



South East Grey Community Health Centre



SEGCHC staff attend a socially distanced staff meeting in spring 2020.

Annual Report

2020-21

We are grateful for the ongoing support and funding received from the Ministry of Health and Ontario Health West (previously known as the South West Local Health Integration Network).

We thank our many financial supporters including:

Community Food Centres Canada - COVID Relief \$50,000

Community Food Centres Canada - Good Food Access Fund -COVID Relief \$20,000

Community Food Centres Canada - FoodFit Fund \$25,000

Grey County Social Services Relief Funds (COVID Relief including 2 Freezers, 2 Stoves, and other kitchen equipment) \$21,520

Grey County Community Homelessness Prevention (Community Meal Program) \$3,500

United Way of Bruce Grey - COVID Relief - YUM Program \$10,100

Emergency Community Support Fund delivered by Community Foundations Canada (CFC), United Way Centraide Canada (UWCC), and the Canadian Red Cross (CRC) COVID Relief \$38,240

Farm Credit Canada - AgriSpirit Fund \$25,000

Emergency Community Support Fund delivered by United Way of Bruce Grey - COVID Relief Crock Pot Program, YUM & Hampers \$15,000

Employment and Social Development Canada - New Horizons for Seniors Program - CHC "At Home" Video Series \$22,500

FLATO Developments \$50,000 plus a substantial contribution of PPE

Municipality of Grey Highlands \$50,000

Township of Southgate \$25,000

Chapman's Ice Cream for a substantial contribution of PPE

In addition to grants, we received \$78,329.32 in donations from individual donors in our community.

The financial gifts from these individual donors enable us to help many patients, clients and individuals through the delivery of our programs, or by covering medical expenses they couldn't otherwise afford.

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*"You can do what
I cannot do. I can
do what you
cannot do.*

*Together we can
do great things"*

- Mother Teresa

Message from the Board Chairperson

Job well done – congratulations every one.

On behalf of the Board of Directors, I would like to thank the staff, their families and our partners that have exceeded all expectations and remained committed to their patients in these unprecedented circumstances.

As I move on to new challenges volunteering in my community, I will not soon forget what tremendous gains our team of board, staff, volunteers and supporters have achieved for our patients and their families. I would like to acknowledge the Municipalities, our Provincial MPP Bill Walker, Grey County, the Ministry of Health and local businesses who have worked with us on multiple fronts to advance projects and meet our patients' needs.

Allan Madden, our 10-year CEO, also retiring this year, has been a stellar leader and his whole team is a reflection of his hard-working devotion to making primary patient care a model for the Province. Tenacity and Audacity have been his drivers to successfully attract resources that position the CHC to best manage the primary health and wellness services our community deserves.

This first ten years of the CHC has found us working closely with many allied health providers. These partnerships and that with the Regional Hospice of Grey Bruce, have given our patients the experience of a more seamless journey within the health system. And for our staff, resulted in excellent connections and understanding of their services to complement our own.

As I finish my term as board chair, I would like to thank those stalwarts who have gone before and those who have been such tireless colleagues and trusted advisors at the board table. Your wise counsel and friendship have resulted in trust and robust decision-making that have positioned the SEGCHC for a strong decade ahead.

To Alex Hector our new able and tested Executive Director and his team – I look forward to cheering from the sidelines as the pandemic diminishes and the CHC reopens fully to continue its growth and excellent care of our patients.

Thank you for the opportunity and the privilege of giving back to my community.



Jane de Jong, Board Chairperson

"We must dare to be great; and we must realize that greatness is the fruit of toil and sacrifice and high courage."

- Teddy Roosevelt

To Our Stakeholders

The pandemic has had a significant impact on all of us - patients, healthcare providers, volunteers, and supporters. It has impacted our families, our social structures, our children. It has caused us to make significant changes in record time in order to stay focused on patient care. We are extraordinarily proud of how our team of professionals have been able to implement changes required to keep staff and patients safe. Everyone has played an important role - from our medical receptionist staff who have not worked from home and who have capably handled changes to schedules and routine as we moved in and out of lockdowns and answered patient inquiries, to our Allied and Clinical staff who switched to a combination of work from home providing virtual care and work in the clinic wearing PPE, to our small but mighty administration staff who managed logistics in the middle of implementing big changes. With all of this going on, we did not lose our stride; you will read later on in this report how we performed despite the ongoing challenges. We are extraordinarily proud and feel very privileged to be part of this team of truly dedicated, caring and focused health care professionals.



