

**BQWCHC Board of Directors
Minutes of September 26, 2019
Quinte West Boardroom**

PRESENT: Sandie Sidsworth, Brad Harrington, Wendy Osborne, Kim Egan, Deborah Hierlihy, Dawne Brown, Scott Robertson, James Huff, Sheila Braidek

REGRETS: Lorrie Heffernan, Kathy Baker, Gerry Watts

Recorder: Janine DeVries, Executive Assistant

OPEN MINUTES

| ITEMS | ACTION |
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| <p>1 Call to Order AND Confirmation of Quorum</p> <p>The meeting was called to order at 5:30 pm and quorum was confirmed with 8 members in attendance.</p> | |
| <p>2 Conflict of Interest</p> <p>None reported</p> | |
| <p>3 Approval of Agenda & Notes</p> <p>Agenda and Agenda Notes for September 26-19 were reviewed.</p> <p>MOTION 2019-09-01 MOTION To accept the Agenda for the September 26, 2019 meeting Moved by: W. Osborne Seconded by: D. Brown All in Favor: Yes Outcome: Carried</p> <p>Discussion/changes noted: none</p> | |
| <p>4 Program Presentation</p> <p>The Board discussed continuing with staff presentations at board meetings and agreed to continue with this approach with a focus on new initiatives and programs. S. Braidek will add a program presentation to the next agenda.</p> | |
| <p>5 Consent Items</p> <p>Consent Items – Committee Minutes included in meeting package for acceptance: Quality Assurance Risk Management Committee minutes of July 31-19 Executive Committee minutes of August 1-19 Finance Committee minutes of August 27-19</p> | |

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| | <p>Community Advisory Committee minutes of September 11-19 Executive Committee minutes of September 13-19 Governance Committee minutes of September 17-19</p> <p>MOTION 2019-09-02 <i>MOTION to receive the Consent items as listed above <u>and accept</u> their recommendations.</i> <i>Moved by: K. Egan</i> <i>Seconded by: J. Huff</i> <i>All in favor: Yes</i> <i>Outcome: Carried</i></p> <p>Items pulled from Consent (Committee Minutes) for discussion in Consent Items Arising: none</p> <p>Consent Items – Board Minutes and general Reports included in meeting package for acceptance: Open Board minutes of June 24, 2019 Q1 Performance Dashboard, Q1 QIP Workplan Update Q1 Occurrence Summary Report Q1 Risk Management Report Client Satisfaction Survey Report Q1 Financial Statements Board Schedule/Workplan 2019-2020 Governance Terms of Reference</p> <p>MOTION 2019-09-03 <i>MOTION to approve the Consent items as listed above including the Open Board minutes of June 24, 2019.</i> <i>Moved by: D. Hierlihy</i> <i>Seconded by: S. Robertson</i> <i>All in favor: Yes</i> <i>Outcome: Carried</i></p> <p>Items pulled from Consent (Reports) for discussion in Consent Items Arising: none</p> <p>To note: A-12 – Occurrences Summary Report</p> <ul style="list-style-type: none"> • Client Complaint – matter is being investigating and we are complying with all requests accordingly – no longer in the “critical” category • Loss - With respect to laptop being stolen – it was noted that there was no PHI on laptop so no breaches to privacy | |
| 6 | <p>Consent Items Arising (if necessary) None</p> | |
| 7 | <p>President’s Report Two items to note:</p> <ul style="list-style-type: none"> • Letter from Minister T. Smith – Aug 2019 • CHWB Week Proclamation Letters from the Chair | |

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| | <p>RE: CHWB Proclamation – S. Sidsworth noted that she received numerous response from the accompanying agencies (copied on the Proclamation letter) with positive feedback and appreciation.</p> <p>MOTION 2019-09-04 <i>MOTION to accept the President’s Report as presented.</i> <i>Moved by: D. Brown</i> <i>Seconded by: W. Osborne</i> <i>All in favor: Yes</i> <i>Outcome: Carried</i></p> | |
| 8 | <p>Executive Director’s Report</p> <p>Executive Director’s report circulated in the Board package. Topics noted:</p> <ul style="list-style-type: none"> • Community Health and Wellbeing Week • Ontario Health Teams • Ontario Health • Capital • New EMR • Health Links • COPD / Lung Health Program • Social Prescribing • Connecting Ontario • Human Resources • Funding • Risk Management <p>Supplementary to the written report:</p> <p>Ontario Health (OH)</p> <ul style="list-style-type: none"> - Is the new provincial body that will be responsible to operationalize the OHTs. - Working groups have been established including quality and clinical oversight - The clinical working group is currently working on the pending flu season challenges and is expecting a (flu) surge in hospitals one-two weeks later than normal. The CHC will be working with the Hospitals in promoting flu vaccines once available. <p>MOHLTC</p> <ul style="list-style-type: none"> - The ministry is implementing some restructuring of their health care divisions. One of the new divisions is Hospital and Health Infrastructure. Concerning as this will include responsibility for community capital. Need to monitor this. - Phil Graham is the Director of the Primary Health Care Branch and will have OHTs and HCC under his portfolio. - There will also be a new OHIP Division and Primary Care has been moved under this division. Concern as this suggests a greater focus on fee-for-service. The Alliance will continue to monitor these changes and will continue to keep CHCs informed. <p>OHTs</p> | |

