



**Community Organizational Health**  
**Santé des organismes communautaires**

**WOOLWICH COMMUNITY HEALTH CENTRE**

**BUILDING HEALTHIER ORGANIZATIONS REVIEW**

**FINAL REPORT**

**Date of the Review: January 23 – 26, 2007**

**Date of the Report: May 14, 2007**

## **BUILDING HEALTHIER ORGANIZATIONS**

Building Healthier Organizations (BHO) is a peer review process leading to accreditation. It is a tool for organizations to evaluate their services and systems in relation to BHO standards that reflect not-for-profit legislative requirements, risk management and acknowledged standards of good practice. BHO touches on all aspects of not-for-profit organizational life: governance, management, administration, programs and services and work with communities.

Accreditation recognizes the need for organizations to demonstrate formally to funders and the public at large that they are accountable for meeting accepted standards. However, BHO is more than an accreditation process. It is also a system to promote learning, improvement, excellence and innovation.

The BHO review process to date has involved:

- Woolwich Community Health Centre (WCHC) signing the BHO Application for Review on September 27, 2004;
- Surveys of community and educational partners (enclosed with preliminary report);
- Selection of the review team composed of:
  - Kate Mullin, Community Organizational Health (COHI) Team Leader;
  - Cathy Collett, Primary Care Manager, Centretown Community Health Centre;
  - Pauline Gemmell, Community Programs Manager, Sandwich Community Health Centre;
- The review of WCHC's BHO database and associated documents consistent with the BHO documents checklist;
- The on-site portion of the review including:
  - An orientation to WCHC by the Executive Director (ED) and a tour of the centre;
  - Six interviews involving 26 people;
  - Observations of WCHC;
- Presentation of a verbal report to the executive director, board and staff members on January 26, 2007;
- The preliminary report being sent to the board chair and executive director on February 12<sup>th</sup>, 2007;
- Receipt of the organization's response to the preliminary report dated April 5<sup>th</sup>, 2007;
- Review of this response by the review team and a committee of the COHI board;
- The COHI board's consideration of the review team's and committee's recommendations on May 11<sup>th</sup>, 2007.

## **REQUIREMENTS FOR ACCREDITATION**

In order to achieve accreditation, organizations must meet all of the Standards of Mandatory Practice and a proportion of the Standards of Good Practice. This structure provides some assurance that legislative requirements are generally being met and that risk is minimized, while

offering organizations some flexibility in terms of meeting the Standards of Good Practice. The requirements for accreditation are detailed in the table below:

Requirements for Accreditation				
Module	Standards of Mandatory Practice		Standards of Good Practice	
	Total number of standards	Number of standards required for accreditation	Total number of standards	Number of standards required for accreditation
Core Capacity Module	22	22	18	14
Program and Service Capacity Module	5	5 <sup>1</sup>	13	10
Community Capacity Module	5	5	8	6
<b>Totals</b>	<b>32</b>	<b>32</b>	<b>39</b>	<b>30</b>

### The Accreditation Decision

**At its May 11<sup>th</sup>, 2007 meeting, the COHI board made the decision to grant Woolwich CHC a conditional accreditation.**

This means that WCHC does not currently meet all of the BHO accreditation requirements. WCHC now has six months (i.e., by **November 15<sup>th</sup>, 2007**) to address the outstanding accreditation issues.

In order to facilitate successful achievement of accreditation, the organization must now confirm the evidence of achievement for the conditional period. If the evidence detailed in Appendix B is agreeable, or if the organization wishes to suggest alternative evidence of achievement, please confirm this in writing to COHI. If the organization wishes to suggest alternative evidence, please complete "The CHC Response" section of Appendix B (a hard copy and an electronic copy on CD are provided for your convenience). Where the organization wishes to suggest alternative evidence, care must be taken to ensure that the suggested evidence address the issue described in Appendix B and is in keeping with the BHO indicator. This response confirming evidence or suggesting alternatives is due to COHI by June 15<sup>th</sup>, 2007 at the latest. Once COHI and WCHC have agreed on evidence of achievement, this will represent the basis for evaluating the organization's progress in addressing the accreditation issues.

At the end of the conditional period or earlier if the organization wishes, WCHC is asked to provide documentation indicating that the organization has addressed the evidence of achievement for the outstanding indicators (please provide three hard copies and one e-copy).

