO accreditation level requirements in all the components of this building block.

WCHC meets the BHO integration level requirements in the following components of this building block:

- Group Development;
- Community Action.

WCHC has achieved ***excellence*** in the Community Action component.

The Research component does not apply as WCHC is not currently active in research.

1. The Helping Relationship

Staff deliver a number of programs that are designed to meet clients' health needs and improve their well-being. Clinical staff use tickler lists on the new annual physicals forms to remind clients of sun protection, dust and mould avoidance, etc. Clients are also encouraged to define their needs themselves with staff supporting their information needs by putting on educational workshops to address identified interests. The centre does a lot of educational work through the newsletter, the waiting room library, and posters and pamphlets throughout the centre. A resource guide for the public is published twice a year and is widely available. Centre staff use the local newspapers by giving interviews that are designed to advertise events.

Clients are engaged in their health care and encouraged to participate. The review team encourages the centre to add a question to their annual survey of clients to ask them whether they feel the centre encourages them to participate in their own care. (See BHO question 6.1.1.03.)

Client rights are posted, there is a policy and during the intake of new clients the question of confidentiality, consents, etc. are explained and discussed. Clients are not dissuaded from seeking second opinions and are regularly referred to specialists if they request it. Staff are, however, cognizant about misuse of the health system's limited resources.

Client opinion is assessed through an annual satisfaction survey and through the innovative use of the newsletter to canvass opinion. There are also resource and advisory groups, the suggestion box, and regular program evaluations. The client survey indicates that clients are very pleased with their relationship to the centre and the quality services they receive.

Improvements could be made to the way in which information is collected and analyzed about the strength's and capacities of clients. Intake forms from various services lack this focus. While staff believe this is routinely done, the assessment tools do not indicate that this is a question and there is no evidence that client capacities are an integral part of the assessment and diagnosis process. (See BHO questions 6.1.2.01 and 6.1.2.02.)

The centre is very intentional about the roles of clients, volunteers, board and staff and has developed policies around boundaries. In a small community these are very important issues and the centre takes this very seriously. The board has well-defined conflict of interest policies and is aware when potential conflict exists. Having the mayor on the board and others who are very connected to other organizations and issues in the community has made board members aware of the need to be vigilant with respect to confidentiality and role boundaries.

2. Group Development

Group development is a strength at WCHC. The organization is supportive of group work, appropriate position descriptions include reference to group development, there is program space available, and staff time is allocated to this important work. There are groups for people across the age and cultural continuum. Partnerships are used to extend the centre's capacity to provide group activity. The partnerships with St. Jacob's Family Support Centre and the Gesundheit Für Kinder program are examples. Groups range from mindfulness-based stress reduction to pre-natal groups, diabetes support, and self-directed fitness programs.

Most of the community team staff are trained in group facilitation. Groups are designed for each of the priority populations. Seniors programs include seniors' fitness programs, healthy lifestyles, and caregiver support. There is also a diabetes self-care initiative, heart steps to health. Rural farm families use the H.U.G.S. and Gesundheit Für Kinder programs as well as diabetes support. Families with young children avail themselves of H.U.G.S. and Gesundheit Für Kinder program as well as some of the other primary health groups such as heart steps to health. Programs designed for the general population are adult fitness programs, better bones, gentle moves, menopause series, and stress reduction. Some of these programs are self-directed, some are mutual aid and some are staff or partner agency-led.

The centre's group work reflects the age, geographic and cultural diversity of the catchment area. The centre has been working hard to provide meaningful educational opportunities for Old Order Mennonites by putting on an educational information night on alternative medicines. This population will usually not participate in groups so the centre has to be creative in getting a message across. Some members from this community have been involved in the hospice caregivers support group, however.

3. Community Action

The centre is well connected with decision-makers in the community, including long time board participation by the mayor. The centre has had good relations with pastors from various congregations, and the southwest CHCs are well connected with regional executive directors meeting regularly and partnering on various projects (i.e., benchmarking).