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| | <ul style="list-style-type: none"> - The QOHT continues to meet on a regular basis – HCC and Tyendinaga have joined the group for further discussions but have not yet committed as a partner. - We will be submitting our readiness assessment in December and are also reviewing the full submission requirements should we be invited to submit a full application. This includes having shared information technology systems/platforms and the ability to accommodate sharing of PHI as per the directions in the MOH Digital Health Playbook. <p>LHINs</p> <ul style="list-style-type: none"> - We expect resolution by the end of this fiscal on where/how the LHINs will be transitions and expect it will still be a new regional structure with five super agencies. Day to day operational activities continue as LHINs are still responsible for all existing accountability agreements and funding. <p>Updates on local OHTs:</p> <ul style="list-style-type: none"> • Rural Hastings – in development • Napanee – in development • SE Kingston – in development • 2 or 3 in East – in development • Lenox and Addington – agencies were told to come together and resubmit <p>HCC (currently a LHIN program) is likely going to fall within the scope of the OHT structure. Limited work has been done on integrating Care Coordinators with Primary Care, but is not complete.</p> <p>NEW EMR</p> <ul style="list-style-type: none"> - We are in full implementation mode and the team is working hard to make the transition manageable. We are also taking the opportunity to leverage these system changes to improve our services and better the client experience. <p>Dr. Muska – new start date: October 21st</p> <p>MOTION 2019-09-05 <i>MOTION to accept the Executive Director’s Report as presented.</i> <i>Moved by: B. Harrington</i> <i>Seconded by: W. Osborne</i> <i>All in favor: Yes</i> <i>Outcome: Carried</i></p> | |
| 9 | <p>Other Business</p> <p>9.1 Committee Membership Board reviewed who was on what Board Committee.</p> <p>B. Harrington noted that, with only having four members, the Governance Committee would benefit from having another member to ensure quorum is met and for a more fulsome representation. W. Osborne offered to join the committee.</p> | |

Action: B. Harrington to reach out to L. Heffernan, K. Baker, and G. Watts for their interest in joining the committee.

9.2 Governance Terms of Reference (approved in consent)

The Governance Committee is encouraging each committee to review their Terms of Reference and consider expanding its membership structure to include community representation. The opportunity for community members to experience being on a committee may lead to the interest in becoming a board member – this approach is good practice for governance succession planning. The Community Advisory Committee has community members and this has been a good experience. Important to have people who have some experience and knowledge of health care and or experience with the CHC. When appropriate, the committees should be looking at ways to encourage community members to be more involved at a board level.

Action – All committees to review terms of reference and consider expanding its membership structure to include community representation.

9.3 Board Skills Matrix

Board Recruitment Criteria Matrix – Skill Sets Report was shared with the members. B. Harrington shared a summary of the results with the members noting the following highlights:

- Current Board composition: 11 Board members / 1 vacancy
- Results showed 9 of 11 responded
- The results showed that there is a good mix of skills and competencies around the table but there are still gaps in the following areas: Cultural diversity; marginalized population and lived experience. The committee discussed how the board could improve pathways for people to be on the board.

Recommendations:

- Focus for new Board member recruiting will be to include more competency in cultural diversity, lived experience and marginalized populations
- Review/revise Committee Terms of Reference to include community representation

9.4 Board recruitment

B. Harrington noted that two candidates put their names forward for the board – the ED will be touching base with one candidate who is a volunteer of the CHC and represents a priority experience for recruiting. The other candidate will be thanked but not invited as they do not represent a priority for recruiting.

Sidebar conversation RE lack of health care resources and Primary Care providers in the area and the challenges this poses on the CHC.

- S. Braidek noted the shortage of PHC is a challenge across the region and does have a direct effect on the CHC. That said, she noted that the CHC serves everyone in the community and is mandated to serve marginalized populations (folks with high complex needs and the low resourced population) who are experiencing the greatest barriers to health care. By partnering with other agencies and a collaboration approach, CHCs create a bigger safety net for

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| | <p>those who are falling through the cracks. She further noted that the community does provide incentives to help bring PC providers to the area.</p> <ul style="list-style-type: none"> • This is a long term issue – beyond us as an individual agency but we are doing our best to recruit and are making some traction. • K. Egan noted that bringing people into the community where there is a lack of resources such as health care is very difficult – this is having a huge effect on the job markets in this area. <p>9.5 Alliance For Healthier Communities AHC AGM – Report on Resolutions</p> <p>W. Osborne reported back on the AHC AGM resolution results.</p> <p>Members had a fulsome discussion regarding the controversy about <u>Policy Resolution # 6 – Decriminalization of illicit Drug Use</u> and discussed the challenges that come with the crisis that is effecting all communities across the province. S. Braidek reported that CTS in other cities were commenting on the change to the drug supply. Drugs are much more short acting requiring new doses after approx. 15 minutes rather than 8 hour ‘trip’ associated with clean heroin. This change in supply has impacts on service delivery in CTSs.</p> <p>Action: S. Braidek to investigate who is funding drug testing that is being done by CTSs.</p> <p>S. Braidek noted that there has been lots of discussion following the conference about <u>Resolution # 4 – to replace wording of LGBTQ to Rainbow</u> (which is intended to be inclusive of a multiplicity of letters under which people identify and is inclusive of sexual diversities). The term “Rainbow” may be easier but it diminishes the unique experiences and challenges and character of the communities it purports to represent. Expect further discussion at a future AHC conference.</p> | |
| 10 | <p>IN CAMERA SESSION</p> <p>MOTION 2019-09-06</p> <p>MOTION to move In Camera Moved by: S. Roberston Seconded by: W. Osborne Outcome: Carried</p> <p>Minutes recorded in separate document.</p> <p>MOTION 2019-09-08</p> <p>MOTION to move out of In Camera Moved by: K. Egan Seconded by: S. Robertson Carried.</p> | |
| 11 | <p>Next Meeting October 31, 2019 Belleville CHC</p> | |

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| 12 | Adjournment Moved to adjourn at Moved by: S. Robertson | |

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President

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Secretary