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<sup>1</sup> See COHI accommodations memo for an explanation of the phasing in of accommodations related to client record audits.

## **THIS REPORT**

This report summarizes the findings of the BHO process to date. Comments are illustrative and not comprehensive. The report has several parts:

- A narrative detailing the strengths and areas for development identified by the review team to date in the BHO process;
- Appendix A describing overall BHO results;
- Appendix B describing any standards or indicators the organization must meet in order to be accredited.

For more information on the BHO standards and process, please see the BHO Manual, October 2006.

## **INTRODUCTION**

Woolwich Community Health Centre is located in the village of St. Jacob's in south-western Ontario, employing approximately 45 staff in programs supported by three different funders. The health centre recently took on the establishment of a satellite CHC in Wellesley and a point of service in Linwood.

Staff and board members are passionate about bringing a client-centred approach to their work. They are knowledgeable and skilled at serving their clients, many of whom have a unique perspective on receiving health care because they are Mennonite, Old Order Amish, Old Colony/Low German speaking Mennonites from Mexico or one of various other Mennonite communities. Respect, flexibility and compassion characterize interactions with clients, each other and community partners. WCHC is a learning organization at many levels, continuously seeking opportunities to expand individual's professional training through courses, in-services or shifting to new positions in the organization and implementing recommendations from the last BHO review. Creating opportunities for student placements is valued by WCHC and the educational institutions they serve. The board of WCHC takes its trusteeship role seriously and members are respected ambassadors and advocates for the health centre.

This report includes Standards of Mandatory Practice that have not been met and Standards of Good Practice where the BHO requirements have not been met. Overall, the review team found the WCHC to be a very healthy, effective organization that is delivering needed programs and services to its clients and community.

## **1. CORE CAPACITY MODULE**

### **Overall Results**

WCHC has achieved all of the Standards of Mandatory Practice in the Core Capacity Module and all but one of the Standards of Good Practice in this module, more than sufficient for accreditation.

### **Strengths**

Staff and board at Woolwich CHC live the organization's mission and beliefs on a regular basis in their work.

Among the centre's values is creating accessible programs and services for clients. This is evidenced in many ways. There is buggy parking at the centre for those who use this means of transportation. Care is taken to present materials at a literacy level that reflects the community. Woolwich CHC has chosen its tenants in the main buildings with strategic alliances in mind – tenants include a pharmacy, midwifery program, homeopathic services, massage and dentist. The nurse practitioner program in Linwood was not originally planned as part of the satellite establishment; however this location was kept as a point of service in order to accommodate the keen interest from this community. In addition to the building being physically and socially accessible, reviews of hours of operation, on-call and expanded catchment discussions reflect WCHC's interest in making their services as accessible as possible. Staff provided numerous examples illustrating that utmost respect is afforded clients in day-to-day interactions.

Potential new board members are provided an orientation session as a screening exercise prior to running for election to a board position. The policy and procedure manual, which contains all governance policies, is offered in hard copy and electronically to board members.

Board members indicated there is a respectful atmosphere where differences of opinion can be discussed freely. Board members feel that they are given the time and respect to voice their opinion and work towards consensus. They also are comfortable proceeding to a vote or deferring decisions to another time if consensus cannot be reached.

The board receives regular written and verbal reports from the ED. Board packages are circulated in advance of board meetings and the information provided guides the board's decision-making. The standard template for the ED's written report ensures items of fiduciary responsibility are covered. Quorum was achieved at all meetings over the past year. Board evaluation is conducted twice a year. From time to time, staff make presentations to the board about programs and services as another way to ensure that the board is knowledgeable about the organization. **Trusteeship is an area of excellence.**

The board is about to embark on a review of its mission and vision as part of the planning cycle. Strategic planning was done a couple of years ago in the form of scenario planning which resulted in the establishment of the Wellesley satellite. The Integrated Service Plan (ISP) is the operational plan for the centre and it is monitored by the board bi-annually.

