



<b>Present:</b> Tom Rankin (Chair), Don Dutton, Jan Hopkins, Graeme Bonham-Carter, Wendy Quarry, Ian Donald, Ainsley Charles, Liz Snider (by phone), Terry Lee, Peter McKenna (Executive Director), Kelly Robinson (Director, Primary Health Care), Anne Caron (Director, Corporate Services), Onalee Randell (Director, Community Services), Jane Page-Brown (Coordinator, Quality and Strategic Projects), Judy Harting (recorder),		
1.	<b>Welcome, regrets &amp; absences</b>	The Board Chair welcomed everyone. Quorum was in place. Regrets: Wynn Turner, Jacques Pelletier. Christina Dolgowicz is still on leave
2.	<b>Declaration of Conflict of Interest</b>	None declared.
3.	<b>Primary Care Presentation</b>	Kelly Robinson gave a presentation regarding primary care safety concerns, through a quality lens. The priorities in patient safety are shifting from hospital care to primary care. The biggest areas of concern are medication management, test results management, and safe transitions/communication. Discussion of near misses/good catches has become a standard best practice to aid in covering all possible scenarios. This issue will remain a priority in the next operational plan. The presentation will be e-mailed to the Board.
4.	<b>Approval of Agenda</b>	<b>MOTION: That the agenda be approved as presented.</b> <b>Moved by Don Dutton, seconded by Ian Donald</b> <span style="float: right;"><b>Carried</b></span>
5.	<b>Consent Agenda</b>	<b>MOTION: That the May consent reports, including the Board Chair May Report, be accepted.</b> <b>Moved by Terry Lee, seconded by Wendy Quarry</b> <span style="float: right;"><b>Carried</b></span>
	a.	Executive Committee
	c.	Community Engagement Comm.
	d.	Executive Director Report
6.	<b>Approval of Board minutes</b>	
	i.	April 28, 2015 <b>MOTION: That the April 28, 2015 board meeting minutes be approved; done via e-mail</b> <b>Moved by Jan Hopkins, seconded by Graeme Bonham-Carter,</b> <span style="float: right;"><b>Carried</b></span>
7.	<b>Business Arising</b>	
	a.	Approval of Membership** Ian Donald will be added should be added to the list. <b>MOTION: to approve the membership list as presented</b> <b>Moved by Jan Hopkins, seconded by Graeme Bonham-Carter</b> <span style="float: right;"><b>Carried</b></span>
	b.	AOHC AGM & Conference The history of the AOHC resolutions was interesting and helpful. Peter McKenna, Tom Rankin, Graeme Bonham-Carter and Peter McKenna will be attending the conference along with several staff members. Tom Rankin will be the voting delegate and will be voting on the resolutions that have been distributed, and possibly another one which still hasn't been finalized.
	c.	Nominating Committee Slate of Nominees Graeme Bonham-Carter summarized the committee work; five people were interviewed and three were selected as best suiting the current RCHS board requirements. <b>MOTION: That the Nominating Committee recommendation that the following three candidates be proposed as new Directors at the Annual General Meeting June 23rd for an initial one-year term, 2015-2016: Robert Long, Philip Fortier and Pauline Muysson, be accepted.</b> <b>Moved by Graeme Bonham-Carter, seconded by Wendy Quarry</b> <span style="float: right;"><b>Carried</b></span>
	d.	AOHC Member's at large nomination deadline** Peter McKenna noted there is one member-at-large vacancy, but nothing regarding this vacancy has been received from AOHC at this time.



e.	AGM ad hoc Committee – advertising/Annual Report**	Jan Hopkins noted the AGM advertising was placed in the EMC & Phoenix. The Annual report article will be produced by the ED and Board Chair. It was agreed that there will be no honorary member this year, as the selected member was away on the AGM date. This nomination will be considered in 2016. Invitations will be sent to members, dignitaries and organizations with the Rideau-Tay Health Link The speaker will be Cynthia Martineau, SE LHIN. All directors were encouraged to bring a friend to the Annual General Meeting.
f.	ED Performance Appraisal results**	This will be finalized after Wynn Turner’s return; Peter McKenna, Wynn Turner and Tom Rankin will meet.
g.	2014-15 Operational results**	Peter McKenna reviewed the results of last fiscal year, which are included in the Board package. Onalee Randall, Kelly Robinson, Anne Caron and Jane Page-Brown were thanked for their work in preparing this report. One comment was that actual numbers seen for the Thrive or dietitian might be more informative for the board. There are just over 300 clients still on the waiting list; Implementation of Nightingale On Demand has slowed the intake of new clients; those on the waiting list should be absorbed into the roster within a few months. The 170 clients taken on this past year were the most high risk/need cases. The ratio of people served vs the area populations would be of interest of the board. Primary care resources are moved between sites as required and when possible. Directors expressed interest in information about comparisons of performance and cost with other CHCs; this information could help to guide the future planning.
h.	Board Audit approval**	Don Dutton noted that the audit report is not yet completed and the Audit Committee will meet with the auditor Thursday June 4 at 5pm, MDCHC. Any board members are welcome to attend. Financial reports will be sent to the Finance Committee, who will forward their recommendation for approval to the board electronically. The Audit Committee will need to consider whether, for the next request for proposals for audit services, it is realistic to have them quote for a three year period, and may need to review the scope required <u>to include compliance.</u>
i.	RTHL Board to Board	Graeme Bonham-Carter noted the next Board to Board meeting is Friday June 12 at 9 am at the Legion in Smiths Falls. Previous board reports and information on Health Links will be put on the RCHS website for public access. The Community Engagement meeting of interested Boards concluded that the organizations are interested in doing things together; and the next meeting will focus on one of two things on which we can cooperate. Another meeting will be held before summer. Peter McKenna noted that the Health Link funding received by the SE LHIN from MOH is substantially less that what they had committed to. Ministry funding is \$1.2 million and the SE LHIN is enhancing it by \$915,000. Funding for each of the seven Health Links has been reduced; RTHL’s reduction is \$100,000 for 2015/16. Health Links funding was for two years for setup and organization, so that the work would continue within member organizations’ existing budgets. RCHS has trained several nurses/staff to do care coordination and they will hopefully be able to make the transition to the new health links health system mode.
j.	Historical Society Letter to RCHS	Tom Rankin noted that at the last Finance Committee meeting, the Committee recommended the Board approve the \$500 funding request. Ian Donald expressed his concerns about supporting this request. While the amount requested is small, this endeavor is not aligned with the RCHS mission and priorities, and sends the wrong signal. It was agreed that the request should not be supported.



