

ANNUAL REPORT 2019-20

On behalf of the Board of Directors and Staff, the Oxford County Community Health Centre (OCCHC) is proud to present the following highlights and achievements for the fiscal year 2019-2020:

South West Local Health Integration Network (LHIN) & Multi-Sector Service Accountability Agreement (M-SAA)

1. 2019-20 M-SAA Clinical & Financial Performance Indicators were met, with the exception of the target related to “Access to Primary Care”, which is attributable to a vacancy in Primary Care (Physician)

Indicator	Annual Target	Low Threshold	Result
Access to Primary Care (client panel size)	58%	55%	50.6%
Cervical Cancer Screening	82%	66%	81%
Colorectal Cancer Screening	76%	61%	84%
Inter-professional Diabetes	95%	76%	91%
Influenza Vaccination	65%	52%	77%
Breast Cancer Screening	75%	60%	87%
Retention Rate for NP's and Physicians	72%	58%	68%

Financial Stability

1. **2019-20 Financial Statement** – the final 2019-20 Audited Financial Statement showed a minor surplus.
2. During the course of the Audit, the Auditors did not encounter any significant matters which should be brought to the attention of the Board.

Strategic Plan 2019-20 – Transition Year Goals

The OCCHC Strategic Plan was previously based on a 3 year cycle – 2016 to 2019. Rather than redevelop a long range Strategic Plan with the advent of Ontario Health Teams and health system restructuring, the Board of Directors decided to adopt 2019-20 Transition Year Goals only. Goals related to the following areas of growth & community development:

1. **Capital Project**

- a. final planning submissions to complete all renovations on the 2nd floor of the OCCHC were received by the Capital Branch, Ministry of Health, in February 2019
- b. no further communication or authorization to proceed on our capital project was received throughout 2019-20 – in part, this may be explained by the restructuring of the Ministry of Health and formation of Ontario Health in June 2019 – assuming that capital projects such as ours were not a priority

- c. the project remains on the books – to be pursued again in 2020-21

2. Dental Clinic

- a. Construction continued on retrofitting and equipping the Dental Clinic for Low Income Residents in Oxford County. Due to complications in construction & building code requirements, construction schedules were significantly delayed, and subsequently opening dates
- b. Additional one-time funding sources were secured, notably from the Trillium Foundation and United Way Oxford
- c. An unexpected formal partnership was established with Southwestern Public Health to operate a new provincial program – Dental Services for Low Income Seniors – out of the OCCHC space. This partnership allowed the infusion of additional capital dollars to fully finish the Clinic from the start of opening, rather than in stages
- d. Grand Opening Celebration for the Dental Clinic was held in February 2020, with the Public Health Program operational. This was to be followed by the OCCHC program, which was then affected by the onset of the Covid-19 Pandemic
- e. Informal discussions continue with the Shulich School of Medicine & Dentistry to establish our Clinic as a teaching centre, with supervised Dental Students. There is interest shown to do so in planning for 2021.

3. Rapid Access Addiction Medicine (RAAM) Clinic

- a. Notified of permanent base funding from the SW LHIN for the RAAM, beginning in 2019-20 – the first of its kind in Oxford County, and an important contribution to the Oxford Community Drug and Alcohol Strategy
- b. 1 FTE Nurse Practitioner and .2 FTE Physician were hired – extensive training was implemented throughout the summer of 2019 at the RAAM Clinic in London, & Womens College Hospital, Toronto
- c. Opened the RAAM in September 2019, with repeated presentations to staff at Oxford hospitals and other colleagues on referral protocols & partnerships
- d. The service has been extremely well-received, with plans for expansion to Ingersoll and Tillsonburg in 2020-21
- e. Toward year-end, the RAAM team investigated the use of Sublocade (recently approved in Canada) – an injection (vs. repeated prescriptions) on a monthly basis to alleviate the barriers associated with frequent pharmacy visits and observed dosing on the part of the client/OCCHC. Injectables will be offered in 2020, and the OCCHC will be at the forefront of addiction medicine

4. Housing Stability Services

- a. Successful in securing funding from Reaching Home (Federal Program) and United Way Oxford for 2 Full Time Housing Stability Workers, and the Ministry of Children, Community & Social Services for 1 Full Time Housing Support Worker Youth (transition aged youth 16 & 17 year old)
- b. Caseloads were extremely heavy & complex, demonstrating the need to nurture strong wraparound partnerships across the County
- c. A Steering Committee composed of leadership and front line was established to oversee a “rapid response” model for youth at elevated risk in housing & other determinants of health, in alignment with the Oxford Situation Table

- d. Partnership formed with a private developer to implement “transitional housing” for homeless in a property owned by the developer. Renovations commenced in the summer 2019.

