



Valuing the health and wellbeing of our community  
now and into the future.

## Report to the community 2013-2014



Sandy Hill  
Community Health Centre

Centre de santé  
communautaire Côte-de-Sable  
Every One Matters.



221 Nelson Street • Ottawa (ON) • K1N 1C7  
613.789.1500 • [www.sandyhillchc.on.ca](http://www.sandyhillchc.on.ca)

## Board of Directors

Robert Walsh	- Board President
Ross Taylor	- Vice-President for Internal Issues
Francis D. Reardon	- Vice-President for External Issues
Anthony Pizarro	- Board Treasurer and Secretary
Christine Aubry	- Board Director
Randall Bartlett <sup>(R)</sup>	- Board Director
Carlington Clarke	- Board Director
Claudia Fall	- Board Director
Lisa Gorman	- Board Director
Eric Landriault <sup>(R)</sup>	- Board Director
Lynn Marchildon	- Board Director
Karen McMullen	- Board Director
Paula Melendres <sup>(R)</sup>	- Board Director
Sandrine Périon <sup>(R)</sup>	- Board Director
George Rejhon <sup>(R)</sup>	- Board Director
Edward Speicher	- Board Director
Michele Demers	- Staff Representative
Wendy Hyndman	- Staff Representative

<sup>(R)</sup> - Resigned

## Management Team

David Gibson	• Executive Director
Rob Boyd	• Director of Oasis Program
Patricia Eakins	• Director of Finance
Matthew Garrison	• Director of Administration, Human Resources and Information Technology
Nancy Knudsen	• Director of Health Services, Health Promotion and Chronic Disease Management
Allison Lampi	• Director of Planning and Evaluation
Robin McAndrew	• Director of Client Access and Director of Addictions and Mental Health Services

## Our vision

Every one in our community will have an equitable opportunity for health and wellbeing.

## Our mission

To lead and innovate in person-centred primary health care and community wellbeing.

## Our values

Integrity • Respect • Equity • Collaboration • Empathy

# A message from the President and the Executive Director

## A broader vision of health and wellbeing

**A**s a not-for-profit health care organization, we exist to help others. We seek to provide the most effective care, based on proven practices. We seek to engage clients in decisions about their treatments, listening to them and respecting their challenges and preferences. We seek to empower people to achieve their best possible health. We passionately encourage lifelong healthy habits that reduce the need for medical interventions. We work with others in the community to provide ready access to care, and we extend a helping hand to those in need. We provide paths to renewal and recovery for the human spirit, as well as the body. Extraordinary care, always, for the people we serve, is our quest. We are here to promote health and wellbeing for life.

We care for people - before, during and after they receive primary health care treatment as clients. We reach out to help them prevent illness and injury. We empower people to become actively engaged in maintaining the best health and wellbeing they can enjoy. We want to give them the resources and encouragement they need to live the healthiest possible lives.

As one of Ontario's longest serving Community Health Centres with a mission to help others, we have no higher calling. We do these things because we care about people. We are part of the fabric of our community. We work as part of

a network of providers, agencies and organizations to ensure people have ready access to the services and healthcare they need.

Our aspiration is to provide extraordinary care, in all its dimensions, to those we serve. This is an elusive goal, because the higher we climb, the more opportunities we see to improve. To all who look to us for help, we promise to strive, unceasingly, to promote health and wellbeing, in the broadest sense. In this year's Annual Report, we show examples of our efforts and the people we have touched. The life and work of SHCHC this past year has been fast-paced and focused. We have made good strides in our new strategic plan which is aimed at strengthening the client experience and advancing key roles in primary health care, complex chronic disease management, and community vitality. Our teams have worked hard to improve the quality of life for clients, families and communities.

At the heart of all we do is our vision of earning your complete confidence in the care we provide and making a lasting difference in your health and the health of your community. We know this vision means many things to the many clients, students, partners, donors and government funders to which we are accountable as a health and teaching organization. The stories you see here reflect our efforts to do all we can to sustain health and wellbeing today and create the CHC of tomorrow.



Please read our stories - including the 2013-2014 quality and financial results - and, through this report, ask us questions and provide your comments.

