

**Meeting of the BQWCHC Board of Directors
Draft Minutes
January 31, 2019 - Belleville**

PRESENT: Sandie Sidsworth, James Huff, Kim Egan, Lorrie Heffernan, Kathy Baker, Dawne Brown
Gerry Watts, Scott Robertson

REGRETS: Wendy Osborne, Brad Harrington

STAFF: Sheila Braidek

RECORDER: Diana Hancock

ITEMS	ACTION
<p>1 Call to Order AND Confirmation of Quorum The meeting was called to order and confirmation of quorum was met.</p>	
<p>2 Conflict of Interest – Brad Harrington will recuse himself on QHC matters.</p>	
<p>3 Approval of Agenda & Notes MOTION 2019-01-01 MOTION to accept Agenda with Amendment – Go In Camera after ED’s Report</p> <p style="padding-left: 40px;">MOVED BY: Gerry Watts SECONDED BY: Kathy Baker OUTCOME: Carried</p>	
<p>4 Presentation - High Risk Foot & Wound Care</p> <p>Sandie introduced Gretchen Grenke, Wound and Foot Care Nurse. Gretchen provided an overview of her department that provides foot and wound care services to high risk clients in the Quinte area. The program is available for all clients within our CHC as well as external clients. Clients can be referred by any medical profession. The referral is triaged, the client is called and is offered an appointment within 7 days. Gretchen is all responsible for re-processing (sterilization) of instruments for every department at both sites following the highest standards as per Infection Control best practices. She is a .6 FTE and is at maximum capacity.</p> <p><u>Q&A</u> Q: What is the difference between Footcare and wound care? A: Footcare includes basic foot assessment including balance, hygiene, calluses, nail trimming. Wound Care is directed at diabetic clients, those with poor circulation, arterial and venous ulcers who require treatment.</p> <p>Q: How many amputations are there in the area?</p>	

	<p>A: In 2012 there were 2 million lower extremity amputations in Ontario, the majority of which due to a high level of poverty and poor diet. No numbers are available specifically for the Quinte region.</p> <p>Q: Is funding for this program base? A: Sheila to confirm.</p>	
5	<p>Minutes Minutes of November 29, 2018 were reviewed.</p> <p>MOTION 2019-01-02 MOTION to accept Minutes of November 29, 2018 with the following revisions:</p> <ul style="list-style-type: none"> • add Dawne Brown with regrets • Pg 4 under 7.1 – Change motion from Kathy Baker to Kim Egan. <p style="text-align: center;">MOVED BY: Kim Egan SECONDED BY: James Huff OUTCOME: Carried</p>	
6	<p>Committee Updates and Business Arising</p> <p>6.1 <u>Governance</u> Minutes from the Governance Committee meetings of December 18 and Jan 15 were included in the board package.</p> <p>MOTION 2019-01-03 Motion to approve the Governance Committee minutes of December 18 and January 15.</p> <p style="text-align: center;">MOVED BY: James Huff SECONDED BY: Kathy Baker OUTCOME: Carried</p> <p>Discussion regarding the suggested move toward ‘generative governance’. Is based on the book <i>Governance as Leadership</i>. Brad will speak to this at the February Board meeting. In general the model means holding time in board meetings to discuss big picture/system/issues that are affecting the organization. This is facilitated by spending less time talking about standard items such as committee minutes and reformatting our time around the Board table.</p> <p>6.2 <u>Executive</u> Minutes from the Executive Committee meeting of January 11/19 were in the board package.</p> <p>MOTION 2019-01-04 Motion to approve the Executive Committee minutes of January 11/19.</p> <p>Note that there has been substantial new information re health reform since the Executive Meeting. This information is further on the agenda.</p>	

MOVED BY: James Huff
SECONDED BY: Scott Robertson
OUTCOME: Carried

6.3 Finance

Minutes of the Finance Committee of January 22/19 were in the Board package.

MOTION 2019-01-05

Motion to approve the Finance Committee minutes of January 22/19.

MOVED BY: Kim Egan
SECONDED BY: James Huff
OUTCOME: Carried

- Going forward add favourable and unfavourable in brackets to variances in future statements
- Sheila is working on a wish list for spending surplus by the end of March
- Additional meeting scheduled in February to review policies

Financial statements for Q3 were included in the Board package and presented with a recommendation of support.

MOTION 2019-01-06

Motion to approve the Q3 Financial Statements.

MOVED BY: Kim Egan
SECONDED BY: Gerry Watts
OUTCOME: Carried

6.4 Quality and Risk Management

Minutes of the QARM Committee meeting of January 23, 2019 were included in the board package.

MOTION 2019-01-07

Motion to approve the Quality and Risk Management Committee minutes of January 23/19.

MOVED BY: Lorrie Heffernan
SECONDED BY: James Huff
OUTCOME: Carried

Q3 Quality and Performance reports were included in the package and presented with a recommendation for approval.