5. Clinical Connect – Digital Health Drug Repository (DHDR)

- a. Extensive effort was placed on preparing for and demonstrating compliance with Privacy and Security requirements of the DHDR – allowing on-line digital access by providers to the medication history of a patient
- b. Restructuring by the Ministry of Health & changes to E-Health Ontario have currently left implementation of the DHDR suspended – to be picked up again in 2020.

6. Addictions & Mental Health Walk-In Model

- a. A comprehensive outline of the process in merging Addictions and Mental Health Walk-In in Oxford to create a “one-stop-shop” was completed in consultation with front line leaders and an external consultant
- b. Due to a string of evolving priorities, the implementation of the new model was delayed, and moved to 2020

7. Oxford Ontario Health Team (OHT) Development

- a. A significant number of actions took place during 2019-20 with the respect to the Oxford OHT development – more than 30 agencies voluntarily came together to chart our course in restructuring health care at the local level
- b. An Oxford OHT “Readiness Self-Assessment” was submitted to the Ministry of Health in May 2019 – components included shared rankings & descriptions about Team Membership; Patient Care Readiness; Partnership & Community Engagement; Target Patient Populations in Year 1 of start-up; Year 1 In-Scope Services; Leadership, Accountability, & Governance; Performance Measurement; Funding & Incentive Structures; & Digital Health
- c. We received notification in July 2019 that the Oxford OHT was deemed “In Development” – a strong proposal, with some additional work to be done in order to be designated a full OHT
- d. Primary Care and Governance information sessions were held in the Fall 2019 in order to increasingly engage a wider number of stakeholders
- e. An Oxford OHT Progress Report was submitted in January 2020
- f. Further actions were halted due to the pandemic.

8. Access to Team-Based Care

- a. Due to larger considerations in developing the Oxford Ontario Health Team, this strategic objective was deferred until further plans and foundations for action are in place

9. Housing First Coalition

- a. A “coalition of the willing” was formed to assess the need for a multidimensional and cross-agency collaborative to address housing & housing support issues in Oxford County
- b. A consultant was engaged to assist the team in setting vision, mission, and priorities, as well as a literature review drawn from best practices across North America. One priority, for example, included an extensive review of the Shelter System in Oxford
- c. Based on the aforementioned, the team transitioned to “Oxford Housing Action Collaborative”.

- d. A Tillsonburg Housing Action sub-group was also formed to address specific needs & resources from a local perspective
- e. Acting upon priorities was curtailed due to the advent of Covid-19.

10. Oxford Health Link – Coordinated Care Planning (CCP)

- a. Final Year 3 Funding was received to continue to operate the Oxford Health Link office (1 Project Manager, 2 Adoption & Engagement Leads)
- b. A number of new strategies were implemented with respect to learning and engagement in order to anchor interagency team-based CCP in Oxford – notably more frequent day-long “learning collaborative” events, planned intentionally at the local level – Woodstock, Tillsonburg, Ingersoll
- c. The Oxford Health Link project and office closed officially on March 31st, 2020 – recommendations were made to the Oxford Ontario Health Team for continued stewardship of this initiative.

11. Revamp Board Policies & Procedures

- a. This goal was deferred in light of OHT developments with respect to potential considerations around Governance in the future

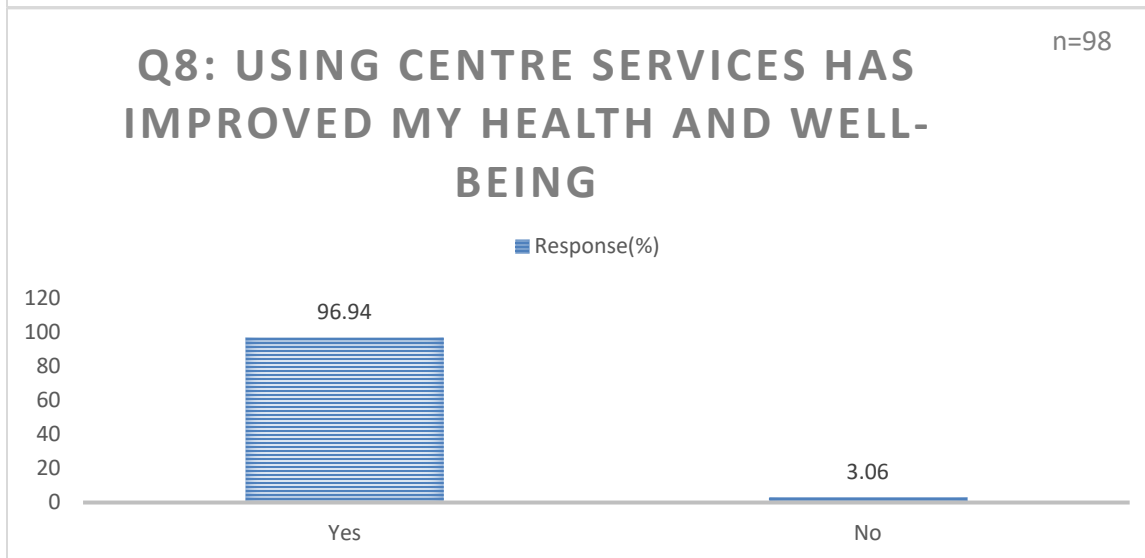
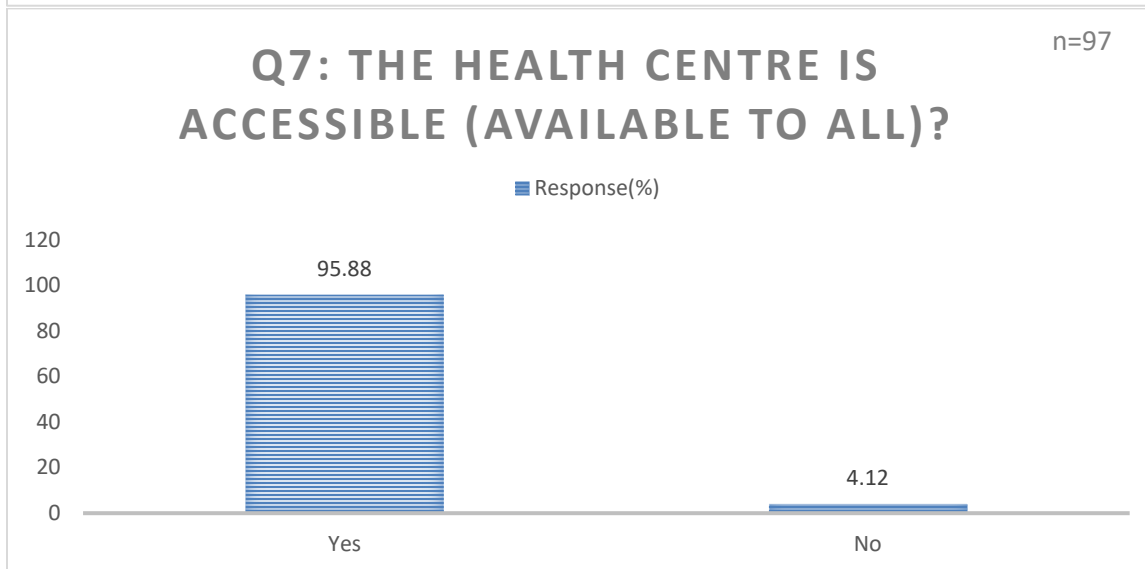
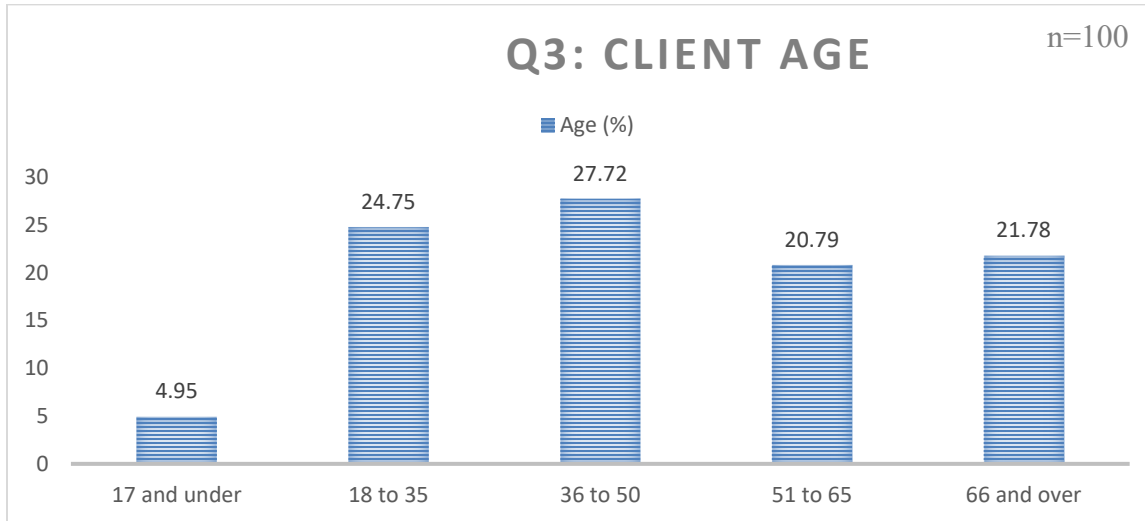
12. Transition in Electronic Medical Record (EMR)