We welcome your feedback on our performance over the past year and on our continued quest to earn your confidence in our health and wellbeing services.

Thank you for your interest and for helping us make a lasting difference.

Bob Walsh, Board President  
David B. Gibson, Executive Director

# An inclusive, resilient and healthy community

## Springhurst Park Revitalization Project - a place to play in Old Ottawa East

**A**s part of SHCHC's Community Development and Engagement priority of Sustainable Communities, community development staff have been involved with intensification and urban planning issues in an effort to influence planning and development that supports healthy living and healthy communities. While active play is important for children's healthy development and obesity prevention,

properly designed public spaces also contribute to resident interaction, a reduction of social isolation, community building, increased safety and improved mental health.

For many years, Springhurst Park has been an underutilized and underserved City of Ottawa park, with little infrastructure and not much for families to do. It was recognized that a better designed park with accessible swings, an accessible playstructure for older children, fitness circuit equipment for youth and older adults, a community bulletin board, picnic tables, benches and sitting boulders near the river would transform the underused park into a vibrant space to play and be active. Through extensive consultation with children and youth, parents and older adults, and the City of Ottawa parks planners, the new park was designed. SHCHC applied for a matching grant from the City of Ottawa in 2011. The grant was approved in 2012, funds were raised from the community and various funding agencies, and the new park features were built and installed in 2013.

Community residents came out on October 8, 2013, to celebrate the official re-opening of Springhurst Park on Lees Avenue, in Old Ottawa East.

The City of Ottawa's Springhurst Project was a partnership of many, including: residents of Old Ottawa East, members of the Consultation Working Group (Catherine Pacella, Annette Hegel, Jaime Girard, Jen Hunter and Chris Osler), students of Lady Evelyn School, a student team from the University of Ottawa's Transdisciplinary Community Health Program, Main Farmer's Market Photo Fundraiser Team (Ron Farmer and Tanis Browning-Shelp), Old Ottawa East Community Association, Councillor David Chernushenko, the City of Ottawa, Community Activities Group of Old Ottawa East, Community Foundation of Ottawa, Telus Foundation and the Crabtree Foundation.



## Good Food Markets - providing affordable and accessible fresh produce

*“We must create healthier communities in Canada because many of the barriers that prevent us from being healthy are in our communities and at the community level.”*

*- Dr. David MacLean,  
Dalhousie University, 2002*

In the summer of 2012, residents working in partnership with SHCHC’s Community Development staff piloted two Sandy Hill Good Food Markets in the Ottawa Community Housing community room, at 731A Chapel Street. Last summer saw an expansion of the markets, with a total of nine markets taking place from June until February. This year the markets will expand, offering year-round and more regular markets happening on a monthly basis, due to generous funding from the Trillium Foundation, the Community Foundation of Ottawa and the City of Ottawa.

The Sandy Hill Good Food Market is a community market that sells a variety of high quality fruits, vegetables and dried goods at great value. The markets are a partnership with Sandy Hill resident volunteers and SHCHC. These markets create vibrant and fun community events that increase access to healthy food options and bring the community together with activities for children, cooking demonstrations, and information about healthy eating and community services.

The year ahead promises to be one filled with collaboration, healthy, fresh food and fun. To learn more about the Good Food Markets visit [gfmottawa.ca](http://gfmottawa.ca).



## Access and coordination: Oasis Program

**Ryan** started injecting prescription painkillers at 13, and was struggling with his use of painkillers and benzodiazepine when he first came to us, at 23.

Growing up, he had bounced around, living on the reserve with family members, and in foster homes. In the fall of 2012, he was referred to Oasis by the Montfort Hospital and had an initial meeting with an opiate case manager, but did not return for several months.

*“SHCHC is breaking down silos to deliver the best healthcare to all. Having a well-integrated system means that clients benefit from a more seamless experience, greater connectivity, and enhanced access to Centre-wide staff expertise.”*

*- Canadian Centre for Accreditation*

Ryan reconnected through the Oasis drop-in and was quickly referred to the opiate case manager who supported him in his decision to start methadone maintenance treatment in the Oasis clinic. As the methadone successfully dealt with his narcotic dependence, he was able to refocus his energy to work on other aspects of his life: physical and mental health, as well as legal issues from a charge of dealing crack cocaine. Ryan continued to smoke crack on occasion, but getting his narcotic use stabilized was his goal.