Note that below target performance in panel size and CHT functional centres was not a surprise as this reflects medical staffing pressures and ongoing changes in the CHT program to increase our focus on our own primary care clients. Client complaints reported have been managed; we note two discharges from the practice. A concerted

	<p>effort is underway to increase earlier intervention and reduce the likelihood of discharge. Client surveys – have rebalanced our focus on client survey and socio-demographic data collection so are seeing a higher response rate to client survey.</p> <p>The committee was very pleased with Christanne’s update and can see things coming together with a strategic focus in information provided to the Board.</p> <p>MOTION 2019-01-08 Motion to approve the Q3 Occurrences, Complaints, Performance/Quality, and Risk Management reports.</p> <p>MOVED BY: Lorrie Heffernan SECONDED BY: Gerry Watts OUTCOME: Carried</p> <p>Draft Quality Framework policy was included in the Board package and presented with a recommendation to endorse.</p> <p>MOTION 2019-01-09 Motion to approve the Quality Framework Policy.</p> <p>Policy highlights BQWCHC commitment to a quadruple aim approach to quality.</p> <p>MOVED BY: Lorrie Heffernan SECONDED BY: Scott Robertson OUTCOME: Carried</p>	
7	<p>President’s Report Sandie presented her report orally. She thanked Sheila for being a guest speaker at Sleep Out and commented on health reform - there’s a lot coming down the pipe.</p> <p>The committee interviewed Deborah Hierlihy. Feedback shared was she has a strong understanding of governance is bright and articulate. Sheila provided Deb’s employment history and noted her desire to now focus on local initiatives.</p> <p>MOTION 2019-01-10 MOTION to accept the President’s Report</p> <p>MOVED BY: Scott Robertson SECONDED BY: Dawne Brown OUTCOME: Carried</p> <p>MOTION 2019-01-11 MOTION to appoint Deborah Hierlihy to the Board.</p> <p>MOVED BY: James Huff SECONDED BY: Gerry Watts OUTCOME: Carried</p>	

<p>8</p>	<p>Executive Director’s Report Executive Director’s report was included in the Board package.</p> <p>We just received the 2019 MSA. This will come before the Board for consideration and approval at the February Board meeting.</p> <p>Sheila spoke to Health Reform (see slides) noting that there has been three key pieces emerge in the past few days including:</p> <ol style="list-style-type: none"> 1. Premier’s Council on Health Reform and Ending Hallway Medicine (Devlin) Report – 1st report of 2 expected that highlighted: <ul style="list-style-type: none"> • Movement toward fair access to health care across diverse communities • A focus on mental health, health promotion, prevention and the determinants of health (this is good for us) • Local wraparound supports and seamless transitions that put people first • System and points of care will change • 2nd report is due this spring 2. Super Agency – draft legislation that establishes a Super Agency that will directly impact LHIN, Cancer Care Ontario, eHealth Ontario, Health Force Ontario, Trillium Gift of Life Network. It will be responsible for: <ul style="list-style-type: none"> • Implementing all provincial health strategies • Managing health service needs – operational management & coordination, performance, digital health, patient engagement, quality improvement, standards • Tissue donation and transplant • Supply chain management • Promote health service integration to enable appropriate, coordinated and effective health services 3. SELHIN New Strategy – The SELHIN is pushing forward to establish Regional Systems of Integrated Care. Integration could be horizontal (common groups of providers ie. hospitals), vertical (diverse providers along a continuum of care), or a matrix model (horizontal and vertical together) under a single governance structure. <p>MOTION 2019-01-12 MOTION to accept the Executive Director’s Report</p> <p style="padding-left: 40px;">MOVED BY: Scott Robertson SECONDED BY: Gerry Watts OUTCOME: Carried</p> <p>Capital Note that our lawyer prepared standard resolution addressing purchase of land for Catherine Street site. As resolution was passed in November 2019, Board agrees that no second resolution is required and that members in attendance in November can sign the formal resolution for the record.</p>	
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	<p>MOTION 2019-01-13 Motion to go in camera to address a personnel issue.</p> <p>MOVED BY: James Huff SECONDED BY: Scott Robertson OUTCOME: Carried</p> <p>Meeting moved out of in-camera at 7:25pm.</p>	
9	<p>Other Business</p> <p>9.1 <u>Generative Discussion</u> – BQWCHC’s future in a more integrated Environment</p> <p>Introductory slides were presented on the concept of generative discussions. Board attention needs to be on fiduciary, strategic and generative levels. Fiduciary matters are required and tend to focus on are we doing things right. Strategic matters are more oriented to where the organization is going – are we doing the right things. Generative matters are bigger in scope, exploratory in nature, and challenge us to assess if we are asking the right questions.</p> <p>Building on the Executive Director’s report regarding health reform a wide range of questions and thoughts were shared related to with all of the health system reforms. Several key themes emerged:</p> <ul style="list-style-type: none"> • Implications of health system changes for the CHC model and its full scope – how do we promote and protect the full scope as evidence indicates its value for clients/community? • Implications for health system changes for our organization – under what conditions would we integrate with other agencies? Are we ready? How to assess our readiness? To what extent do we have leadership in an integration environment? • Importance of maintaining focus on client/community. • Importance of talking with MPP, other agencies, etc. and building on existing partnerships such as Hub. <p>Sandie thanked everyone for their thoughts.</p> <p>9.2 <u>Board Development</u> Defer to next meeting</p> <p>9.3 <u>Alliance</u> Defer to next meeting</p>	
10	<p>Next Meeting Thursday, February 28, 2019 @ 5:30 pm in Quinte West</p>	
11	<p>Adjournment Lorrie Heffernan moved to adjourn at 7:55 PM</p>	

X _____
President

X _____
Secretary