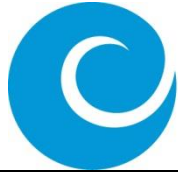
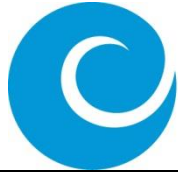




resent: Tom Rankin (Chair), Ian Donald, Don Dutton, Jan Hopkins, Graeme Bonham-Carter (by phone), Liz Snider, Terry Lee, Wynn Turner, Wendy Quarry, Jacques Pelletier, Peter McKenna (Executive Director), Onalee Randell (Director, Community Services), Anne Caron (Director, Corporate Services), Kelly Robinson (Director, Primary Care), Jane Page-Brown (Coordinator, Quality and Strategic Projects), Judy Harting (recorder),		
1.	Welcome, regrets & absences	The Board Chair welcomed everyone. Quorum was in place. Regrets: Christina Dolgowicz is still on leave
2.	Declaration of Conflict of Interest	None declared.
3.	Approval of Agenda	MOTION: That the agenda be approved. Moved by Graeme Bonham-Carter, seconded by Don Dutton Carried
4.	Consent Agenda	MOTION: That the consent reports as listed below be accepted. Moved by Jacques Pelletier, seconded by Liz Snider Carried
	a. Executive Committee	
	b. Finance Committee	
	c. Nominating Committee	
	d. Community Engagement Comm.	
	e. Executive Director Report	The Executive Director commented on the discussion with the deputy minister and the deputy minister's question around community governance.
	f. Board Chair Report	
5.	Approval of Board minutes	
	i. February 24, 2014	MOTION: That the February 24, 2015 board meeting minutes be approved; done via e-mail. Moved by Jan Hopkins, seconded by Don Dutton Carried
6.	Business Arising	
	a. i. Operational Plan & Budget**	The Executive Director presented the operational plan for 2015-16. The budget had been presented to the Finance Committee last Thursday. This operational plan was based on last year's with new items added. Peter McKenna recognized the efforts of the management team in preparing the operational plan. It was noted that 2.2 #3 should be clarified to indicate that the Telemedicine monitors are reaching the end of their useful life. A plan for service provision is being developed. Capacity building should be added to item 3.1. Item 3.2: while this program will be funded again the ED noted that the program may be a better fit with an addictions/mental health agency. Additional information concerning 6.1 re mental health was provided. RCHS has a partnership agreement with Lanark County Mental Health that provides a connection for RCHS primary care clients. 1.1: reports are encouraged; it was suggested that Workplace Safety and Insurance Board be advised. 4.2, research on other sources of revenue: Planned giving is a good idea and would be a good topic for a generative discussion for the board. It was noted that both Thrive and pharmacy services are in their evaluation years. Discussion of the Strategic Plan directions may be a good topic for a Board retreat in the fall. The bi-annual report on progress and update to the Operational Plan will be presented to the Board in the fall. MOTION: That the Operational Plan for 2015-16 be approved as amended. Moved by Wynn Turner, seconded by Graeme Bonham-Carter Carried MOTION: That the budget as recommended by the Finance Committee be approved. Moved by Don Dutton, seconded by Liz Snider Carried



	ii. Quality Improvement Plan 2015-16**	<p>RCHS is obliged to submit a Quality Improvement Plan to Health Quality Ontario by April 1. Kelly Robinson described the new patient client access advisory, and explained the targets in the plan. She noted the willingness of the Perth-Smiths Falls Hospital to share information; however, a system is needed. It was noted that, on page 1, 3rd paragraph, a note should be added that the Board's Quality Committee is functioning differently at present. The Quality Committee) is a committee of the whole board, with quality issues identified in all relevant board discussions.</p> <p>MOTION: That the Quality Improvement Plan 2015-16 be approved as amended. Moved by Don Dutton, seconded by Jacques Pelletier Carried</p>
b.	i. AOHC nominations**	RCHS may receive a nomination for member at large before June conference.
	ii. AOHC resolutions	No resolutions to be voted on at the AOHC AGM have yet been received. Graeme Bonham-Carter is making a presentation at the conference. The Board Chair will attend conference; new board members are encouraged to attend. The AOHC website has the details.
c.	AGM workgroup	Historically the Board Chair, Board Secretary, Executive Director and Executive Assistant handle the details. Board members were invited to join the group.
	i. Membership renewals mailed out	Members' renewal letters need to be sent out; information regarding the site and possible speaker at AGM is required. Hugh Segal was identified as a possible speaker; Tom Rankin will approach him; the date of the meeting will then be finalized. Possible honorary membership suggestions were discussed.
d.	HUB pool – update	<p>Following the last Board meeting discussion, The Board Chair distributed a copy of their business plan to Board members. The HUB has made presentations to various municipalities to raise solid backing.</p> <p>MOTION: That RCHS set aside \$3000 from Board Corporate funds to be used for RCHS clients who can't afford to use the HUB pool, according to a process to be decided by RCHS Management. Moved by Jacques Pelletier, seconded by Don Dutton Carried</p>
e.	RTHL – Board to Board	<p>The next board to board meeting is on June 12. At the previous board to board meeting there was a proposal for interested boards to meet to discuss Community Engagement; RCHS sent an invitation and 6-8 people will be meeting on May 8th at SFCHC to discuss goals that can be accomplished in the next 1-2 years. RCHS board members are invited to attend.</p> <p>Graeme Bonham-Carter submitted a learning event proposal for the AOHC conference; it is scheduled for morning of June 2 (code A6).</p>
f.	GOV 303 Purchasing Card	<p>MOTION: That the changes to GOV 303 Purchasing Card be accepted as presented. Moved by Don Dutton, seconded by Ian Donald Carried</p>
	GOV 304 Use of Corporate Funds	Reviewed, no changes were recommended.
g.	Generative Discussion –	<p>The Board Chair noted that e-mails regarding the “wicked questions” around Access reflected back to his original outline for generative discussions. Peter McKenna commented that the Board could assist to inform staff around issues such as Access; helping to inform while not necessarily “solving” the problem. Kelly Robinson outlined the background around the “wicked question”. Some clarifications were given about the average caregiver's hours and current caseload.</p> <ul style="list-style-type: none"> • RCHS's founding concept was providing care to a rural community; now has been defined as providing



		<p>health care services to high need clients with access problems.</p> <ul style="list-style-type: none"> • Clients don't understand they can get equal care from a Nurse Practitioner within their scope of practice... • CHCs could take on more of the non-critical clients going to a hospital – CHCs should be advocating for more health funding to allow them to take on those clients – freeing up hospitals for emergency – surgical clients. • Decide what would make it the hardest possible to get access - and then do the opposite. • Access calculations need to include things like provider illness, unforeseen circumstances. • Three different types of access: walk in clinic – instant response, make an appointment, and the English version of “surgery” (for example, two hours at beginning of day where anyone can come in and be seen). Possible increasing service hours to include weekends. • Primary health care in Ontario – recognize the CHCs have allied health workers there. There is interest in organizing primary health care CHCs and FHTs as hubs of allied health professionals – create an alliance to ensure clients would get access to core basket of services – this could be coming from the Ministry, still have to define who fits in the alliance (chiropractors, optometrists, for example). • Need a holistic view of the health care system for CHCs. Most useful things on the horizon are Health Links; relative savings are phenomenal – for the 5% of highest users – and this could be expanded. Most altruistic interactions among organizations. • Importance of reviewing target audience (marginalized/disadvantaged vs. community at large) in strategic planning • Reviewing funding model in a future generative discussion • Assembling synopses of generative discussions as feedstock for strategic planning • Each person should write down 2 most important things they learned after each generative discussion.
7.	Future Agenda Items	<ul style="list-style-type: none"> - Rideau Tay Health Link Board-to-Board - MSAA briefing (Peter McKenna and Jane Page-Brown)
8.	Meeting Evaluation	<ol style="list-style-type: none"> 1. Comment on our ability to balance efficiency and effectiveness, such as allowing time for discussion. <ul style="list-style-type: none"> - Feedback on Peter's conversation with Deputy Minister - Operational plan discussion well managed ¾ hour - Quality improvement discussion substantive 25 min - Moved quickly through the rest - Generative Discussion at 7:25 2. Do we feel we followed our appropriate governance role (versus getting into operations) and attended to our board strategic priorities and work plan? <ul style="list-style-type: none"> - We got as operational as we were asked to be - Discussed the Budget & operational plan led by Peter McKenna <p>Completed by Wendy, given to staff for filing.</p>
9.	Date of Next Board Meeting	Tuesday April 28, 2015 5:00 pm MDCHC Community Room 5:00 dinner, 5:30 meeting



Rideau Community
Health Services

**Board of Directors Meeting Minutes
Tuesday, March 31, 2015 – 5:30 p.m.
MDCHC Community Room**

10.	Meeting Adjournment	MOTION: That the meeting be adjourned at 8:20 p.m. Moved by Don Dutton	Carried
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** Calendar items for March

Approved by: _____
Chair

Secretary