The communications structure, including monthly all-staff meetings, allows staff an opportunity to share information and plan programs and activities. Stress management and farm safety programs for children arose from interdisciplinary discussions at the staff level.

The centre is active in addressing community issues, though it appears to respond to requests for involvement rather than being a leader. Woolwich has a long history of community activism and involvement which is usually led by other agencies or organizations in the community. The centre sees itself as a resource to those efforts rather than a driving force. There is a collegial

community of churches, public agencies and non-profit organizations. Public health is an active agent in the community as is the oldest Healthy Communities initiative in the Province. Much of the centre's advocacy work is a result of its close relationship with Healthy Communities. Examples of this type of involvement include gambling enterprises, air quality, corporate behaviour of Uniroyal, water supply and water pollution problems, housing and rural transportation issues, to name a few.

Staff and board are well connected and aware of issues that may impact on the physical, social and spiritual health of the community. Staff are also very aware of other programs and services in the community, they rely heavily on the local "Blue Book" as a resource tool and updates occur at team and all staff meetings.

The centre has ***excelled*** in its ability to assist others to help maintain themselves. The most notable examples are the centre's long-standing relationship and support for St. Jacob's Midwives and St. Jacob's Family Support Centre, the latter being a partner in Gesundheit Für Kinder. When the St. Jacob's Midwives faced a crucial deadline requiring it to use capital funds to build a free-standing birthing centre, WCHC developed a way to build a new home for the midwifery practice on centre land, avoiding a conflict with Canada Customs and Revenue. The structure can be converted to a birthing centre at a later date if regulations change. The centre also helped seniors' fitness instructors develop their own enterprise using the centre as a location for classes and helped a seniors' walk-fit program operate independently, freeing up program staff to engage in other activity. When the Regional Emergency Services program was looking for options to enhance access and ambulance response times for rural residents, WCHC worked with the Region of Waterloo and Woolwich Township to facilitate the construction of a new ambulance station. WCHC agreed to lease to the Region a part of its property that was not in use, and allowed the Region to construct a new ambulance station on the leased health centre land. This arrangement minimized costs for the Region, and has enhanced rural access to emergency services.

4. Education of Future Health Professionals

The organization is an active location for student placements. Nurse practitioner, medical student, nursing, dietitian, social work and community worker students make up the bulk of the placements. There are three educational institutions that place students and the two who responded to the Community Partners Survey thought very highly of WCHC describing it as an excellent placement opportunity for their students. There is a process for ensuring that learning opportunities match the goals and objectives of the institution and the student.

The centre has a well-developed policy for student placements and both students and clients are protected in the placement process. The centre does not have a formal mechanism for soliciting and applying feedback on its educational role. Communication is informal and the only way the centre knows it is doing a good job is because the educational institutions see them as a desired placement location. It is important for the centre to be more intentional in this process, ensuring the feedback loop is closed by obtaining an evaluation from the student and the educational institution about how the centre performed it role. The review team also encourages the centre to retain copies of all student evaluations before forwarding them to the institution. (See BHO question 6.4.2.04.)

5. Research

WCHC is not currently involved in research, though there is a request pending. The centre participated in one pilot project which involved archival research, and no direct client contact. The pending request will be direct client contact research. Before engaging in this type of research, the review team encourages the centre to review its current policy to make sure it protects the rights of clients when the research involves direct client invasive procedures. (See BHO questions 6.5.1.01 and 6.5.1.02.)

The policy the centre has adopted is complete and includes ethical review guidelines and process for making a decision to proceed. Since the organization's experience with research is very limited and the policy is new the centre will have to learn through its first experience. Considering the commendable reflective practice noted throughout this report, the review team is confident that the centre will be an excellent research location and the review team encourages them to proceed cautiously with the current request.

PROGRAMS AND SERVICES BUILDING BLOCK

Overall Findings

WCHC meets the BHO accreditation level requirements in all the components of this building block.

WCHC meets the BHO integration level requirements in the following components of this building block:

- Service Delivery Philosophy;
- Determination of Needs and Preferences (Assessment);
- Health Promotion Across the Service Continuum;
- Peer Review.