- a. Significant OCCHC team efforts were devoted to the transition in our Electronic Medical Record, going live in November 2019 – from Nightingale on Demand to Practice Solutions, a Telus product
- b. The majority of CHC’s in the province embarked on this change, with the support of the Alliance for Healthier Communities, our provincial association

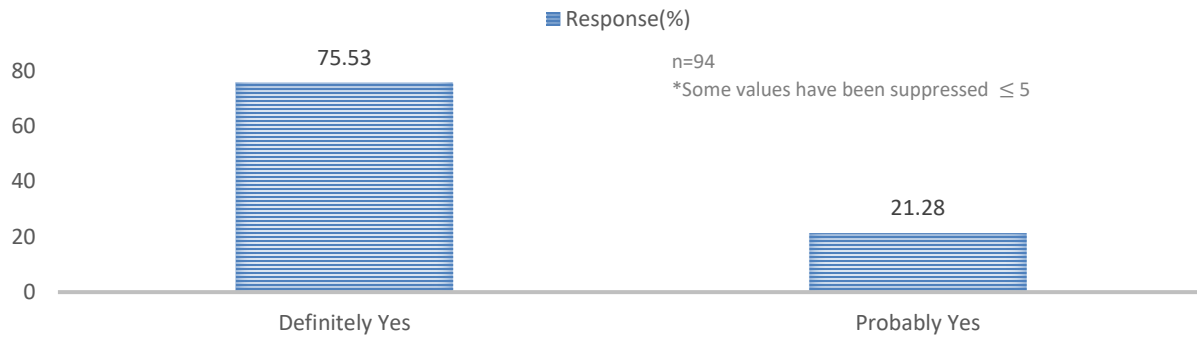
13. Other Highlights

- a. **Coronavirus (Covid-19)** – OCCHC operations changed quickly and fundamentally in March 2020 in response to the unprecedented world-wide pandemic
 - i. All OCCHC services remained open, but primarily delivered virtually (telephone, digital on-line), with a majority of staff working from home
 - ii. Primary Care – Nurse Practitioners and Physicians determined if they would see a client in-person on a case by case basis, for those in most need
 - iii. The OCCHC partnered with Oxford County Paramedic Services to establish the Oxford PPE Hub – the receipt and distribution of both provincial PPE supplies and community donations
 - iv. The OCCHC was represented on the Oxford Elgin Emergency Operations Command Table
 - v. Overall – significant learning and adjusting to new “daily” directives from the government in managing implications of the pandemic – keeping clients and staff safe.
- b. **Donation** from Toyota Motor Manufacturing Canada (TMMC) – OCCHC graciously accepted a donation of a RAV4 Hybrid from TMMC, adding tremendous value to our capacity to minimize the transportation challenges of our clients
- c. **Recruitment** of a Full Time Physician – a London-based Physician agreed to join the OCCHC in September 2020, which will bring our staffing to full complement