In the spring of 2013, his methadone treatment and health care needs brought him to the Centre on a regular basis. During this time, he recognized his need to stay busy to help manage his anxiety and to fill in the time that he used to spend looking for and using drugs. He started helping with the Oasis community garden and the community clean up services. He eventually added the Oasis beading project and cooking projects with the Centre dietician.

With Ryan coming to the Centre everyday, he became well known to staff and often greeted everyone as we arrived at work. By the time summer came around, Ryan decided that he was ready to go to residential treatment. Opiate case managers connected Ryan with the Ottawa Addictions Assessment and Referral Service, and acted as a liaison with the treatment centre to ensure that they had everything they needed

to bring Ryan in to their program. This process took several months between the assessment and the start of treatment, and staff continued to support and encourage Ryan as he waited.

Again, several months passed where we didn't hear from Ryan. In late December, he called to wish us “Happy Holidays” and said he was still in treatment and doing well. He had reconnected with his foster parents and was going to dinner with them once a week. In his words: “I'm proud of myself and feel healthy.”

We were notified that Ryan missed his court date in May, and there was a bench warrant out for his arrest. We suspect he has left the province and will not return because he fears he will go to jail, and the cycle of substance use will begin again.

We may or may not see Ryan again at Oasis, but we see similar stories everyday, of people struggling against tremendous challenges to gain control over their substance use and then to fight against the forces that threaten the stability they have achieved.

# An innovative, proactive and leading organization

## Youth Health Clinic

**Beth** is a homeless youth in our community, who was referred to the SHCHC's Youth Health Clinic seeking contraceptives and sexual health testing. While registering at reception, the youth stated that she did not have a Health Card. The receptionist then booked her an appointment with the Centre's ID Clinic to obtain not only a Health Card, but also her Birth Certificate and Social Insurance Number. During her appointment with the Nurse Practitioner, Beth disclosed that she was struggling with substance use and feelings of anxiety related to past trauma. The Nurse Practitioner was able to schedule Beth for an appointment with the Youth Clinic counsellor, immediately following their meeting.

*"Success is not measured by what you accomplish, but by the opposition you have encountered, and the courage with which you have maintained the struggle against overwhelming odds."*

*- Orison Swett Marden*

In one visit, Beth obtained access to important pieces of identification, a nurse practitioner and a counsellor, whom she continued to see on an ongoing basis.



## Chronic Disease Management

**Joe** came in for care and was found to have elevated blood pressure. He was followed for repeat monitoring, and was initially not taking his elevated readings seriously, as he had no perceived symptoms. However, he came back for ongoing measurements so one of the Centre's Nurse Practitioners felt Joe was engaging and beginning to understand the sub-clinical effect of his elevated readings.

Little bits of education about the effects of chronically elevated blood pressure were given to Joe by the nurse, teaching him about the effects of the readings on his organs and cardiovascular system. As he engaged further in care, she discussed the role of diet, medications and exercise to deal with his condition and improve his health. Eventually, Joe was receptive to treatment, and accepted referrals to the dietician, the physical activity specialist and family doctor. Now, his blood pressure is controlled and he is happy with the lifestyle changes and improvements in his sense of wellbeing.

# Clinical excellence

## Smoking Cessation Services

In the past year, the SHCHC has partnered with the Centre for Addiction and Mental Health (CAMH) and is now participating in a smoking cessation program entitled STOP (Smoking Treatment in Ontario Program). The funding is being provided by the Ontario Ministry of Health and Long Term Care - Health Promotion Division, in partnership with researchers from the Nicotine Dependence Clinic at CAMH.

- *The average age of our STOP participants is 47.*
- *63% are male and 37% are female.*
- *100% of our patients were daily smokers, smoking on average 26 cigarettes per day at enrollment.*

The Centre offers individual smoking cessation support to our primary health care clients who can have access to 26 weeks' worth of free Nicotine Replacement Therapy (NRT) in a one year period, depending on what is needed for their quit process. This NRT is provided by the STOP with Community Health Centres across Ontario. Services are tailored to each person, and participants can receive support anywhere from a one-time visit to a maximum of 16 sessions, depending on their personal needs.