Risk management is taken seriously at WCHC (e.g., on-call was not working to the level of satisfaction for WCHCH so they considered an alternative to better meet client needs). Care is taken to ensure staff safety at the satellites by having three people on-site at all times. Occupational health policies and practices, financial checks and balances are in place. There was a recent review of infection control practices. Staff orientation and training are quite comprehensive. **This is an area of excellence.**

Policies are very clear and are reviewed on a regular basis to ensure they reflect new legislation and staff's input. There is a comprehensive tracking document which guides this review by the staff Policy Review Committee which takes responsibility for review and development of policies prior to going to management and then to the board for approval. Staff feel they have plenty of opportunities for input and feel that policies are applied in a fair and consistent manner across the organization.

There is one Standard of Good Practice (GP) that WCHC did not meet in this module which the review team encourages the centre to consider as a possible future area for development.

- The review team could not find evidence in documents or interviews that WCHC has documented its expectations regarding staff collection of client and service data for all staff that collect data (Standard GP 1.7.4, Indicator 1.7.4.1). As a result, the team could not assess whether practice is consistent with documented expectations (Standard GP 1.7.4, Indicator 1.7.4.2).

In a few cases, WCHC met a sufficient number of indicators to achieve a Standard of Good Practice, without satisfying every indicator. The following unmet Indicators are suggested as possible areas for further development:

- While attention has been paid to informally soliciting feedback from staff on the work environment, in order to meet the BHO Indicator, the organization would need to implement the survey it has recently developed and approved (Standard GP 1.6.8, Indicator 1.6.8.3).

No action is required on the above Standards and Indicators of Good Practice for accreditation.

## 2. PROGRAM AND SERVICE CAPACITY MODULE

### Overall Results

WCHC has two Standards of Mandatory Practice in the Program and Service Capacity Module that must be met for accreditation. WCHC has met all but one of the Standards of Good Practice and once the Mandatory Standards are met, will have achieved accreditation in this module.

### Strengths

WCHC provides a broad range of programs and services to meet clients' needs. Clients are provided opportunities for individual service (e.g., medical, counselling, home visits), a wide array of group programs (e.g., HUGS, Seniors on the Go, Gesundheit Fur Kinder, Caregiver Support Group, Better Bones) and some community education initiatives (e.g., farm safety and partnership ventures with Healthy Communities, Adult Health Fair). Many residents of the communities served by the health centre are part of a culture where it is considered unacceptable to offer input and ideas to health providers. As a result, WCHC looks for ways to involve community members in their care and the services of the centre (e.g., the ED has confidential meetings with community members and using advisory committees to obtain program input). **WCHC's client centred approach is an area of excellence.**

The Farm Safety Program offered to 14 year olds is a way to reach Mennonite children with education for their future work prior to them leaving the school system. Clients having trouble implementing their care plans, for whatever reason, are provided alternatives (e.g., more one-on-one counselling, switching providers, receiving a home visit). All no-show appointments are followed up with the client.

**Accessibility is an area where WCHC excels.** The centre is physically accessible to clients, it has a pharmacy on the main floor offering easy access to prescription medication, and the large program room in the lower level accommodates various Woolwich programs as well as other agency's programming. Urgent care appointments are templated daily. On-call, home visits and hours of operation enhance the ability of clients to use WCHC. Business workers who are not clients of the health centre can access services if they are injured on the job. Also, visitors of clients are offered services if needed. The Gesundheit Fur Kinder program offers a bus to collect parents and children from across the region. The catchment area for WCHC was reconsidered while planning for the satellites so that more people could access WCHC programs and services.

### Areas for Development

The review team could not find evidence that WCHC meets the following two **Standards of Mandatory Practice**:

- Evidence that administrative client record audits are implemented so that each staff person serving clients on an individual basis had records audited. (Standard MAN, 2.5.1, Indicator 2.5.1.4).
- Evidence that the client record audit tool and process defines who is involved in the process. (Standard MAN, 2.5.2, Indicator 2.5.2.2).

- Reports of quality of service client record audits that demonstrate that each staff person serving clients on an individual basis has had records audited (Standard MAN 2.5.2, Indicator 2.5.2.5).

As Standards of Mandatory Practice, the organization **must address the above standards/indicators in order to be accredited**. Evidence required to demonstrate that these indicators have been addressed as outlined in Appendix B (attached).

The review team encourages WCHC to consider the following Standard of Good Practice (GP) as a potential area for future development:

- Evidence that the quality of service client record audit assesses whether services provided to clients is in keeping with best practices in the field (Standard GP 2.5.3, Indicator 2.5.3.2).
- Expand the quality of service audit to examine areas of best practice in addition to diabetes (Standard GP 2.5.3, Indicator 2.5.3.3).