Note: There are no integration level requirements for the Qualified Providers and Collection, Retention and Release of Information components.

WCHC has achieved ***excellence*** in the Service Delivery Philosophy component.

1. Service Delivery Philosophy

WCHC has a mission statement and core values for the centre. These documents are understood, shared and reflected in practice. Sharing responsibility, continual learning, teamwork, responsible stewardship and community ownership are hallmarks of the philosophy statement.

The centre has achieved ***excellence*** in its ability to inculcate the philosophy statement through its programs and services. There is a remarkable consistency throughout the organization between the mission and philosophy and the services and programs delivered to clients. Group work and individual service delivery is targeted to the centre's priority populations. There are programs for rural parents and their young children, this program expanded to include ESL for recent Mexican Mennonite families and employment preparation for the men; gentle moves programs target seniors and improve physical health for those with risk and/or diagnosed with osteoporosis; health education programs are numerous and relevant; nutrition programs target immigrants introducing new foods in their environment; farm safety especially targeting youth. Discussion about reopening intake has centred on issues relating to the centre's priority populations and meeting the objectives outlined in operational values. The Integrated Service Plan has a service delivery statement for each program detailing goals and objectives and purpose.

Informing clients about the service delivery philosophy is incorporated into a comprehensive intake process, client information packages and orientation mechanisms.

2. Determination of Needs and Preferences (Assessment)

Each service (except for Social Work) has a well-defined written assessment process to define client needs. Each service has its own format and primary team members use a shared chart (except for chiropody). Social Work will use a genogram where appropriate. There are referral forms for internal referrals.

The needs identification is comprehensive and includes most of the items on checklist 7-a. The review team encourages the centre to include on its assessment forms determination of client capacity and strengths. (See BHO question 7.2.1.05.) There is reference to the client's perceptions of the presenting issue. The Gesundheit Für Kinder program has three assessment forms which relate to the comprehensive program evaluations required by Health Canada. Providers describe the time they have to spend with clients as the main reason why they are able to do such a comprehensive assessment at both intake and subsequent encounters. A rapport develops when clients know the provider is taking the time to listen. Staff describe their role as facilitators to encourage self-care.

The centre aggregates the information obtained from assessments to plan for changes in programs or develop new programs. The specific chart reviews for chronic conditions like diabetes and hypertension are examples; others include group nutrition counseling for people with diabetes and the mindfulness-based stress reduction program.

3. Comprehensive Interdisciplinary Health Care

WCHC offers a range of on- and off-site health and community services – primary health care, health education groups and counseling, hospice care, community action on housing and adult protective services.

The centre has excellent structures to manage the service continuum in the organization and ensure that client receive optimal service. The shared charts with clearly identified colour coding allow providers to quickly find information from other disciplines involved in a client's care. Providers feel free to interrupt other providers with urgent care issues. Physicians have sufficient consultation time to assist nurse practitioners. Each week there is an opportunity for case/ chart discussions and case conferences occur for complex or difficult clients.

There are shared service arrangements with various external agencies including St. Jacob's Midwives.

Centre programs have clear goals and objectives and targets which are detailed in the Integrated Service Plan. The review team encourages the centre to close the evaluation loop by including work plan review as part of the performance appraisal and adding this evaluation to the annual integrated service planning exercise. (See BHO question 7.3.1.05.) Part of this exercise should include an evaluation of the continuity and comprehensiveness of service. (See BHO question 7.3.2.03.) While there is a credible process for evaluating individual programs there is no mechanism in place to roll-up this information and evaluate the overall program mix. Having this information will allow the centre to analyze the comprehensiveness of its services and not just the effectiveness of individual activities. (See BHO question 7.3.2.04.)

The centre has developed supportive strategies to support clients including assisting client's with financial barriers, helping with transportation, medications and other access barriers. The Gesundheit Für Kinder program is a direct result of client analysis that highlighted access barriers due to insufficient income, transportation and language.