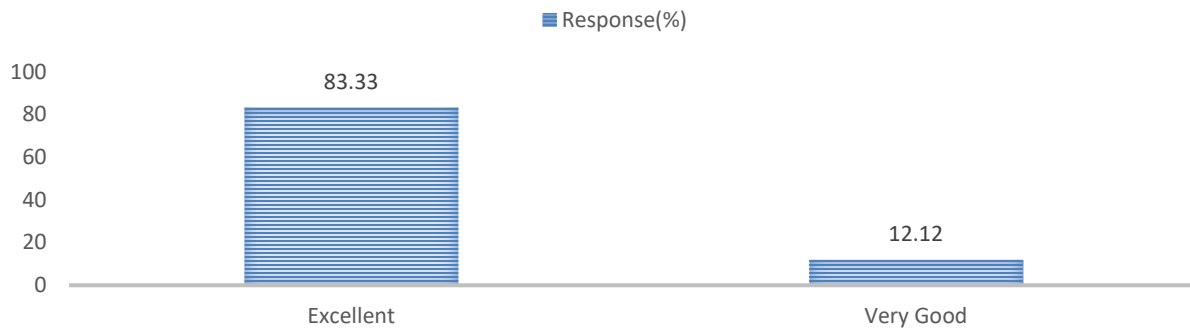
Client Experience Results 2019-20



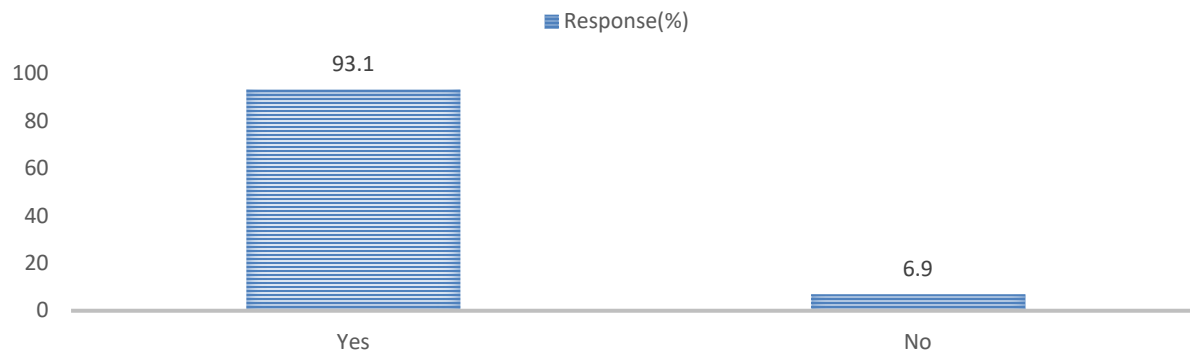
Q10: WOULD YOU RECOMMEND OUR SERVICES TO YOUR FAMILY OR FRIENDS? (CHECK ONLY ONE)

