

Present: Janet Cosier (Board Chair), Bob Long, Terry Lee, Terry Gilhen, Michèle Le Blanc, Ian Donald, Katie Weststrate, Sandy Shaw, Michele Bellows (CEO)
Kelly Robinson, Director, Primary Care, Onalee Randell, Director, Community Services, Jane Page-Brown (recorder)
Regrets: Deb McGuire, Jacques Pelletier, Liz Snider

1.	Welcome	
2.	Board Education – RCHS Programs and Community	<p>Staff Presentation: Megan Wright, Social Worker and Cathy Taylor, Community Support Worker presented on the Intergenerational Mentorship Program. The program provides opportunities for different generations to come together to share experiences, knowledge, and skills that are mutually beneficial and foster positive long-term relationships. Through connecting aging members of the community with local grade school children the aim of the program is to provide an organic opportunity to address social isolation and promote emotional and physical wellness by encouraging engagement with the community. (*presentation slides attached)</p>
3.	*Approval of Agenda	<p>One item was added to the agenda:</p> <ul style="list-style-type: none"> - #11. Collaborative Governance Forum – November 22nd – Debrief <p>MOTION: That the Board agenda be approved as circulated: Moved by: S. Shaw, Seconded by: T. Gilhen Carried.</p>
4.	Declaration of Conflict of Interest	
5.	Consent Agenda	<p>5.1 *RCHS Board Minutes – October 22, 2019 5.2 Finance Committee i. *Meeting Minutes – October 22, 2019 ii. *Quarter 2 Financials 5.3 Governance and Nominating Committee i. *Minutes – October 22, 2019</p> <p>Two discussion points:</p> <ol style="list-style-type: none"> 1. Committees and action items <ul style="list-style-type: none"> - Confirmation that action items from committee meetings are followed and carried forward to meetings as needed 2. Clarification regarding Executive Committee <ul style="list-style-type: none"> - Agreed at the last Executive meeting that the Committee will meet on an as-needed basis - Board work plan is key to driving the Board agendas as will business arising from each meeting

		<ul style="list-style-type: none"> - It will also expand to include the role of volunteer committee members <p>Motion: To reclassify GOV 230 Volunteer Rights and Responsibilities as a corporate policy. Moved by: K. Weststrate, Seconded by: I. Donald, Carried.</p> <ul style="list-style-type: none"> - The Committee recommends that GOV 202 Privacy Statement be reclassified as a corporate policy as it includes mandatory content that is common across the health sector. <p>Motion: To reclassify GOV 202 Privacy Statement as a corporate policy. Moved by: B. Long, Seconded by: M. LeBlanc Carried.</p> <p>T. Gilhen noted that the Committee is still in the process of reviewing three other policies which will be brought forward to the next Board meeting.</p>
9.	Business for Discussion	<p>9.1 LLG Ontario Health Teams Update</p> <ul style="list-style-type: none"> - This item was covered in the CEO update and will also be addressed under item #11 Collaborative Governance Forum Debrief <p>9.2 Fundraising Retreat</p> <ul style="list-style-type: none"> - I. Donald provided an overview of the proposed agenda - A doodle poll will be circulated to confirm the date for either Sat. February 22nd or Sat. February 29th <p>9.3 Board meeting locations (Spring 2020)</p> <ul style="list-style-type: none"> - Discussion re: adding the Perth and Brockville locations in the rotation of meeting sites - Agreed that further discussion is needed to ensure clear objectives and the potential to invite local partner agencies - Deferred further discussion to the spring in preparation for the fall Board meetings
10.	Performance Monitoring & Evaluation	<p>10.1 *Strategic Plan 2017 -2022 Mid-Cycle Review</p> <ul style="list-style-type: none"> - M. Bellows provided an overview of the document and how the operational plan has evolved over the past few years - The recommendation from the senior leadership team is to continue to use the 3 strategic priorities, developed in 2017 and which are still relevant, to guide the operational plan for the next 2 years - The three priorities are very broad and align well with health system changes and the OHT priorities - A full strategic planning exercise would follow in 2021 to guide the next five years - In the interim, review and adjustments to priorities can be made if needed - The leadership team is starting to work on the 2020 – 2021 operational plan in the next few weeks

		<p>10.2 *Operational Plan and MSAA Scorecard Report – Q2</p> <ul style="list-style-type: none"> - M. Bellows provided an overview of the document, design and layout and invited Kelly Robinson and Onalee Randell to comment on results - K. Robinson noted human resource challenges (e.g. staff turnover, absences, etc.) are problematic for continuity of care for existing clients as well as enrolling new clients - O. Randell reported that ambitious telemedicine targets were set – higher than required by the funder – because the focus is on growing the program - Programs are also impacted by staff vacancies as well as new technologies (e.g. Ottawa Hospital is using a new technology which is impacting RCHS referral rates) - Other areas are growing such as endocrinology and virtual health. - Telemedicine nurses are able to work to their full scope of practice - Area of virtual health is growing which is expected to have a positive impact on next year’s statistics - Virtual health program has potential to improve new client intake as clients will be transferred from this program as space becomes available - RCHS does not maintain a waitlist – all individuals who do not have a health care provider are referred to Health Care Connect <p>The Board thanked M. Bellows and the senior leaders for the report and congratulated them on the positive results for the past two quarters.</p>
<p>11.</p>	<p>Collaborative Governance Forum – Debrief</p>	<p>The presentation slides are available on the RCHS website. J. Page-Brown will forward the link to the Board. J. Cosier asked for those who attended to share their observations</p> <p>Summary of Comments:</p> <ul style="list-style-type: none"> - Northumberland presentation highlighted the need for a strong backbone/structure for an OHT - Resources must come from within the partnership; no Ministry funding - All partners in that OHT contributed a portion of their budget to hire a lead Executive Director to build the proposal (total \$75K) - Community engagement (e.g. clients, clinicians, etc.) are key to be part of design but one of the most difficult areas to navigate - OHT must include a medium-sized hospital - Role of the Board is key but also varies across the OHT development process - Adriana Tetley from the Alliance provided some background in her presentation on the Boards’ role - Initial OHT assessment was very operational in scope - Once a model is chosen, decisions re: governance structure will be important as it must be included in the full



Rideau Community
Health Services

RCHS and Merrickville Public School

Intergenerational Program

November 26th

Megan Wright, Social Worker

Cathy Taylor, Community Support Worker

<https://www.youtube.com/watch?v=9qPfHYm9ZQA>



Rideau Community
Health Services

Intergenerational programs seem to benefit young people, older adults, and society as a whole. They have the potential to:

- Nurture a sense of being useful to society (such as the feeling that older people are able to guide and positively influence future generations),
- Improve the well-being of older adults,
- Reduce the stigma associated with aging and discrimination against older adults.

In addition, by enabling older adults to mentor or tutor children and youth, intergenerational interventions have the potential to improve students' academic, behavioral, social-emotional and motivational outcomes.

2018 Study from McMaster University



Rideau Community
Health Services

“This group is exactly what I needed. I have lost a lot of friends and was feeling alone and I’m not anymore.”

“For days I’ve been on a high since getting involved with this group. I’m excited, invigorated....thank you.”



Rideau Community
Health Services