The hospice service is a good example of how the centre developed a comprehensive service to support clients. It draws on internal and external resources, volunteers and inter-agency

collaboration to make it work. The centre also has a CCAC Case Manager for Woolwich Township on site to increase communication and coordination of service.

The development of Wellesley satellite proposal and sponsorship of a nurse practitioner project in that community is an example of how the centre has advocated for a community in order to improve service and comprehensive care. The proposal is extremely well written and clearly identifies the needs and proposed solutions.

4. Health Promotion across the Service Continuum

WCHC has adopted key aspects of the Ottawa Charter for Health Promotion. Health promotion is part of a number of job descriptions. Staff are familiar with the determinants of health and their role in delivering services that address those needs. Their position descriptions include reference to health promotion. Program budgets, while never entirely sufficient, are adequate to mount programs.

The centre is active in community assessment. The five-year community assessment project is comprehensive and is developed through consultation processes that include everything from knocking on doors to focus groups and newspaper ads. In between, those comprehensive reviews staff are continually providing feedback at the monthly all staff meetings and in team meetings. There are a range of approaches to health promotion depending on the discipline. Clinical providers may deliver their message in a different way than the health promoter, however, everyone agrees with the fundamental principles of creating the conditions for improved health, whether driven by action on the determinants of health or through individual self-care. Staff described good examples, ranging from efforts to educate farmers about run-off from their cattle farms and the connection to river and water table pollution to a health promoter who noticed mould on the boots of an asthmatic patient.

The centre is engaged in multiple strategies to promote health. Some examples are: farm safety; Old Order Mennonite newsletter called the “Health Quilt”; breast cancer prevention; the newsletter; working in partnership with Healthy Communities; local government initiatives including development of bike lanes and getting council to approve a statement that requires council to measure their decisions against a healthy communities policy they approved; didactic health education groups; self-help groups; involvement in the development of rural health strategies; housing and transportation advocacy work; mental health support through individual work and groups. There are many other examples.

5. Qualified Providers

WCHC clients benefit from access to qualified and committed providers who are supported in terms of professional development in keeping with WCHC valuing of ongoing learning and self-improvement.

6. Collection, Retention and Release of Information

WCHC collects information appropriate to the program or service provided, ensuring accountability and continuity of service, as described in BHO Checklist 7-b and interviews confirm that the centre practices conform to these policies. The nature of the building does not protect the privacy of individuals who are at the front desk and/or in the waiting room. Staff speak with people away from the desk to prevent disclosing personal information.

While the centre does mention all the items on checklist 7-c there could be more clarity regarding medical legal communications, police requests for information, and how to manage subpoenas. The limits to confidentiality could be clearer. (See BHO question 7.6.1.03.)

7. Peer Review

The performance appraisal process includes a standard set of questions that colleagues answer about their peers. This is done just before the formal appraisal. The review team noted that the centre has completed a peer performance evaluation process for all staff except the physicians. The centre is encouraged to make sure all staff are evaluated by their colleagues. (See BHO question 7.7.1.01.) Persons being reviewed are invited to suggest names of people they feel know a lot about their performance. Then the supervisor and staff person agree on the list of peer reviewers. While people describe the process as time-consuming (rolling up of the information is what takes the most time), they also state that it provides information that is important to the review process adding pertinent information to a review of strengths and challenges.

Except for chiropody there is also peer and chart review of clinical service providers that provides feedback into clinical practice. The review team urges the chiropody program to begin a process of peer and chart review similar to the one used by the other primary care services. (See BHO question 7.7.1.01.)

The peer review process is reasonably thorough and frequent but follow-up from comments made at the last review could be improved. However, there is evidence of changes occurring through the chart review including the development of the new annual physical forms. The diabetes interdisciplinary chart review group has produced far better documentation, better follow-up and better outcomes. Case conferences are usually retrospective but they still provide excellent opportunities for improving future care.

CONCLUSION

The review team appreciates the welcome they received at WCHC during the week. We observed a significant amount of preparation for this review. The way in which the documents were organized was impeccable and improved the efficiency of the review team.