Alex Hector, Executive Director



Allan Madden, Chief Executive Officer



The Board and Staff of SEGCHC are pleased to announce that Alex Hector will be assuming the role of Executive Director on June 1, 2021.

"Integrity is doing the right thing, even when no one is watching."

- C.S. Lewis

Operations

A Review of our Strategic Planning and Priority Status

2020-21 was certainly an unforgettable year. The pandemic has challenged every aspect of the CHC operations. In response to the public health measures, the CHC remained open in Dundalk and Markdale seeing urgent care patients, new moms and babies etc. Despite the unprecedented challenges caused by COVID-19, the primary care team has exceeded even the highest of expectations by providing 52,576 services provider interactions and establishing an 88% cancer screening rate across the board. Further, our panel size sits at 8916, 112% of our budgeted panel.

Alongside Public Health, we delivered a COVID vaccine clinic which vaccinated over 500 seniors of age 80 years old+ in one day. Additionally two of our Nurse Practitioners are working alongside GBHS hospital staff in the ICU caring for COVID affected patients. We introduced a virtual care strategy, saw palliative patients in their homes and delivered more than 10,000 meals to isolated seniors.

SEGCHC continues to be committed to providing the best services possible without undue duplication. Our programs and services have always been based on the social determinants of health, and will continue to be so in the future. For 2020-22 the SEGCHC Board and staff committed to the following priority areas:

- Improve our M-SAA numbers while taking on more patients.
- Improve the quality of our data.
- Launch a Virtual Care strategy.
- Manage the capital plan for the Dundalk build through the Ministry approval process.
- Complete renovations for Markdale building.
- Develop and implement a strategic alliance with Chapman House including back office integration.
- Develop a health equity strategy for seniors and food security.

The South East Grey CHC Board is very proud of the following accomplishments:

- Our quick response to the pandemic:
 - Provided 52,576 interactions to keep our patients safe
 - Maximized Virtual Care capabilities
 - Increase in our homecare visits
 - Held a vaccine clinic that delivered more than 500 doses in 1 day

- NP support provided to GBHS Intensive Care Unit
 - Staff morale remained high
- Our YUM program provided over 10,000 food parcels to many families with food security issues during the outbreak.
- Completed renovating our Markdale location and partnered with Keystone Child, Youth and Family Services, Canadian Mental Health Association and Grey County to locate services closer to where they are needed. A new community garden was built on site and is ready for programs in Spring 2021.
- \$238,000 in renovations completed at the Erskine Church to facilitate programs for the community thanks to a Community Infrastructure Renewal Fund (CIRF) grant. We also completed a \$25,000 kitchen renovation thanks to an Agrispirit Farm Credit Canada grant.
- Something in the water at the CHC: 10 of our staff went on maternity leave!
- \$275,000 planning grant received from the Ministry - which means we are one step closer to getting our new building in Dundalk!



The new Community Gardens at our Markdale site.

Community Initiatives

Your Unique Meal (YUM Program)

The YUM program (Your Unique Meal) launched in February 2020 as a means to fill an identified gap in our community. The YUM Program is intended to meet the unique nutritional needs (gluten-free, dairy-free, low-sodium, food allergies) of individuals who are living at or below the poverty line.

In March 2020, one month after we launched YUM, there was a province-wide shut down. Many formal health and social service organizations closed their doors. Among those were transportation services, meal programs, Day Program, respite etc. On account of our strong reputation and because we were one of few organizations that remained open throughout COVID, we were asked by the larger community to expand YUM to meet the needs of our most vulnerable clients. Funding became available to support these COVID relief efforts.

Through YUM, participants receive up to five nutrient-dense meals a week, plus fresh produce, milk, etc. The YUM program spans beyond meal delivery and serves as a check-in for our isolated seniors. YUM has also been a vehicle for mental health support, delivering supplements from the Dietitians, urine sample bottles for Nursing, Footwear and Clothing Exchange, Income Tax drop off/pick up, thus ensuring benefits will not be disrupted. We are the only point of contact for many participants.