The purpose of the STOP is to increase the ability of health care providers to help their patients quit smoking. If clients smoke cigarettes and are interested in quitting, they can participate in the program. The ultimate benefit of participating in the program is that it can help people quit smoking. Quitting smoking is one of the most important things a smoker can do to improve his or her health.

Provincially, STOP has enrolled 4,100 participants. Smoking is the leading cause of preventable death in Canada. Our Centre is playing an important role in the health of our clients and our community.

## Smart Recovery for Problematic Substance Use or other Addictive Behaviours

The Centre has been offering Smart Recovery, a free drop-in program for people who experience problematic substance use or other addictive behaviours, since 2010. Smart Recovery helps people build skills to change self-defeating thoughts, emotions and actions, teaches practical self-management tools, and supports people to work towards long-term satisfaction and quality of life. The focus is on learning how to increase motivation to quit, handling urges without acting on them, developing new ways of coping with problems and creating a healthy, positive lifestyle. While many clients drop in to the group as needed, many others find it helpful to attend Smart Recovery on a regular basis to support them in the hard work they are doing in one-to-one counselling sessions.

# Reducing barriers

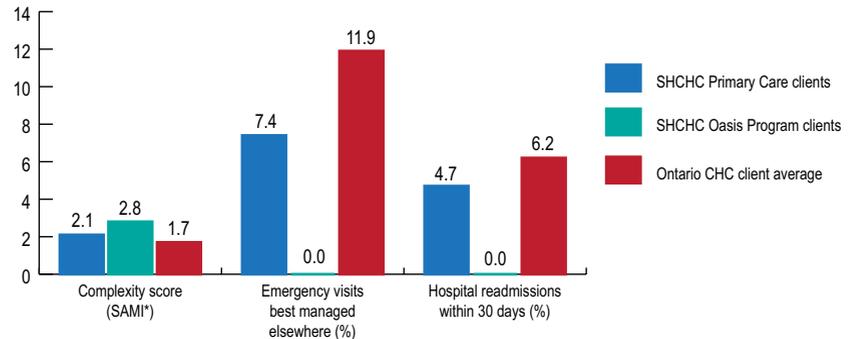


Smart Recovery groups at SHCHC are facilitated by Counsellors in the Addictions and Mental Health Services team. The facilitators provide tools and structure for the conversations, but the depth of impact of the group comes from the sharing, learning and support that occurs between participants. In this past year, SHCHC has hosted 98 Smart Recovery group sessions. The success of this program has inspired the Addictions and Mental Health Services team to create a greatly expanded group treatment stream which was launched in the winter of 2014.

*Where you live should not determine your health outcomes. We believe securing a family's health and wellbeing is a long-term investment in individual lives, and in our community.*

## Complexity and health service use of SHCHC Primary Care and Oasis clients compared to Ontario CHC average

SHCHC is saving significant health care dollars and freeing up space in Emergency Departments for people in Ottawa who need to be there.



Data from a 2013 ICES\*\*/AOHC profile<sup>1</sup> of Ontario CHC primary care practices showed that despite the higher complexity of clients served by SHCHC Primary Care and Oasis services, SHCHC clients had better (lower) rates of hospital readmissions and emergency visits that could have been best managed elsewhere, compared to the Ontario CHC average. We are proud that our work with clients and community is helping to contribute to better health outcomes for our clients and also the health care system as a whole.

<sup>1</sup> Glazier, R., Cauch-Dudek, K., Kopp, A., MacDonald, E. & Rayner, J. (2013). Practice Profile: Champlain Region 2010-2012. An ICES-AOHC Report.

\* Standardized Adjusted Case Mix Group (ACG) Morbidity Index (SAMI) - An index that takes into account a person's diagnoses and social factors that could affect the complexity of their health care and is related to use of health resources.

\*\* Institute for Clinical Evaluative Sciences; ICES receives funds from the Ontario Ministry of Health and Long-Term Care to provide research evidence to organizations from across the Ontario health-care system.