It is useful to reiterate that comments highlighted in this report are illustrative and not comprehensive.

While there are no accreditation issues in this report there are suggestions which encourage WCHC to grow further in order to strengthen its good work in some areas to further achieve integration or build on integration already happening.

The board and staff are clearly dedicated to the organization. As the review team moved from interview to interview we heard a consistent, non-scripted story of what the core values meant, how they were applied and what the challenges have been and continue to be. The struggles the centre has had to address over the years are widely shared and collectively solved. The board governs with a shared understanding of the policy board's role. The board has a vision and it is clear from our review that the vision is a living document.

There is a heavy administrative and supervisory burden for the executive director. Hopefully the addition of a part-time community programs coordinator will help. We encourage management to continue to explore new ways of strengthening teams and sharing responsibility.

Human resource policies and practices are well defined and integrated into practice. People have a level of respect for each other which makes interdisciplinary work that much easier. Differences of opinion can be discussed openly. Staff are trusted to take responsibility for their program or service, given the tools to do their job, and with that they have become very creative and entrepreneurial.

Financial and administrative systems and practices are very tightly managed, roles of participants are clear and checks and balances are well designed. There is a great deal of efficiency built into the system with numerous forms and systems that speed up processing of information, whether financial or administrative.

Group work is highly regarded as a valuable health promotion, treatment and prevention tool. Group work is not an add-on but well integrated into the individual service modality. There is an active relationship between primary care providers, health promoters, and community workers. This is a significant strength of the centres work. The centre is an active advocate for a healthier community.

While there is program evaluation, and a program logic model, we would like to see these individual monitoring and evaluation mechanisms used to develop a more comprehensive evaluation against overall agency goals and objectives and the core values. This would close the loop in the planning and evaluation cycle. Program evaluation results need to be integrated into the performance appraisal system.

We encourage WCHC to celebrate its many strengths and to share its stories of innovation and excellence within the CHC sector and beyond.

This report is respectfully submitted by:

Michael Barkley, Team Leader
On behalf of review team members
Gail Church and Dot Quiggin

Appendix A: Summary of Results of BHO Review
Woolwich Community Health Centre

Building Block/Component	Meet all Accreditation Level Requirements?		Meet all Integration Level Requirements?		Achieved Innovation or Excelled?
	Yes	No	Yes	No	
GOVERNANCE					
1. Board Establishment & Development	✓		✓		✓
2. Trusteeship	✓		✓		
3. Beliefs & Principles	✓		✓		
4. Strategic Thinking	✓		✓		
5. Hiring, Firing, Supporting & Appraising the Executive Director	✓		n/a	n/a	
MANAGEMENT					
1. Managing Change, Managing Conflict	✓		✓		
2. Accountability	✓		✓		✓
3. Organization Structure	✓		✓		✓
4. Sharing Responsibility	✓		✓		✓
5. Teamwork	✓		✓		
6. The Organization as a Learning Organization	✓		✓		✓
ADMINISTRATIVE SYSTEMS & PRACTICES					
1. Financial Management Systems	✓		✓		
2. Risk Management Systems	✓		✓		
3. Human Resource Policies & Practices	✓			✓	
4. Centre Accessibility & Responsiveness	✓		✓		
5. Client & Service Information Systems	✓			✓	
COMMUNITY CAPACITY					
1. The Helping Relationship	✓			✓	
2. Group Development	✓		✓		
3. Community Action	✓		✓		✓
4. Education of Future Health Professionals	✓			✓	
5. Research	n/a	n/a	n/a	n/a	
PROGRAMS & SERVICES					
1. Service Delivery Philosophy	✓		✓		✓
2. Determination of Needs & Preferences (Assessment)	✓		✓		
3. Comprehensive Interdisciplinary Health Care	✓			✓	
4. Health Promotion Across the Service Continuum	✓		✓		
5. Qualified Providers	✓		n/a	n/a	
6. Collection, Retention & Release Of Information	✓		n/a	n/a	
7. Peer Review	✓		✓		