In one case, WCHC met a sufficient number of indicators to achieve a Standard of Good Practice, without satisfying every indicator. The following unmet Indicator is suggested as a possible area for further development:

- Bring together evaluation results across programs and services to identify trends and make improvements (Standard GP 2.6.2, Indicator 2.6.2.4).

No action is required on the above Standards and Indicators of Good Practice for accreditation.

#### **Accommodations**

Prior to its next BHO review WCHC will need to pay attention to the client record audit indicators for which there are presently accommodations (Standard MAN 2.5.2, Indicators 2.5.2.4 and 2.5.2.5).



### 3. COMMUNITY CAPACITY MODULE

#### Overall Results

WCHC has achieved all of the Standards of Mandatory Practice in the Community Capacity Module and all but one of the Standards of Good Practice in this module, more than sufficient for accreditation.

#### Strengths

WCHC is highly engaged with its community. Staff and board have developed linkages with provincial agencies, regional government, local leaders and politicians and with many agencies and coalitions (e.g., AOHC, COHI, LHIN, Healthy Communities, Eat Together for Health, Rural Health Coalition, seniors and palliative care networks to name a few). **This is an area of excellence for WCHC.**

The health centre, along with its sister CHCs in the area, meets annually with the Local Area Health Integration Network chair and executive director.

Close to 90% of the respondents to the BHO community partners' survey indicated that WCHC involves the community in the life of the organization, a testament to WCHC's connection to the community. All of the respondents to the community partners' survey indicated that WCHC is highly regarded in the community, is an effective partner and offers excellent programs and services.

Volunteers are valued throughout the organization. WCHC's volunteer program is excellent. Volunteers have detailed job descriptions. Volunteers are thoroughly screened. In the Hospice Program, particular attention is paid to ensuring volunteers have the support of their families and that individuals are at a healthy stage in their own grieving process so they can appropriately provide counsel to others. Training and supervision are key elements and volunteers are recognized for their work regularly through on-going feedback and formal recognition events.

WCHC provides a variety of student training experiences that are valued by the students and their academic institutions. The three educational partners that responded to the BHO survey gave excellent reports, indicating that WCHC is a highly valued training ground for the next generation of health professionals. **This is an area of excellence for WCHC.**

#### Areas for Development

The review team encourages Woolwich CHC to consider the following Standard of Good Practice (GP) as a potential area for future development:

- WCHC has developed a comprehensive research policy and has used it in guiding decisions about embarking on research projects. Given Woolwich's vicinity to many academic research institutions and teaching hospitals along with its unique target population, WCHC is often approached to participate in research or provide access to its clientele for research purposes. The review team encourages the centre to continue to be open to research that will benefit clients, improve service and, by sharing the results, will offer advanced knowledge and learning for the sector. (Standard 3.4.2 GP, Indicators 3.4.2.1, 3.4.2.2 and 3.4.2.3).

No action is required on the above Standard and Indicators of Good Practice for accreditation.

## **CONCLUSION**

Woolwich CHC is a valued partner in the community. Individuals, groups and organizations turn to WCHC for support and involvement when addressing health issues. Board and staff take great pride in being available to serve its many residents. Despite the various changes that have occurred at WCHC since the last BHO review, the organization remains strong, creative and vibrant.

The review team appreciated the warm reception we received while on-site. We encourage the centre to celebrate its many strengths including the numerous areas of excellence identified in this report.

This report is respectfully submitted by:

Kate Mullin, Cathy Collett and Pauline Gemmell  
BHO Review Team Members

## WOOLWICH CHC

### BHO FINAL REPORT -- APPENDIX A

	Standards of Mandatory Practice		Standards of Good Practice			Innovations/ Excellence
	Required	Achieved	Total #	Required	Achieved	
<b>CORE CAPACITY MODULE</b>						
1.1 Board Establishment and Operations	4	4			5	
1.2 Trusteeship	5	5			---	✓
1.3 Leadership and Planning	1	1			5	
1.4 Accountability	2	2			1	
1.5 Creating a Safe Environment	5	5			---	✓
1.6 Creating a Healthy Workplace	3	3			5	
1.7 Managing Information	2	2			1	
<b>CORE CAPACITY MODULE TOTAL</b>	<b>22</b>	<b>22</b>	<b>18</b>	<b>14</b>	<b>17</b>	
<b>PROGRAM AND SERVICE CAPACITY MODULE</b>						
2.1 Accessibility	1	1			2	✓
2.2 Assessment	1	1			1	
2.3 Client-Centred Approach	1	1			2	✓
2.4 Continuity and Coordination of Programs and Services	---	---			5	
2.5 Client Record Audit	2	0			0	
2.6 Program and Service Evaluation	---	---			2	
<b>PROGRAM AND SERVICE CAPACITY MODULE TOTAL</b>	<b>5</b>	<b>3</b>	<b>13</b>	<b>10</b>	<b>12</b>	
<b>COMMUNITY CAPACITY MODULE</b>						
3.1 Community Responsiveness	---	---			4	✓
3.2 Volunteers	2	2			2	✓
3.3 Students	2	2			1	✓
3.4 Research	1	1			0	
<b>COMMUNITY CAPACITY MODULE TOTAL</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>7</b>	
<b>OVERALL BHO TOTALS</b>	<b>32</b>	<b>30</b>	<b>39</b>	<b>30</b>	<b>36</b>	



**WOOLWICH CHC**  
**BHO FINAL REPORT -- APPENDIX B**

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**MODULE: 2 PROGRAM AND SERVICE CAPACITY**

**Component: 2.5 Client Record Audit**

**Standard: 2.5.1**

Administrative client record audits regularly assess the completeness and accuracy of information in client records. **MAN**

**Indicator: 2.5.1.4**

Reports of administrative client record audits demonstrate that records are selected so that each staff person serving clients on an individual basis had records audited.

**Description of Review Team's Findings**

The review team had difficulty determining from the submitted documents if each staff member who sees clients on an individual basis had their records audited. Interviews confirmed that some staff had not had a chart audit.

**Evidence of Achievement**

- Reports of administrative client record audits that demonstrate that all providers who serve clients on an individual basis have their charts reviewed.

**Organization Comments**

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**Standard: 2.5.2**

Quality of service client record audits regularly assess the thoroughness and appropriateness of the service provided. **MAN**

**Indicator: 2.5.2.2**

The organization has a quality of service client record audit tool and process that defines who is involved in the process.

### **Description of Review Team's Findings**

It was unclear to the review team and some staff in interviews as to who is involved in chart audits. The overall process for chart auditing was difficult to determine.

### **Evidence of Achievement**

- A written document that outlines which staff are involved in chart audits.
- Indication on the chart audit tool and/or in the summary reports which clearly identifies providers involved in the process (i.e., name and position).

### **Organization Comments**

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#### **Indicator: 2.5.2.5**

Reports of quality of service client record audits demonstrate that records are selected so that each staff person serving clients on an individual basis has records audited.

### **Description of Review Team's Findings**

The review team had difficulty determining from the submitted documents if each staff member who sees clients on an individual basis had their records audited. Interviews confirmed that some staff had not had a chart audit.

### **Evidence of Achievement**

- Reports of quality of service client record audits that demonstrate that all providers who serve clients on an individual basis have their charts reviewed.

### **Organization Comments**

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August 21<sup>st</sup>, 2007

Ms. Heather MacDonald  
Chair, Board of Directors  
Woolwich Community Health Centre  
10 Parkside Drive  
St. Jacobs, ON N0B 2N0

**PRIVATE AND CONFIDENTIAL**

Dear Ms. MacDonald,

I am pleased to inform you that at its August 10<sup>th</sup>, 2007 meeting, the board of directors of Community Organizational Health (COHI) made the decision to accredit Woolwich Community Health Centre.

In making its decision, the board considered information provided by Denise Squire detailing the accomplishments of the Centre in addressing the accreditation level issues identified in the Building Healthier Organizations final report, as well as the input of the review team.

The COHI board and the review team wish to congratulate the board and staff of Woolwich Community Health Centre on your accomplishment. We encourage you to celebrate your accomplishments and successes.

An accreditation certificate will be forwarded to you shortly.

Once again, congratulations.

Yours sincerely,

David Hole  
Chair

cc: Denise Squire, Executive Director