			<p><b>MOTION: That the original motion put forward by the Finance Committee regarding this request be withdrawn.</b>  <b>Moved by Terry Lee, seconded by Don Dutton</b> <span style="float: right;"><b>CARRIED</b></span>          The Chair will write to the Society, indicating that RCHS will not support their request.</p>
	k.	Generative Discussion	<p>As the last official board meeting for this group -for board members who are staying on, what 1 or 2 things would you like to see in the new board year?</p> <ul style="list-style-type: none"> <li>• Staff Remuneration would be a good discussion item in Sept/Oct. If the government of Ontario isn't going to compensate the staff for cost of living, and if there are funds remaining at the end of the year, an approach similar to this year could be considered.</li> <li>• "If you have anything left over" may not be the proper way to do the above.</li> <li>• Talk more about health transformation and health care tomorrow – as a standing agenda item – perhaps bringing in someone to be a speaker. Explore how these directions will affect RCHS, and what power or influence RCHS has.</li> <li>• Move forward on more communication out as Board work; provide more information to the public about what RCHS does.</li> <li>• The direction which the LHIN is encouraging for CHC's – moving toward increased access for the public; could RCHS be a go to place for health services.</li> <li>• Is there room to make RCHS more of a community 'go to' place, that could also offer some services such as fixing cuts, sprains, etc), at least for certain hours of the week?</li> <li>• The RCHS board format has loosened up and is very good.</li> <li>• The board is very accommodating of board members commitments and that should continue.</li> <li>• Walk in type clinic should encompass the whole Health Link organizations – possibly pooling resources and lobbying LHIN to achieve something like this.</li> <li>• Walk in clinics are not a sound model of care; access for clients is a better thing to look at.</li> <li>• Understanding the role of a community board may be more straightforward for those Directors who come from areas that the RCHS CHC's serve (Merrickville and Smiths Falls). Directors who come from other areas served by RCHS have a less clear ability to represent their communities. What should we be doing for these areas?</li> <li>• Walk-in not in conventional sense; to encourage non-clients to become clients who have an immediate need for care.</li> <li>• Communication between health provider and client – clients are much more knowledgeable now – RCHS should push the system to promote the improvement of record keeping process and communication with client (show the numbers/measurements/proofs)</li> <li>• Opportunities – our strategic plan process should be more integrated with other LHIN funded organizations; RCHS should find a model for a strategic planning process that includes the other organizations; share strategic processes, timeframes, base data – opportunities for change with Health Links.</li> <li>• Next time as we develop strategic plan, look at a community advisory board- an arms-length group of</li> </ul>



		<p>clients and others on what the needs are of the community</p> <ul style="list-style-type: none"> <li>• Talking about solutions is natural; need to define problem many times to ensure that we really know what we are trying to fix – then move forward to solve the actual problem.</li> <li>• Communities like Merrickville - people have small cuts, falls, they need to see someone but don't necessarily need to go to emergency.....communities need somewhere to cover those items.</li> </ul>
9.	<b>Future Agenda Items</b>	<ul style="list-style-type: none"> <li>- MSAA briefing (Peter McKenna and Jane Page-Brown)</li> <li>- Generative Discussion: where is it going? Remuneration? Engagement?</li> </ul> <p>Chair will contact directors regarding Executive positions – are you interested/willing to stay in the position.</p>
10.	<b>Meeting Evaluation (Wynn not here)</b>	<ol style="list-style-type: none"> <li>1. Comment on our ability to balance efficiency and effectiveness, such as allowing time for discussion. Excellent presentation/discussion on patient safety improvement strategies. Very balanced - reasonable time for discussion</li> <li>2. Do we feel we followed our appropriate governance role (versus getting into operations) and attended to our board strategic priorities and work plan? Yes, excellent OP review was discussed and all questions answered.</li> </ol> <p>Completed by Don Dutton, given to staff for filing.</p>
11.	<b>Next Board Meeting</b>	Tuesday June 23, 2015 following the AGM
10.	<b>Meeting Adjournment</b>	<p><b>MOTION: That the meeting be adjourned at 8:15 p.m.</b> <b>Moved by Don Dutton</b></p> <p style="text-align: right;"><b>Carried</b></p>

\*\* Calendar items for May

Approved by: \_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary