

**Expenses 4,284,475**

Salaries and wages	1,743,360
Employee benefits	379,256
Medical staff remuneration	909,242
Medical and surgical supplies	15,294
Drugs	5,964
Other supplies	120,656
Contracted services	201,893
Other expenses	390,754
Rent	198,177
Amortization	319,879

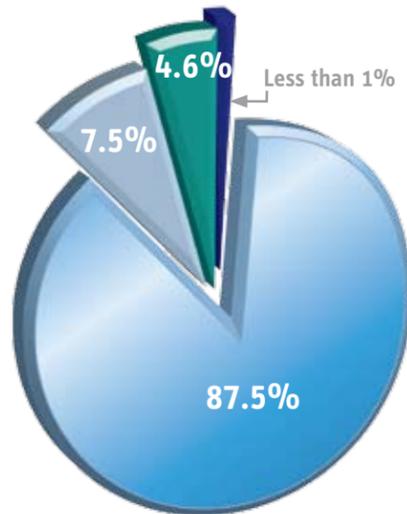
Net of Revenue less Expenses totals .....\$288 surplus

Accredited by Canadian Centre for Accreditation



Agréé par Centre canadien de l'agrément

“Volunteers bring incredible passion and skills that are often what an organization needs in order to grow and reach its goals.” *Helen Schultz, Volunteer Resources Coordinator, GRCHC*



**Revenues 4,284,763**

Grant - Local Health Integration Network (less grant allocated to deferred contributions*)	3,768,988
Recognition of deferred contributions*	319,879
Other income	195,791
Interest	105

\*Deferred contributions relate to the unamortized portion of capital assets.

“Today she walked into my office with no oxygen tank beside her and did not appear to have any shortness of breath. She told me in our meet and greet that it is because of the 'wonderful program for COPD here that I don't need my tank anymore!' ” *GRCHC nurse practitioner*

“The combination of several health programs under one roof makes this a great facility. General practitioners, nurse practitioners, foot care, counselling, LGBTQ friendly space... I watched friends, community, and family all benefit from the GRCHC.” *Allied Health Team survey*

“Wonderful people – treated us with respect and dignity.” *GM, Memory Clinic*

“I'm a happier person with more energy.” *Pat E., Easy Fit Participant*

**Financial Information GRCHC**

The full independent auditor's report is posted on our website under resources, or a copy can be obtained by contacting the GRCHC.

**Funding**

The Grand River CHC receives core operational funding from the Ministry of Health and Long-Term Care, through the HNHBLHIN. We also receive project-related funding grants and private donations. Thank you to all of our funders for your generous support. The Grand River CHC is a non-profit, registered charitable organization and is governed by a volunteer Board of Directors. Registered Charitable # 82936 7556 RR0001.

LHIN revenue is net of their recovery of year-end surplus, as GRCHC is not yet fully staffed.

**Ontario Midwifery Program**

The organization serves as a midwifery program transfer payment agency (TPA). The revenues and expenses of the midwifery practice groups are not reflected in these financial statements.

Activity for the year consisted of:  
For the Period Ended March 31, 2016

Ontario Midwifery Program Revenues	9,098,490
Total Midwifery Expenses	8,310,322

The excess of revenues over expenditures will be advanced to the midwifery practice groups in the subsequent fiscal year. If all of the funds are not advanced, they will be returned to the MOHLTC.



Grand River Community Health Centre

363 Colborne St., Brantford  
Ontario N3S 3N2  
519.754.0777  
www.grandriverchc.ca



Grand River Community Health Centre



Seasonal Agricultural Workers Health Fair

VALUES • MISSION • VISION

**Our Values**

At GRCHC, we are:  
**Innovative** – We are creative in finding new ways to improve everything that we do.  
**Collaborative** – We work as a team with our clients and partners to provide coordinated care for our community.  
**Accountable** – We are accountable to our clients, community and funders for quality programs and services and using resources appropriately.  
**Respectful** – We are inclusive, non-judgmental, compassionate and caring; everyone matters.  
**Equitable and Accessible** – We strive to ensure that people in our community can access our programs and services and are treated fairly.

**Our Mission**

GRCHC provides innovative primary health care, health promotion and community development as part of an integrated system of quality care, while helping our clients and community members to enhance their own health and wellbeing.

**Our Vision**

A community where we work together to achieve equity, belonging, health and wellbeing for all.

GRCHC QUICK FACTS

- 18,145 primary care interactions with clients
- 533 referrals made to other GRCHC services
- 1039 clients participating in counselling
- 4042 group participants
- 63 workshops
- 48 community initiatives
- 402 individuals seen at Seasonal Agricultural Worker clinics
- 339 client support service interactions with clients
- 168 new assessments at Memory Clinics
- 129 individuals participating in COPD program
- 117 volunteers
- 6 community partners on site: Brant County Health Unit Dental Program, BCHS Diabetes Education Service, CCAC Nursing Care Centre, Feet First Foot Care Program, Grand River Council on Aging, HIV / AIDS Network Regional Worker

**Thank You!** A special thank you to the many volunteers who build a healthier community by sharing their time and expertise in our centre, on our Board, committees, and focus groups, and through community programs.

GRCHC BRIEF HISTORY

- 2005 Ministry of Health and Long-Term Care (MOHLTC) announces 22 new CHCs, including a CHC in Brantford/Brant
- April 2007 Steering Committee for CHC officially appointed
- September 2007 Community engagement process begins
- November 2007 CHC receives non-profit incorporation status
- March 2008 First Board of Directors for Grand River CHC established
- March 2009 GRCHC receives status as a registered charitable organization
- May 2009 GRCHC opens 3100 sq.ft. interim site at 347 Colborne
- July 2009 GRCHC clinical staff see first client at CHC's interim site
- March 2013 GRCHC moves to 18,000 sq ft permanent site
- June 2013 Grand Opening Celebration
- 2013-2015 GRCHC continues to respond to community needs with expansion of programs and services
- May 2016 GRCHC earns accreditation award from Canadian Centre for Accreditation



Harvest Festival Event

“ I can be myself. ” From LGBTQ Social focus group

Board of Directors 2015 • 2016

- |                  |                  |
|------------------|------------------|
| Heather Bruce    | Josie Heath      |
| Ashley Dawn      | Peg Purvis       |
| David Diegel     | Christina Rajsic |
| Louisa Drost     | Randy Roberts*   |
| Lisa Gilmour     | Vicky Smith      |
| Kelly Gordon     | Fran Welsh       |
| Lakshmi Hangalur |                  |

\*indicates directors who left the Board during this period

“ It was such a success for me that each week I return and talk with others who have enrolled.” Leslie J., Serenity Now program participant



Easy Fit Class participants



Cooking with the Mayor



2015-16 BOARD OF DIRECTORS

Annual Report Executive Director and Board Chair Message

Quality improvement in health care can be a simple concept. High quality service is demanded by clients. Health professionals want to provide the best service possible. The ongoing quest to improve health care can however be a complex journey. How do we set priorities? How should we engage clients to identify needs? How do we maintain surveillance on all the possible dimensions of quality?

Quality can have many elements. Safety, effectiveness, client-centredness, timeliness, efficiency, access, continuity and equity are all pieces of the quality picture. Achievements in this past year include:

- launching a Caring for My COPD program in Simcoe and ramping up intake of new primary care clients thereby improving access
- implementing a new electronic medical record which provides the foundation for improved continuity of care
- monitoring a wide range of the cancer screening indicators to ensure effective practice and disease prevention
- enhancing our program evaluation strategy

“ Their belief in me has been absolutely incredible.” Finn C., volunteer

Quality is enhanced through improved communications and GRCHC has launched weekly staff huddles with this goal. We have also reallocated staff resources to better focus on data and client engagement.

Some of the greatest challenges around quality rest with health equity. How do we address disparate and unjust health outcomes that are rooted in complex factors such as poverty, ethnicity, sexual orientation, disability or geography? Our work includes advocacy, peer support, and more targeted health services such as our Seasonal Agricultural Worker Clinic.

All of this contributes to GRCHC's Quality Improvement Plan which is submitted annually to Health Quality Ontario and the Local Health Integration Network.

This past year, GRCHC undertook a major quality improvement initiative in preparing for accreditation by the Canadian Centre for Accreditation (CCA). The process included review and self-assessment against standards developed by this external accrediting agency. Self-

assessment identifies gaps and those gaps are addressed through new or revised policies, practices or other initiatives. The accreditation process culminates with the accreditation visit whereby three external reviewers visit the Centre. They review records and documents. They talk to staff, the board and clients. Their findings provide the basis for recommendations and for determining the accreditation award. GRCHC is pleased to have earned a full four year accreditation from the CCA.

Quality has many dimensions and many initiatives contribute to improved quality. We very much appreciate the work of our staff and volunteers who embrace such a commitment to quality. We continue to be committed to the never-ending quality journey.

Sincerely,  
**Josie Heath, Board Chair**  
**Peter Szota, Executive Director**