We recognized that beyond the food needs, individuals were lacking basic personal hygiene products (shampoo, soap, shaving cream and toothpaste), and basic home products (towels, microwaves etc.). SEGCHC used grant funding to deliver 100 hampers with these items. In March 2020, we launched the Crock Pot Program, this program deployed 50 crock pots to vulnerable and marginalized individuals in the community. Meal packs and cooking instructions are distributed so the individual can create a meal.

SEGCHC is grateful for the support of the many individual donors and organizations that have provided funding to support the YUM program.



Community Programs

Beyond Primary Health Care Services and Allied Health Services, SEGCHC offers a wide variety of free programs and services to meet the needs of individuals of all ages. Due to COVID-19 many of our programs have been placed on hold however we were able to offer Tai Chi and Yoga on Zoom video.

We also began offering Check in and Chat to support those who are feeling alone or isolated due to COVID-19. Through this program, locally trained volunteers make weekly or bi-weekly phone calls to participants to help them stay connected to the community.

Additionally, our Community Volunteer Income Tax Program saw an unprecedented number of participants with 150 tax returns completed this year.

Finance/Administration and IT

Strategic Alliance with Chapman House

In March 2021, SEGCHC and Chapman House (Residential Hospice of Grey Bruce) signed a memorandum of agreement for payroll, accounting and information technology support. This strategic alliance will provide organizational benefits for both SEGCHC and Chapman House related to back office integration and strategic projects. This alliance will also provide system-

wide benefits for the people we serve including a strengthened voice at the Ontario Health Team table on home care, palliative care and primary care.



Finance Manager, Kulwant Dhaliwal accepting a donation from Enbridge

Information Technology Update

In June 2020, SEGCHC hired a Manager of Information Technology (IT) to oversee the information technology systems and data reporting.

SEGCHC held 98 Ontario Telemedicine Network (OTN) sessions last year. OTN uses two-way videoconferencing to provide access to care for patients in every hospital and hundreds of

other health care locations across the province. Virtual care, such as OTN sessions, provides key efforts to slow the spread of COVID-19. Throughout the pandemic, it has become a mainstream delivery channel for health care services. In addition to patient care, OTN facilitates the delivery of distance education and meetings for health care professionals and patients. We continue to do frequent OTN consultations at the CHC with Specialized from all over Ontario.

In March 2021 SEGCHC began the implementation of Telus Health Virtual Care to expand access to care to our patients.

Financial Report and Update

The Audit Plan was prepared and an interim audit was completed in February 2021 and a year-end audit was completed in May 2021.

Recognition

The South East Grey Community Health Centre would like to acknowledge and thank this year's recipients of an Ontario Volunteer Service Award. Adults are recognized by the length of time they've volunteered with one organization, ranging from five to 65 years of continuous service. Youth (24 years old and under) are recognized for two or more years of continuous service. Thank you to all of our volunteers who give back to their community with their time and skills!

10 Years

Jane de Jong: Jane is the CHC's longest standing Board Member and a pioneer of the South East Grey Community Health Centre movement. As Board Chair, Jane has been a visionary, leader and strong ambassador of the CHC, helping the centre achieve some monumental milestones. With unwavering commitment and heart, Jane has helped to bring healthcare closer to home for many.

5 years:

Jim Harrold: Jim is a Director on the CHC's Board of Directors. Jim belongs to several Committees of the Board and has been instrumental in leading the CHC through the new Ontario Health system.

Don Nickell: Don is a well-recognized face around the CHC, providing support for the Community Volunteer Income Tax Program all year around.

Della Goetz: Della is a valued member of the CHC team, volunteering at health fairs, donation letter drives, phone call reminders, Check In & Chat and more.

Anne Marie Lee: Anne Marie has dedicated her skills to help hundreds of individuals file their tax claim as a volunteer with the Community Volunteer Income Tax Program.

Youth Awards (2 years or more):

Solenne Shute: Solenne has been volunteering with the CHC since October 2018. Solenne has helped with special events such as: Health Fairs, Rotary Ski-A-Round, Golf Tournament, donation letter drives, and general support for CHC programs.

