

# BQWCHC Board of Directors Minutes of April 25, 2019 Quinte West

PRESENT: Sandie Sidsworth, Brad Harrington, Wendy Osborne, Kim Egan, Kathy Baker, Gerry Watts,

Deborah Hierlihy, Dawne Brown, James Huff, Sheila Braidek

**REGRETS:** Scott Robertson, Lorrie Heffernan

Recorder: Janine DeVries, Executive Assistant

### **OPEN MINUTES**

ITEMS		ACTION
1	Call to Order AND Confirmation of Quorum	
	The meeting was called to order at 5:30 p.m. and quorum was confirmed	
2	Conflict of Interest	
	None reported	
3	Approval of Agenda & Notes	
	Agenda and notes were provided in the Board package.	
	MOTION 2019-04-01	
	MOTION To accept the Agenda for the April 25, 2019 meeting	
	MOVED BY: Dawne Brown	
	SECONDED BY: Kim Egan	
	All in Favor: Yes	
	OUTCOME: Carried	Circulate
4	Presentation – Telemedicine Program Presented by: Heather Sylvester-Giroux, RN, Telemedicine Manager	Presentation to
	Highlights:	members
	Telemedicine uses live videoconferencing to allow for pre-arranged medical	following
	appointments with out of town specialists to CHC and non-CHC clients. This is a	meeting
	patient driven program designed to overcome barriers to access to care.	meenig
	Benefits: reduces travel time and costs; reduces stress and anxiety; improves	
	patient access to specialty services; allows for family involvement; reaches	
	isolated / rural patients	
	Telemed Nurse Coordinators are available to assist clients and providers with	
	referrals and appointments and to act as a liaison for information sharing between the health team(s).	
	Regional Telemed locations: Belleville, Trenton, Picton, Wellington, Brighton,	
	Tweed, Madoc, Marmora, and Bancroft	
	<ul> <li>Our Telemed sites saved clients 766,707 kms in 2018-19 fiscal</li> </ul>	

• Some of the Challenges: resources; recruitment and retention of nurses; high admin time; no-show rates; number and variety of specialists and protocols.

Telemed workplan highlights:

- Reviewing/revising current MOUs
- Reviewing/revising telemed reporting systems and expectations
- Collaborating with regional hospitals to increase specialist access
- Looking at options to engage new partners
- Looking at ways to maximize efficiencies

Discussion regarding unattached clients: currently in discussion regarding people without primary care – these clients are currently not seen through the Telemed program. There are several proposals being considered but no clarity at this time.

Discussion regarding provider "buy-in": adopting to this program for providers is still one of the barrier for access and has a direct effect on referrals. We know that sharing client success stories will (over time) convince providers to partner with us but it is clear that we need to continue with educating our health care partners. It was also noted that educating medical secretaries will further help remove barriers.

Discussion regarding Telemed Equipment: We have extended warranty on our existing equipment which have a 6 year life. OTN is moving forward with providing more support / service to longevity of equipment

5 NOTE: At the request of the Chair, J. Huff assumed Chair for remainder of meeting.

#### **Consent Items**

Reminder: These are the usual items that require Board approval or acceptance. One motion will be made to <u>receive</u> the (unapproved) committee minutes and their recommendations, and a second motion will be made to <u>approve</u> general items such as Board minutes as well as reports or other items as appropriate.

Pulled from Consent items below (Committee Minutes): none

### **MOTION 2019-04-02**

MOTION to receive the following Consent items and accept their recommendations:

- Executive Committee minutes of April 12/19
- Governance Committee minutes of April 16/19
- QARM Committee minutes of April 17/19

MOVED BY: Gerry Watts
SECONDED BY: Wendy Osborne

All in Favor: Yes
OUTCOME: Carried

Questions/Comments raised from above items: none

Pulled from Consent items below (General): none.

To note: In Camera Board Minutes will be approved as a separate item and done so in In Camera Sessions going forward.

# **MOTION 2019-04-03** MOTION to approve the following Consent items: Board minutes of March 28, 2019 Amendments to Policy 1.5.1 Ethical Fundraising Q4 performance reports - Board Dashboard Q4 performance reports – Board Dashboard Charts • Q4 Occurrences and Complaints Report Q4 2018-19 QIP Progress Report 2019-2020 Quality Improvement Plan – Narrative 2019-2020 Quality Improvement Plan – Workplan Privacy Quarterly Report and Annual Report to Commissioner Risk Management Quarterly Report **MOVED BY: Deborah Hierlihy SECONDED BY: Kim Egan** All in Favor: Yes **OUTCOME: Carried** Questions/Comments raised from above items: S. Braidek flagged the Board Dashboard noting that it has been reviewed by the QARM committee. Other new reports included in the package are the Privacy and Risk Management reports. The Privacy report reflects privacy audit outcomes and compliance requirement updates to the Privacy Commissioner. Board Dashboard stats reviewed with explanations/clarifications provided **Consent Items Arising** 6 None **IN CAMERA SESSION** 7 NOTE: In-Camera Board minutes of January 31, 2019 (HANDOUT) to be Approved during In Camera Session **MOTION 2019-04-04 MOTION** to Move In Camera **MOVED BY: Brad Harrington SECONDED BY: Gerry Watts** All in Favor: Yes **OUTCOME: Carried** 8 **MOTION 2019-04-07 MOTION** to move out of In Camera **MOVED BY: Wendy Osborne SECONDED BY: Kim Egan** All in Favor: Yes OUTCOME: Carried Note: Minutes revised and sealed in envelop for filing Note: Separate In Camera minutes from Open minutes for approval/filing. 9 **President's Report** S. Sidsworth presented her report orally. Highlights as follows:

- S. Sidsworth acknowledged the passing of Brenda Pergantes and thanked those who attended the celebration of life.
- S. Sidsworth noted that she will continue to reach out to board members for opportunities for one-to-one discussion/engagement.

### **MOTION 2019-04-08**

MOTION to accept the President's Report as presented.

MOVED BY: Deborah Hierlihy SECONDED BY: Kathy Baker

All in Favor: Yes
OUTCOME: Carried

## 10 Executive Director's Report

Executive Director's report circulated in the Board package.

Topics noted in report:

- Health System Reform
- Provincial Budget
- Capital
- Human Resources
- Funding
- Risk Management

In addition to the written report discussion noted:

Capital – there is a meeting with the project reps on May 3<sup>rd</sup> to discuss the issues around storm water drainage. We are anticipating that these issues will be resolved soon which will allow us to move forward with submission 4.1.

HR – making progress on MD recruitment – anticipating a new MD starting in August 2020 and another in 2021.

Funding – received funding for regional COPD program (\$230,000). Currently in process of hiring.

## Provincial budget:

- Further cuts announced in budget that will effect health care delivery / services including cuts to OHIP coverage for travel.
- More dollars anticipated for dental services with new initiatives for delivery for seniors. Should we receive additional funding, we will be looking at the dental program and options for enhancements (these discussions will include collaboration with Public Health).
- Cuts to Legal Aid and support for immigrants ability for immigrants to access justice will be compromised with these changes. For our clients, these cuts are concerning and will need to be addressed as we review these supports.
- S. Sidsworth noted that there have been recent pushbacks with covering the cost for ODSP coverage assessments as well
- It was noted that the new Ontario budget is basically being designed to keep financials "flat" during the transition – they have to make some difficult decisions during this process.
- Important for the local MPPs to hear about the centres concerns on the "soft target" budget cuts that will have a direct effect on people in the communities.

Discussion regarding engaging local MPPs in BQWCHC Board activities ensued. Following a fulsome discussion, it was suggested that the Board extend an invitation to MPP T. Smith to attend a future board meeting – Topics for discussion: Encourage further support on moving the Capital Project forward; Address budget cuts; and, Ontario Health Team initiatives and community collaboration.

#### **Actions:**

S. Braidek to issue an invitation for the May meeting

S. Braidek to draft a letter from the Board to local MPP T. Smith reiterating the Board's concerns with the delays in moving the Capital Project forward. Note: the use of the letter is to solidify his support and to ensure political momentum of the project.

**Actions Noted** 

#### **MOTION 2019-04-09**

MOTION to accept the Executive Director's report as presented.

MOVED BY: Kim Egan SECONDED BY: Dawne Brown

All in Favor: Yes
OUTCOME: Carried

#### **MOTION 2019-04-10**

MOTION that a letter be sent on behalf of the BQWCHC Board of Directors requesting MPP T. Smith's support to move through the delays of the capital project - recognizing the importance of the project to the community.

MOVED BY: Kim Egan SECONDED BY: Brad Harrington

All in Favor: Yes
OUTCOME: Carried

### 11 Other Business

### 9.1 Generative Discussion Health Reform

Reference A-17 Briefing Note for details

Discussion / Comments highlights:

Bill 74, The People's Health Care Act 2019 has passed legislation and is now in force.

