Client & Family Centred-Care is a Guiding Principle of The Community Health Centres of Northumberland (CHCN)

1. The governing body, leadership, and staff of the CHCN are fully committed to quality and safety and to the principle of client and family centred care. Therefore there is a desire to seek the input and feedback of clients and families and the community wherever possible. This includes a) gathering information about the needs of individuals and the community, b) partnering in the design of programs, c) help in monitoring and evaluating services, d) soliciting feedback and advice on how to improve the quality, accessibility, and safety of services, and e) working together to promote health and wellbeing for all members of the community.
   Evidence:
   - Client and Family Input Matrix
   - Focus Groups
   - Client & Family Advisory Roundtable (CFAR)
   - Membership on Decision Making Committees
   - Client Experience Surveys
   - Compliments & Concerns Brochure
   - Complaints Policy
   - Suggestion Box
   - Client Orientation Sessions
   - Program Feedback Forms
   - Occurrence Reports
   - Website

2. The CHCN provides a wide variety of programs and services that have been implemented in response to ongoing assessment of the community's needs. The Centre sees 'The Community' as its broad-based client and works to address the health care needs of 'The Community of Northumberland'. The CHC philosophy of care encompasses the Social Determinants of health and works to engage the community in seeking solutions to address the systemic issues that are affecting the health of the citizens of Northumberland. Seeking input from the Community is an ongoing process and at the heart of the CHCN's mandate.
   Evidence:
   - Community Needs Assessment

- Model of Care
- Documentation of Social Demographics
- Community Partnerships and Committee Involvement
- Involvement in Health Links, Collective Impact Projects
- Canadian Index of Wellbeing Project

3. Additionally, every individual who seeks health care from the CHCN health care team is placed at the center of his/her care to work with the team to create a plan of care that works towards his/her goals.
   Evidence:
   - Quality Improvement Plan (QIP) Progress Report
   - Client Feedback
   - Client Orientation Messages

4. Each member of the CHCN client's health care team is focused on getting to know the client and on earning his/her trust so that they are able to work together to optimize health and wellbeing.
   Evidence:
   - Length of Appointment times
   - Client Feedback
   - Outreach Work (meeting clients where they are at)
   - Client Rights and Responsibilities
   - Complaints Process
   - Compliments & Concerns Brochure

5. Along the health journey, clients may visit many different places such as, specialists, the hospital, community agencies, pharmacies, mental health centres, etc. Wherever the journey takes the client, the CHCN health care team wants to be fully involved and play an integrated and coordinated part in the client's care.
   Evidence:
   - Work with Hospitals to Obtain Shared Data on Patient Care
   - Involvement in Health Links
   - Tracking of Referral Data (internal/external)
   - Involvement in the Northumberland Situation Table
   - Outreach sites
   - Community Partnerships

- Education/Tours/Information Exchange with Other Agencies

6. The primary health care team and the allied health professionals at the CHCN work together to offer personalized and integrated health care plans, medication reviews, health information and teaching, coaching and advice, support and encouragement, as well as referrals and connections to other services as required.
   Evidence:
   - Internal Consultations and Referrals
   - Shared Electronic Medical Record (EMR)
   - Cross Team Interprofessional Collaboration (e.g. Primary Care/Diabetes Team, Memory Clinic, Pharmacist Consultation, Inter-team meetings)

7. The CHCN seeks to increase accessibility by opening early (7:00 am) three mornings a week, staying open later (until 7:00 pm) two days a week, providing an 'after hours' on-call service to help client obtain medical direction when the Centre is closed, and by maintaining a good supply of urgent appointment spots each day to get clients in as soon as possible when they are sick. The Centre also works to reduce barriers to access for those unable or reluctant to seek services at the Clinic site by conducting home visits and by doing outreach in the community where people with barriers to access often meet or access other allied services.
   Evidence:
   - On Call Data
   - Posted Hours
   - Daily Urgent Day Clinic
   - QIP Progress Report
   - Outreach Work
   - Home Visits