Lachlan Shute: Lachlan has been volunteering with the CHC since March 2017. Lachlan has helped with special events such as: Health Fairs, Rotary Ski-A-Round, Golf Tournament, donation letter drives, general support for CHC programs and most recently as a parking marshal for the vaccine clinics.

A Report from our Clinical Director

This has been an interesting time in Health Care for a number of reasons. I have often said “Necessity is the Mother of Invention”. This Pandemic has shown the ability of health care providers around the world to make adjustments in providing care to people on very short notice. Every day, new information was forming decisions at the front line in all aspects of health care. Here at the CHC, we did not take the approach that patients no longer needed to be seen in person. We carefully weighed the risk and the benefits of having staff and patients in the clinic. It was a team effort guided by Public Health, in-house expertise; with the understanding of the potential needs of the folks that we care for and safety of staff and patients at the forefront at all times. There were times that we changed protocols more than once through the day. Numerous team meetings were presented through the day; understandably, there was fear among staff and we saw this in our patients as well. Staff were aware that this was going to take planning, regular information sessions, self-learning and that everyone needed to be informed and on the same page. I am proud to say that staff stepped up to the plate. Our Nurse Practitioners and Physicians were in clinic when they needed to be, nurses were in clinic every day regardless of where we were in the Pandemic.

We developed a schedule that saw at least two providers in the clinic at all times, the rest worked from home, over the phone. Those in clinic followed our most vulnerable patients, cancer patients, those with complaints that required hands on assessment. We stopped all non-urgent appointments and switched them to phone appointment. Messages were communicated that all staff and patients would wear appropriate PPE when in clinic and dealing with patients the level of precaution was evaluated on a daily basis. Due to concerning numbers of COVID infections in the community of Dundalk, in-house services were shut down and patients were rerouted to Markdale or home visits done. This was due in part to the

inability to screen patients appropriately and handle in person visits due to the number of staff that were pregnant and the layout of the clinic. Initially difficulty arose with getting PPE and N95 masks. So many partners stepped up to the plate, such as Chapman's Ice Cream and Flato Developments. CHC partners within the Alliance were trading supplies and utilizing companies that traditionally did not sell "medical equipment" but who sold the same thing at a better quality and price. We were amazed.

Each Wave of the Pandemic saw new challenges, requiring us to make changes to existing protocols, recommendations, and balancing the risk of having staff and patients in clinic. The Variants of Concern appeared in our communities, raising with it more concerns regarding safety protocols. We postponed routine screening, re-adopted early plans for prenatal extending time between appointments, saw new babes and postponed older infant and children's immunization. We ran Flu Vaccine blitzes for winter flu, it was the lowest season around the world for Influenza infections - handwashing, and masks really work! We continued to take on high-risk new patients, pregnant women, and new babies all during this time.

Then the COVID Vaccine program arrived. Sitting on the task force, I had a front row seat to how the roll out was going to happen in Grey Bruce. Throughout our region numbers continued to be far below large cities and municipalities. As such, some of our vaccine allotment was diverted back to the hotspot areas. This was rectified as all of us on the task force felt that the risk to our residents was heightened by not being able to vaccinate our most vulnerable individuals. Luckily, we were able to move forward, albeit slowly and now steadily.

We have developed a partnership with the hospital and other community physicians and clinics throughout this. Two of our trusted Nurse Practitioners have been redeployed to the ICU in Owen Sound. They are seasoned Level 3 ICU nurses, tried and true, and are well respected in Owen Sound. One is from London Health Sciences and the other from Sunnybrook. They are looking forward to coming home to their patients. They did this selfless act to benefit our community at the potential risk to themselves and their families. Two of our nurses have gone to the Grey Bruce Health Services to help with injections for staff at the Markdale site. We have incorporated the Flesherton Clinic into our 80 years old+ Vaccine Clinic; the second vaccine will be done on June 19th. Our staff work on the weekends too and it is all hands on deck. During this past year, I would be remiss in not announcing our baby boom that added four bouncing baby boys and five beautiful girls to our family staff.

In spite of the pandemic, the clinic rolls on. The Physicians and Nurse Practitioners continue to see patients. The nurses run moderate to large COVID Clinics daily according to doses available to all Grey Bruce residents. The week of May 17th - we gave 563 COVID vaccines in our clinic. Spectacular! Chatsworth clinic is open one day per week at this time and Dundalk is

open four days per week, with every other Wednesday booked as a vaccine clinic day for about 100 patients - depending on demand and supply.

We continue to run multidisciplinary team efforts with our specialist clinics. Psychiatrist, Dr. Morrison, is typically here two days per month to assess new patients. Psychologist, Dr. R. Shepherd, who recently started at the clinic weekly; his lovely wife Dr. C. Shepherd is an old hand now at the clinic. She has helped us so much in keeping patients seen at both Markdale and Dundalk and helping when we have had a shortage of physicians. We could not have done it without her. Dr. Terry Smith continues to look after our complex medicine patient and helps with pain patients along with our experienced NP Julia Peart as she works on our Narcotic Reduction Program. Dr. Smith has an interest in Bariatric Medicine and we look forward to getting this program off the ground. Dr. Ostrander continues to read in-house ECG's and is a complex medicine asset.

We welcomed Dr. Dan Eickmeier (Dr. Dan) to our clinic to assume Dr. McIntosh patients as she retired last fall. We will welcome Dr. Ramsha Khan in July to assume Dr. Rod MacNeill's patients. In September, we will welcome Dr. Krista McKee back from maternity leave. Dr. Will Gott has been covering her patients and helping so much while we are short-handed. We are hoping to convince him to stay on a part time basis. Our NPs have also picked up so much of the slack; I cannot begin to thank them enough. Their commitment and flexibility during this time has been commendable with never a complaint or a refusal. Natalie Grant is our Chiropractist and she has been included in our Primary Care Team, as she works very closely with nursing and NPs for our high risk diabetic patients and wound care. She has undertaken a very vigorous course in wound care and runs our Diabetic Foot Care Clinic, through the LHIN.

We hope to see many of our programs back up and running, including our Cardiac Rehab program and a more robust Narcotics Program. We have initial planning for a Diabetes program that will also incorporate our Cancer Screening and OHT requirements into that. Our Diabetic Foot Ulcer Program will become more active as our programs increase. Our numbers are high enough that our CEO has sent a business case for much needed staff. We look forward to this as we continue to advocate for patient care and equality in our communities. We continue to do home visits, are now able to take vaccines out to our housebound patients. Our nurses have been stellar in keeping the clinic functioning, they too never complained and were always up for a challenge. We continue to work with our allied health staff. The management team worked as a well-oiled machine to make this all work. Special acknowledgement is extended to the Medical Administration Team who were the very front line in all of this, manning the phones and understanding all of the moving parts and clarifying when things were not quite as clear as they should have been.

From my perspective moving forward, we will never go back to all staff working in clinic every day. We will continue to offer virtual appointments as these suit many people. We continue to be here for those who need to be seen in clinic. Recruitment is ongoing for physician and Nurse Practitioner support. We currently have two Nurse Practitioner students finishing their programs in clinic and will have a Student Physician in September for a month. This is the best way to recruit new staff, to have them as students and COVID has not deterred us from this program. We have a unique clinic that is known far and wide, I have many calls regarding our model and “our secrets” for being high achievers.

It is with mixed emotion that I will be retiring from my position as Clinical Director effective October 1, 2021. I have been asked to stay on for special assignments and would like to see our COVID vaccine program out until the end, whatever that looks like, and to have input to the new build in Dundalk. My replacement as Manager of the Clinical Team will be NP Julia Peart. She brings a wealth of knowledge from other sectors and interests. She will be well supported by the Management Team and the Clinical Team and I expect that she will be very successful in her role. She will have some ideas and the CHC will thrive under her new leadership. I look forward to continuing with short term opportunities in health care as I move forward as well as some serious down time and travel with my partner. When safe to do so.....of course.

Penny L. Pedlar Nurse Practitioner, Proud Clinical Director

Capital Projects

Dundalk Capital Build

On November 20, 2020 the CHC received approval from the Minister of Health, Christine Elliott, confirming the commitment to support early capital planning for the South East Grey Community Health Centre. The \$275,000 one-time capital planning grant has been received and plans are underway to build a 12,500 ft² to 16,000 ft² medical facility in Dundalk. The building will meet the current and future ongoing needs of the residents of Southgate. The approval is evidence of the increasing demand for services in this area driven by a dramatic increase in the population.