## Leadership in Information Technology

**T**his spring, after six months of preparation, SHCHC entered a new era of medical charting software. Joining other CHCs in Ontario, in March, Sandy Hill was introduced to Nightingale on Demand (NOD), our new internet-based charting software.

*“Providing strong organizational leadership, advocacy and good governance to promote the health and wellbeing of people who live, work in and visit SHCHC ensures that the Centre is an effective, financially strong and capable organization.”*

*- Anthony Pizarro, Board Treasurer and Secretary*

This transition was a result of the new Provincial eHealth strategy, and offers many benefits over our previous, locally-run software. Charting in NOD will allow for better access to information, which in turn will provide clients with better care.

Client benefits include the following:

- providing a secure, single Electronic Medical Record (EMR) to clinicians, with immediate access across all points of care, including physician practices, urgent care locations, emergency departments and hospitals;
- increasing safety via real-time clinical decision support to clinicians at the point of care;
- improving quality and outcomes by facilitating integrated systems of care; coordinating advanced care plans for patients; and providing a system-wide health information exchange.

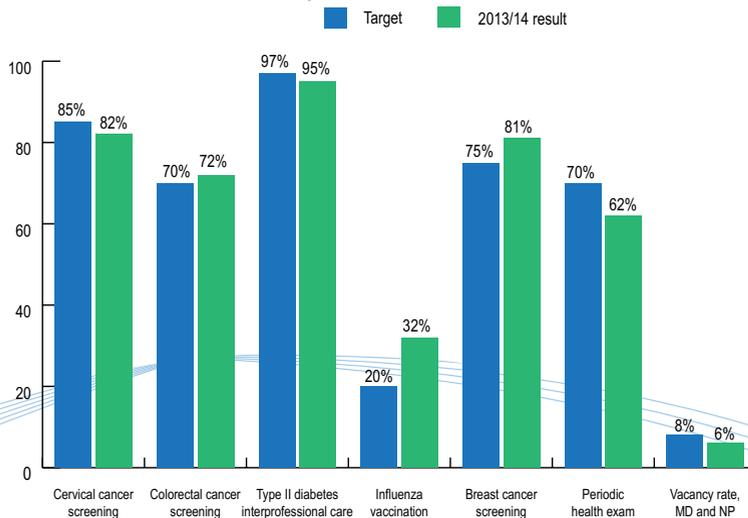


# A well planned, vibrant and sustainable organization

## 2013-2014 general utilization statistics

Number of active clients	12,094
Number of face-to-face visits with clients	28,601
Number of client and community member attendances to personal development group programs	7,685
Number of people seen for Addictions and Problem Gambling counselling or case management	1,028
Number of people seen in Primary Care services	3,887
Number of people seen for visits related to chronic disease prevention and management	501

## 2013-2014 Accountability indicators (%)



*“We are at our very best when we work together to make a highly integrated system work even better. All of the economies of skill and scale that we can bring to bear as an organization combine to produce excellent care for our clients. It’s just another one of the ways that we are defining the future of health and wellbeing.”*