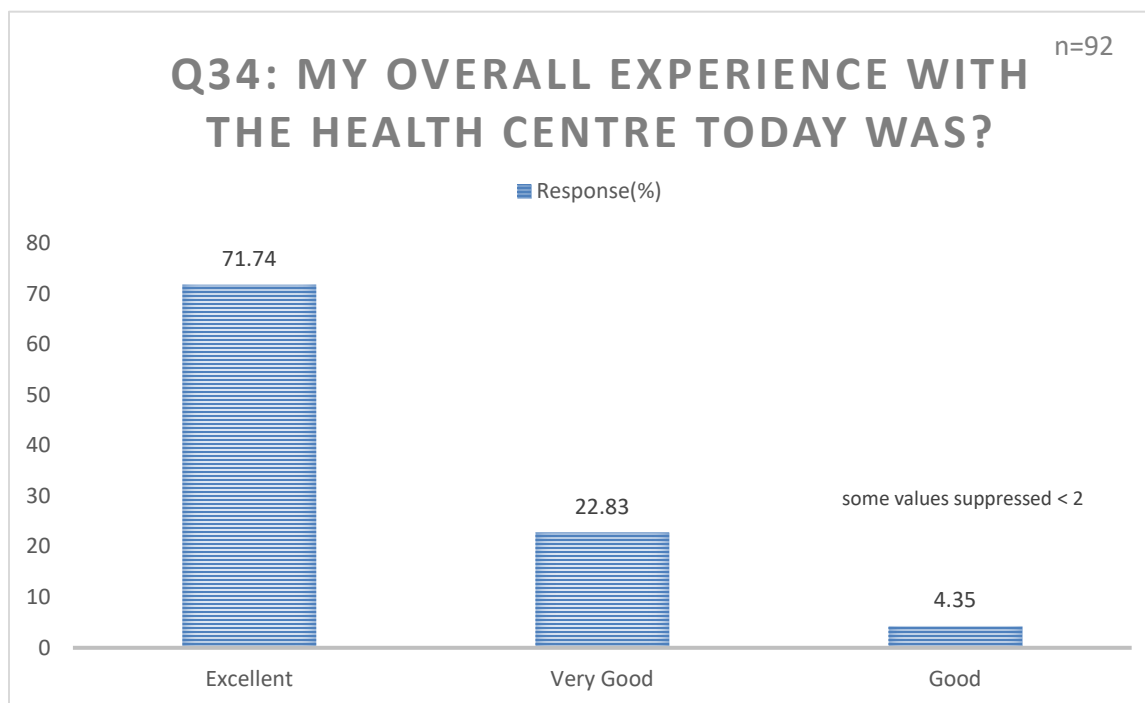


Q25: YOUR OVERALL EXPERIENCE SPEAKING WITH THE HEALTH CARE PROVIDER ABOUT THE REASON FOR YOUR VISIT?



Q32: I ALWAYS FEEL COMFORTABLE AND WELCOME AT OCCHC? ⁿ⁼⁸²





Q 37 WHAT INFORMATION WOULD YOU LIKE TO SHARE WITH US THAT COULD HELP US IMPROVE THE WAY WE PROVIDE CARE AND SERVICES?

- TAKE THE TIME TO TALK TO PEOPLE
- ALL IS WELL. CONTINUE THE GOOD WORK THAT YOU DO.
- HAVE MORE ON-SITE FOOD OPTIONS
- YOU ARE DOING GREAT, KEEP IT UP!
- I HAVE ALWAYS HAD TOP NOTCH EXPERIENCES HERE; THE STAFF ARE FANTASTIC.
- I AM SO HAPPY TO BE A PATIENT HERE, EVERYTHING IS PEACHY. WHEN I NEED TO TALK TO ANYONE PRIVACY IS NICE TOO.
- I WAITED OVER 2 YEARS TO BE ACCEPTED. ALL IN ONE PLACE SERVICES SHOULD BE THE GOLD STANDARD NOT THE FAMILY DOCTOR MODEL.
- MORE PHYSICIANS

COMMUNITY DEVELOPMENT 2019-20

The OCCHC was represented on the following community development teams:

1. Oxford Ontario Health Team – Steering Committee, Coordinating Committee, Executive Team; Primary Care Engagement Action Team
2. Health Link Steering Committee & Working Committee
3. Oxford Community Drug and Alcohol Steering Committee
4. Activate Oxford - Child and Youth System Planning Table
5. Situation Table Steering Committee & weekly Working Committee
6. Oxford Housing Action Coalition
7. Zero Poverty Oxford Steering Committee
8. Oxford Mental Health and Addictions Network

9. Oxford Local Immigration Partnership (LIP)
10. Oxford Addictions Treatment Strategy Steering Committee
11. Health Link Leadership Collaborative, South West LHIN
12. Human Services Justice Coordinating Committee
13. Oxford Community Safety & Wellbeing Committee
14. Oxford Suicide Prevention Team
15. Oxford Emergency Operations Command Table
16. Transition Aged Youth Steering & Working Committees

Respectfully Submitted.

A handwritten signature in black ink that reads "Ann Campbell". The signature is written in a cursive, flowing style.

Ann Campbell
Chair
Board of Directors, OCCHC

A handwritten signature in blue ink that reads "Randy Peltz". The signature is written in a cursive, flowing style.

Randy Peltz
Executive Director
OCCHC

End of Report.