The following partners have signed a Memorandum of Understanding outlining their commitment to co-locate at the new build:

- Canadian Mental Health Association, Grey Bruce
- Keystone, Child, Youth and Family Services
- South West Ontario Aboriginal Health Access Centre
- Grey Bruce Public Health
- Waterloo Wellington LHIN Care Coordinator

Additionally, Grey County has shown interest in establishing a presence at the site to meet their social services and new immigrant needs.

Our goal is to establish a one-stop-shop for residents providing seamless access to multi-disciplinary primary care, mental health and addictions services (youth and adults), Indigenous health services, public health programs and social services.

The CHC is grateful for the continued support demonstrated by Bill Walker MPP for Grey Bruce and Owen Sound. Bill



What our Clients/Patients are Saying

Our patient's feedback is vitally important to us; however the pandemic presented us with challenges in getting timely and relevant information. Plans are in place for regular, ongoing feedback and we look forward to regular, robust information very soon.

"It always seems impossible until it's done."

- Nelson Mandela

By the Numbers – Our Performance

SEGCHC Clinical Data Reporting

Throughout the pandemic, SEGCHC maintained full access to primary care, including lab services, urgent care and allied health services. We offered in-person appointments, virtual appointments by phone or computer and home visits. Health and Fitness programs shifted to an online platform. The numbers in Chart I reflect the activity of the SEGCHC over the past year compared to our M-SAA target.

Chart I Client Activity OHRS

	Budget 2020-21	MSAA 2021 Target	Actual YTD	% Variance Budget to MSAA	Variance to Budget Year End	Variance to MSAA Year End	% Variance to MSAA Year End
Total Individuals Served	8,500	5,603	6,115	166%	2,385	512	109.1%
Service Provider Interactions	50,582	31,650	50,431	163%	151	18,781	159.3%
Service Provide Group Interactions	1,994	698	1,661	135%	333	963	238.0%

SEGCHC is required to sign a Multi-Sectoral Accountability Agreement (M-SAA) with our funders, Ontario Health West (previously known as the South West LHIN). The M-SAA requires that the organization focus its primary care attention to cancer screening and flu vaccination in addition to providing primary care and community development services.

Chart II 2020-21 Year-End M-SAA Results

M-SAA Indicators	MSAA TARGET	ACTUAL	VARIANCE
Breast Cancer Screening Rate	80%	85.45%	5.5%
Cervical Cancer Screening Rate	84%	88.22%	4.2%
Inter-professional Diabetes Care	95%	89.28%	-5.7%*
Influenza Vaccination Rate	85%	94.39%	9.4%
Colorectal Cancer Screening Rate	82%	89.16%	7.2%

*Requires a referral to 2 other allied health. Difficult to achieve through virtual care

Chart III Historical M-SAA Results

M-SAA Indicator	2020	2019*	2018	2017	2016	2015
Panel Size	7488	7243	5700	5387	3401	1775
PINOT Patients	1428	875	750	695	560	325
TOTAL	8916	8118	6450	6082	3961	2100
Influenza Vaccination Rate	94.40%	71.00%	81.20%	58.70%	52.70%	55.70%
Breast Cancer Screening Rate	85.50%	85.70%	96.40%	83.70%	39.10%	42.80%
Cervical Cancer Screening Rate	88.20%	86.70%	97.10%	80.50%	50.60%	48.30%
Diabetes Inter-Disciplinary Care	89.28%	90.10%	96.70%	99.10%	78.60%	100.00%
Colorectal Cancer Screening Rate	89.16%	83.10%	96.20%	83.70%	35.00%	53.20%

OHRS INDICATORS

Service Provider Interactions	52,576	49,373	37,000	34,896	34,327	27,182
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*Notes: In 2019 the CHC took on 1,800 new patients from the merged clinic and launched a new EMR



The newly renovated kitchen at our Erskine site completed thanks to an Agrispirit Farm Credit Canada grant.