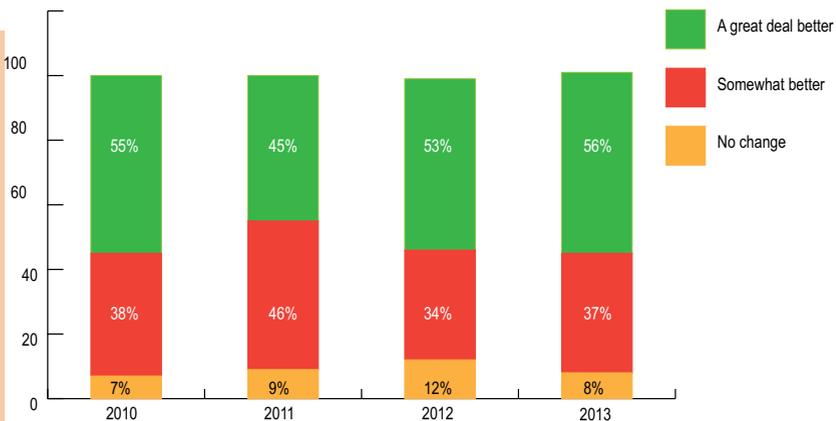
*- Bob Walsh, Board President*

# Sharing best practices in health and wellbeing

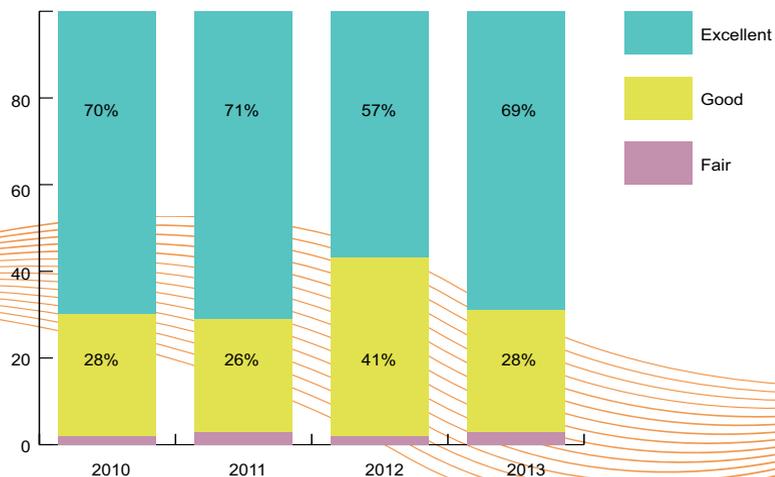
*"Many of my lactation consultations are for mothers who are pleased to see me time after time in the Centre, after I've helped them in their breastfeeding journey. Now that I've been doing this for so many years, some of the 'babies' are older teenagers, who are not impressed, in fact are mortified, when their mothers point me out to them and say in a loud voice: 'That's the nurse who helped you breastfeed when you were a baby!' But, it makes me happy and proud to have helped!"*

*- Sue Adams, Health Services Nurse and Certified Lactation Consultant*

### Impact on health and wellbeing

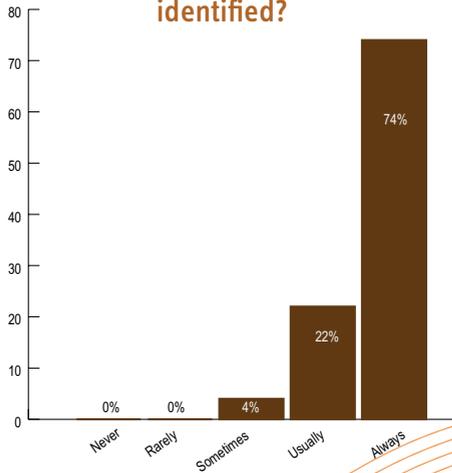


### Overall quality of service

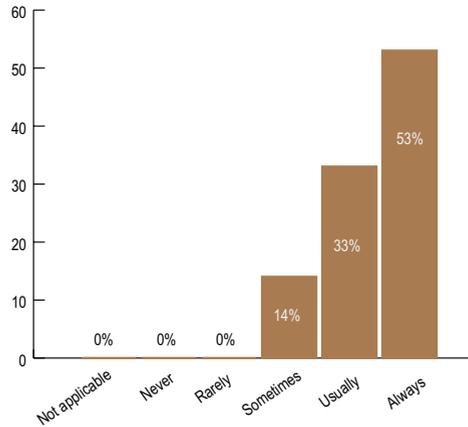


# Increased engagement of our clients in addressing their health and wellbeing

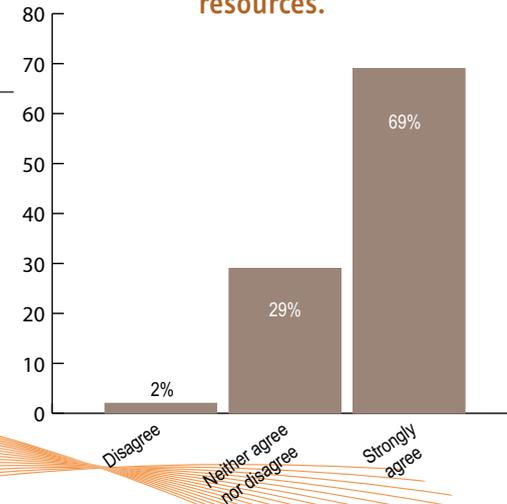
How often did staff support you to address the issues you identified?