# OHTs update:

- OHT Guidelines and Readiness assessment information and templates have been released. Groups are now invited to submit their "expression of interest" to the Ministry through the readiness assessment process. Following submission, the government may respond asking for more / better collaboration with other neighboring groups.
- In the early stages, there was a call for people to come together in Kingston to discuss the concept of one OHT for all of SE LHIN. This was led by Kingston HSC and Queens Medical. There was also a second model promoted by P. Huras that proposed five OHTs. Since then, Huras and KHSC have come together to

- propose a hybrid SE OHT model that had one overarching governance structure with five or six more localized 'primary care teams'.
- Various discussions with primary care providers have been held to orient them to the SE OHT model. Reaction to date has been mixed.
- A follow up meeting has been called in Kingston on April 26<sup>th</sup> to inform all health care agencies of this new model.
- Rural Hastings has decided to proceed with their own OHT they felt that there rural interests were best served by submitting a separate OHT Readiness Assessment.
- The BQWCHC is involved in the Quinte and area regional group and continues to work with other agencies to pull together a Readiness Assessment (due May 15<sup>th</sup>). At this time, this group includes QHC, AMH, Hospice, community support services and county services. The next meeting is scheduled for Monday April 30<sup>th</sup>.
- To note, each agency must sign on to a OHT that they want to be involved with but submissions can include recommendations of other agencies they wish to collaborate with
- With an emphasis changes to the <u>continuum of care</u> experience, there is a risk of losing sight of the other importance components of care such as the social determinants of health and promotion programing that focuses on the root causes of health issues.
- S. Braidek noted that MBQ has not been engaged in discussions to date.

# Summary:

- To reiterate, there are three models on the table: Kingston; Hastings and PEC (now Quinte area); and, Rural Hastings.
- Overall message from government is that this is to be a Primary Care led initiative. Single accountability will be important over time. Funding envelopes will not change at this time but will be adjusted at maturity. They will be looking for a commitment from the OHTs on who will be the "fund-holders". Clear that the savings MUST be reinvested into front line services.
- OHTs have very real implications to the CHC and our clients the hope is that client experience and access to service will improve. There will be changes to funding models that we will need to adjust to a new budget structure.
- There will be a direct effect on governance structures there needs to be a conversation between governors on how the governance structure will look like and what the expectations will be as a collaborative (eg. Shared strategic planning; shared information briefings).
- Regardless of the outcome of the OHT Readiness Assessments we need to continue the work that we are doing on engaging our partners and governors in this transition.

Following this discussion, the board made the following endorsement:

We as a board put forward the support that S. Braidek partner with the Hastings and PEC OHT model and submission of a collective Readiness Assessment with the understanding that there will be further information that will inform these decisions.

**9.2 Provincial Budget Reference A-18** Briefing Note for details

Reported above under ED Report

# 9.3 Board Development

**Reference A-19** Board development – Accreditation Standards for details S. Braidek reviewed the board development chart for April 2019. Discussion noted the following:

- a. Collaboration/relationship with Indigenous peoples
- Our engagement on these issues will evolve over time but there is value in having a conversation on how we serve Indigenous populations in our communities and how we can enhance our knowledge and engagement.
- To note; all BQWCHC staff have taking the serving indigenous populations cultural training course.
- In the past, the BQWCHC had an MOU with MBQ and provided NP services to the community. The program has since moved to the Kingston CHC and our relationship has been lost something to think about and discuss how to reestablish our relationship with MBQ.

# Action: J. DeVries to look into Indigenous Cultural training for the Board

- b. Promotion of programs and service
- the CHC is actively promoting its programs and services in the communities however, more work could be done from a Board perspective with regards to having better representation in the community – ie. Connecting with local municipalities and MPPs
- c. Engagement in systemic change
- Eg. food security/ oral health / harm reduction
- There is a perceived lack of harm reduction work being done in the local communities we do not a well-organized/adequate/coordinated response in the local areas at this time. Although unclear at this time, there is a lot more that we can be doing as a CHC to address these issues.
- Suggested that this be a generative discussion for future board meeting

## 9.4 Alliance For Healthier Communities

Update circulated in Board Package.

G. Watts will be attending the AHC Conference in June at which time there will be a Board Liaison / Chairs meeting.

# 9.5 Annual General Meeting

Reference A-20 Board Directory (Terms of Office) for details

Corrections on sheet – due to mid-term elections, Scott Robinson and Deborah Hierlihy will need to be reelected at the AGM.

B. Harrington noted that the Governance Committee reviewed the current terms of office and specifications for renewal. He further noted that K. Egan and K. Baker have confirmed their interest to renew their terms for next year. With this noted, there will only be one vacancy to fill for 2019/20.

**Actions Noted** 

	Discussion regarding Vacancy and recruitment  - Looking for skills in: Aboriginal / Lived experience / layer / Youth  - Recruitment will be discussed at May Governance meeting	
	Due to long weekend it was suggested that the AGM be moved to Monday June 24 <sup>th</sup> (AGM at 5:00 pm and Board meeting at 5:30).	
	MOTION 2019-04-11  MOTION to have the Annual General Meeting on Monday June 24th, 2019  MOVED BY: Gerry Watts  SECONDED BY: Kim Egan  All in Favor: Yes  OUTCOME: Carried  Action: J. DeVries to send Meeting Notice	
12	Check-in and Next Meeting  Thursday, May 30, 2019 at BELLEVILLE	
13	Adjournment K. Egan moved to adjourn at 8:00 pm	

<u>X</u>	X
President	Secretary