Accountability

Multi-Sector Service Accountability Agreement

The Executive Director and the Board Chairperson signed an extension of Multi-Sector Service Accountability Amending Agreement in March 2021 which links the Centre's performance to funding received through the South West Local Health Integration Network (SW LHIN). *The Local Health System Integration Act*, 2006 requires that the LHIN and the Centre to enter into a service accountability agreement. The agreement enables the LHIN to provide funding to the Centre for the provision of services. It supports a collaborative relationship between the LHIN and the Centre to improve the health of Ontarians through better access to high quality health services, to co-ordinate health care in local health systems, and to manage the health system at the local level effectively and efficiently.

2020-2021 South East Grey CHC - Board of Directors

Jane de Jong – Chairperson

Larry Mann – Vice Chair

Rick Byers

Aakash Desai

Jim Harrold

Gord Lawson

Janet Pounder

Captain Harpreet Bal

John Woodbury

Independent Auditor's Report

To the Board of Directors of South East Grey Community Health Centre:

Opinion

We have audited the financial statements of South East Grey Community Health Centre (the Centre), which comprise the statement of financial position as at March 31, 2021 and the statements of changes in fund balances, operations, and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Centre as at March 31, 2021, and results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Centre in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Centre's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Centre or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Centre's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Centre's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Centre's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Centre to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Baker Tilly SGB LLP

Chartered Professional Accountants

Licensed Public Accountants

Owen Sound, Ontario

June 22, 2021

Statement of Financial Position

South East Grey Community Health Centre
As at March 31

	2021	2020
	\$	\$
ASSETS		
Current		
Cash	574,963	560,865
Cash – restricted	13,282	236,233
Accounts Receivable	74,070	10,315
HST Rebate Receivable	384,128	5,875
Prepaid Expenses	38,375	17,116
	1,084,818	830,404
Property and equipment	3,587,388	3,004,994
	4,672,206	3,835,398
LIABILITIES		
Current		
Accounts Payable and Accrued Liabilities	653,899	429,176
Government Remittances Payable	39,599	47,025
Due to MOHLTC	8,959	27,505
Deferred Revenue	491,825	116,218
Term Loan	200,000	-
Current portion of long-term debt	73,864	65,929
	1,468,106	685,853
Long-term debt	3,048,373	3,128,154
Deferred Capital Contributions	224,153	106,788
	4,740,632	3,920,795
FUND BALANCES		
Unrestricted net assets	(107,452)	(107,452)
Building reserve fund	39,026	22,055
	(68,426)	(85,397)
	4,672,206	3,835,398

Statement of Operations and Changes in Fund Balances

South East Grey Community Health Centre
For the Year Ended March 31

	2021	2020
	\$	\$
REVENUE		
Funding from South West LHIN - operating	5,239,646	5,000,711
Community infrastructure renewal fund		236,426
Ontario Trillium	-	139,411
Other	127,529	113,567
Amortization of deferred capital contributions	38,805	240,991
Grant income	73,500	
	5,479,480	5,731,106
EXPENSES		
Salaries, wages and benefits	4,711,352	4,281,567
Operating supplies and expenses	514,979	666,011
Medical and surgical supplies and drugs	57,989	33,618
Building and grounds expense	-	236,426
Ontario Trillium Foundation – growth grant expenses	-	139,411
Mortgage interest	84,506	64,741
Building amortization	71,849	66,584
Amortization	38,805	240,991
	5,479,480	5,729,349
Excess of revenues over expenses for the year before due to MOHLTC	-	1,757
Other income (expense)		
Rental revenue	140,608	28,845
Building and ground expense – rental	(123,637)	(6,790)
	16,971	22,055
Excess of revenue over expenditures for the year before due to MOHLTC	16,791	23,812
Due to MOHLTC	-	1,757
Excess of revenue over expenditures for the year	16,971	22,055

Basis of the Summary Financial Statements

South East Grey Community Health Centre (the “Centre”) has prepared these summary financial statements to be included as part of its annual report. The Centre has determined that the level of aggregation presented is adequate for the readers of the annual report. The audited financial statements may be obtained from the Centre.



Christmas Sweater Day 2020

Centre Information

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Pink Shirt Day – February 2021.

The COVID-19 pandemic has affected us all and shown the importance of helping one another and advocating for those who need it. Our focus is on working together and treating others with dignity and respect.

A sincere thank you to our ongoing supporters.



**Ontario
Health**