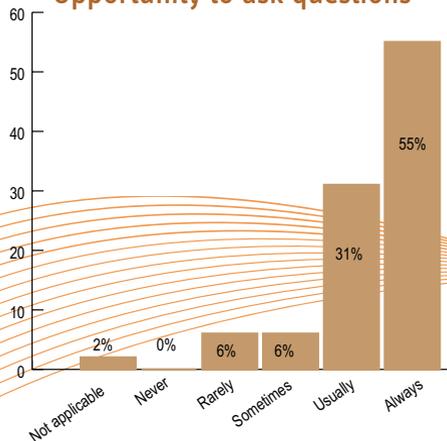
Involvement in care decision



Because of contact with SHCHC, I learned about community resources.



Opportunity to ask questions



# 2013-2014 Financial Report

## Report of the independent auditor on the Summary Financial Statements

To the Members of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc.

The accompanying summary financial statements, which comprise the summary statement of financial position as at March 31, 2014, and the summary statement of operations for the year then ended and the related note, are derived from the complete audited financial statements of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc. for the year ended March 31, 2014. We expressed an unmodified audit opinion on those financial statements in our report dated June 18, 2014.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the complete audited financial statements of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc.

### Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Note 1 to the summarized financial statements.

### Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

### Opinion

In our opinion, the summarized financial statements derived from the complete audited financial statements of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc. for the year ended March 31, 2014, are a fair summary of those financial statements, on the basis described in Note 1 to the summary financial statements.

Welch LLP  
Chartered Accountants  
Licensed Public Accountants  
Ottawa, Ontario  
June 18, 2014

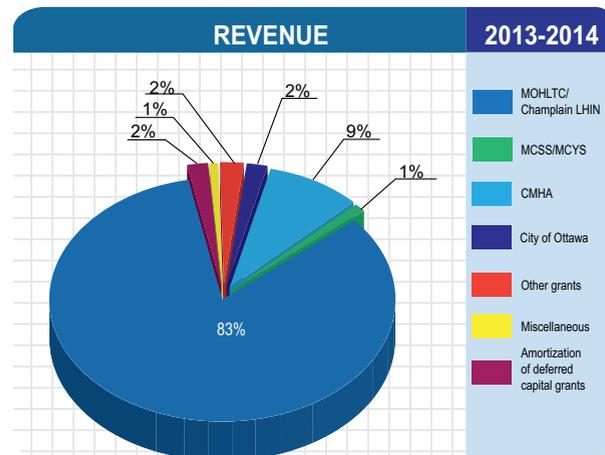
We are proud to be part of the Coalition of Community Health and Resource Centres of Ottawa.



# Financial viability

## Summary Statement of Operations Year ended March 31, 2014

REVENUE	2014	2013
Ministry of Health and Long-Term Care / Champlain Local Health Integration Network	\$ 9,140,572	\$ 9,072,797
Ministry of Community and Social Services / Ministry of Children and Youth Services	71,144	71,144
Canadian Mental Health Association	971,888	863,207
City of Ottawa	210,974	208,934
Other grants	274,584	269,368
Miscellaneous	114,722	99,553
Amortization of deferred capital grants	251,600	268,825
<b>Total revenues</b>	<b>11,035,484</b>	<b>10,853,828</b>
EXPENSES		
Salaries and benefits	8,958,730	8,836,229
Program related expenses	827,278	749,788
General and administrative expenses	870,607	809,109
Non-recurring expenses	103,360	117,266
Amortization	251,600	268,825
<b>Total expenses</b>	<b>11,011,575</b>	<b>10,781,217</b>
Net revenue before items below	23,909	72,611
Repayable to funders	(20,599)	(37,304)
Transferred from (to) deferred revenue	0	33,544
<b>Net revenue</b>	<b>\$ 3,310</b>	<b>\$ 68,851</b>



For complete details, please refer to the audited financial statements and notes available from the Centre.

# Operations excellence

## Summary Statement of Financial Position

March 31, 2014

*“Operational planning is a strength. The alignment from front line to management through to Board is impressive. The connections across program areas, and between clinical and administrative domains are omnipresent.”*

*- The Canadian Centre for Accreditation  
Review Team - final report*

	2014	2013
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash	\$ 878,717	\$ 637,380
Grants and other amounts receivable	232,580	264,989
Prepaid expenses	86,398	80,069
	<u>1,197,695</u>	<u>982,438</u>
<b>Capital Assets</b>	<u>3,535,491</u>	<u>3,694,475</u>
	<u>\$ 4,733,186</u>	<u>\$ 4,676,913</u>

For complete details, please refer to the audited financial statements and notes available from the Centre.

**Note to the Summarized Financial Statements  
for the year then ended March 31, 2014**

1. Basis of Preparation

These summarized financial statements are derived from the complete annual audited financial statements of Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc. for the year ended March 31, 2014. The complete annual audited financial statements are prepared in conformity with Canadian accounting standards for not-for-profit organizations.

A copy of the complete audited financial statements is kept on file at Sandy Hill Community Health Centre, Inc./Centre de santé communautaire Côte-de-Sable, Inc. and can be provided upon request.

The criteria applied by management in preparing these financial statements is outlined in the paragraph below.

The figures presented in these summarized financial statements agree with or can be recalculated from the figures presented in the complete audited financial statements. Management believes that the summarized financial statements contain the necessary information and are at an appropriate level of aggregation so as not to be misleading to the users.

	2014	2013
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current Liabilities</b>		
Accounts payable and accrued liabilities	\$ 727,526	\$ 540,923
Repayable to funders	58,176	105,100
Deferred revenue	146,075	73,807
	<u>931,777</u>	<u>719,830</u>
<b>Deferred Contributions related to Capital Assets</b>	<u>2,598,991</u>	<u>2,757,975</u>
	<u>3,530,768</u>	<u>3,477,805</u>
<b>Net Assets</b>		
Unrestricted funds	259,113	255,803
Restricted funds	6,805	6,805
Invested in capital assets	936,500	936,500
	<u>1,202,418</u>	<u>1,199,108</u>
	<u>\$ 4,733,186</u>	<u>\$ 4,676,913</u>

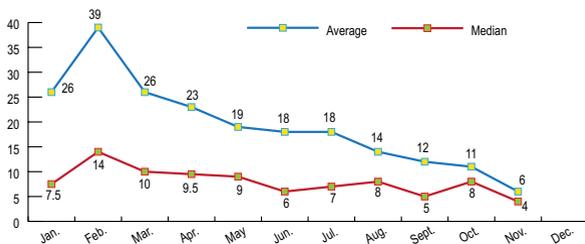
*We would like to gratefully acknowledge the continuous support of our funders and private donors.*

# Driving quality of care

## Improvements in access to primary care

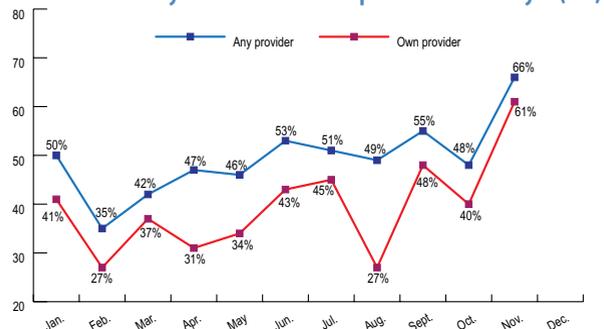
### Primary Care follow-up after hospital discharge (days)

Our target was to follow-up with our clients who were discharged from hospital for selected conditions within 7 days.



Clinical care professionals at SHCHC comprise of many teams, dedicated to pursuing clinical excellence on a national level. They fulfill this goal by consistently improving the quality of care for each client, while seeking new approaches to treatment, chronic disease management, and health promotion.

### Primary Care follow-up within 7 days (%)



### Primary Care visits with own provider (%)

