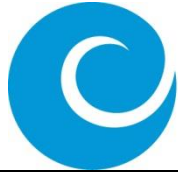
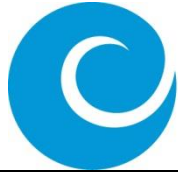


Present: Jacques Pelletier (Board Chair), Don Dutton, Jan Hopkins, Graeme Bonham-Carter, Ian Donald, Terry Lee, Bob Long, Phil Fortier, Peter McKenna (Executive Director), Jean Thompson (Community Nurse), Onalee Randell (Director, Community Services), Kelly Robinson (Director, Primary Care), Jane Page-Brown (Coordinator Quality and Strategic Projects), Judy Harting (recorder),		
1.	Welcome, regrets & absences	Board Chair, Jacques Pelletier welcomed everyone. Quorum was in place. Called to order at 5:20 Regrets: Liz Snider, Wynn Turner, Pauline Muysson
2.	Approval of Agenda	MOTION: That the agenda be approved as presented. Moved by Terry Lee, seconded by Ian Donald , Carried Peter McKenna will speak about the Syrian Refugee portion of his Executive Director Report.
3.	Declaration of Conflict of Interest	None declared
4.	Remarks from Board Chair	The Chair noted there would be no generative discussion tonight as there are many other items to be covered. A letter from Run Merrickville thanking RCHS for their support was read. 26 staff and volunteers have put their names forward to run. The Chair has starting hearing about health reforms that are coming; those changes will keep the board busy. Health Links 2 will be very interesting with increased emphasis on the health system, rather than an individual agency. The Chair has been forwarding information to board members to help keep them informed. Ian Donald circulated a copy of a 1997 article about the CHC. Jacques Pelletier represented RCHS, placing a wreath at the cenotaph presentation on November 11 th .
5.	Community Nurse Presentation	Jacques Pelletier introduced Jean Thompson, Community Nurse, who serves people with developmental disabilities. She described the role she has played in the organization since 2008. Her key objectives are: to promote health, wellness, and prevention for developmentally disabled individuals, to provide assessment, training, and follow up concerning Controlled Acts and procedures that fall under these guidelines, and to work effectively with physicians, Allied Health Professionals, persons with developmental disabilities, their families and developmental services staff as part of a multi-disciplinary team. Access to the RCHS health team is a huge bonus, including RVDS, dieticians, TMS, social work, foot care, chiropody and the dental care. This is a good example of a CHC modifying its work to a community's needs. Dental clinic for clients on OW is unique. RCHS is working hard to get dental care included in the base funding. The Chair presented Jean Thompson with a combo pen/stylus/light
6.	Consent Agenda	MOTION: That the consent agenda reports be accepted as presented. Moved by Bob Long, seconded by Don Dutton, Carried
	a.	Executive Committee
	b.	Community Engagement
	c.	Finance Committee
	d.	Executive Director Report
		Peter McKenna expanded on the Syrian Refugee influx, which is expected over three months. The three LHINS involved are the SE LHIN, the Champlain LHIN, and the SW LHIN. There is an emergency meeting of the LHINS scheduled. About 1500 refugees are expected to come to the SE LHIN with 900 to Kingston and 600 to Trenton; approximately half will be publicly sponsored and half will be privately sponsored. Several Primary Health care organizations are meeting tomorrow to discuss how refugees' needs will be met. 5 or 10 % will have serious problems. RCHS's role is still to be determined. An information meeting in Smiths Falls is being organized by RCHS and others to describe the sponsorship



			<p>process.</p> <p>Ian Donald noted that, concerning the Community Hub document distributed to the Board, the Merrickville-Wolford Council committee is working on a 10 year plan. Community Hubs can be health hubs or not, depending on the community.</p>
	e.	Board Chair report	
7.	New Business		
	a.	Board of Director's Annual Evaluation**	<p>As Wynn Turner was unable to attend this evening, Jan Hopkins presented a synopsis of this year's report. The 2014-15 report used internal and external OHA self-evaluation tools. Board Committees are asked to look at conclusions and take whatever action is required if any. Graeme Bonham-Carter noted that the Nominating Committee has clarified its role in orientation of new Board members. The Board can use this evaluation to determine any improvements/changes needed to move forward. The Chair noted that there is potential for more rigorous Board meeting evaluation questions. He also suggested that the Board could review the year's accomplishments at the end of the Board year. Wynn Turner's work on this report was recognized. A suggestion was made to ask the OHA if there were any other CHCs or comparable organizations in their comparison; Jan Hopkins will ask the OHA on Wynn's behalf.</p> <p>These evaluations are part of the accreditation process and are available for the Board and the accreditation body to access.</p>
	b.	RTHL Board to Board	<p>The latest meeting was held November 20, with a number of RCHS board members in attendance as well a community member of the CE committee. There were several presentations including one by Dave Sampson, who spoke about the possible value of new Collaborative Governance sub-groups that would cover a section of the LHIN's geographic area and would include representatives of health service providers, to improve communication and provide feedback to the LHIN. He wanted to gauge interest in such a group.</p> <p>The presentation by Dr. Andrew Everett described SHIIP, an electronic system to support the Health Links (for the 5% high risk population who are being seen by RTHL). Maureen McIntyre, Project Manager for the RTHL summarized the document from the Ministry concerning Health Links 2.0. This next stage of Health Links would be more standardized and use best practices; a series of processes will be put in place over the next couple of years that broaden the view of health links.</p> <p>Finally, participants were asked to identify, in small groups, their views of what primary health care should be in the future.</p> <p>All RTHL reports are posted on the RCHS website.</p> <p>Ian Donald noted that there was a Public Health presentation to the Merrickville-Wolford Council; the nature of the presentation will be determined.</p>
	c.	2015-16 Operational Plan mid-year update	<p>Peter McKenna recognized the work that the Management Team and staff have put into this report. This year has had fewer initiatives deferred or cancelled than in previous years, despite being a very ambitious plan. RCHS is bringing in more primary care clients and that continues to improve; the budget is in solid shape. The Board thanked the Management Team for all their work. Items were explained, questions answered and background given on specific items. The Chair noted that the community needs to know how well we are doing and how we have progressed. A shorter more concise executive summary would be welcome, or at least a list that highlight the points of interest. The Chair noted that there is potential for a Board committee to suggest</p>



			<p>inclusions in such a summary. The ED suggested that information about the operational plan could be shared with our partners. In response to a question about the status of extended hours of access, it was noted that this isn't feasible at the moment as RCHS is short staffed and there is a need to distribute resources to cover existing commitments. Extended access is still a priority; discussions with other health care providers about possibilities have taken place.</p> <p>MOTION: That the staff be congratulated on the excellence of the report. Moved by Don Dutton, seconded by Phil Fortier. Carried</p> <p>MOTION: That the 2015-16 Operational Plan mid-year update be accepted. Moved by Terry Lee, seconded by Ian Donald. Carried</p> <p>The Board requested that a separate operational plan file be created on the website; Judy Harting will ensure it is done.</p>
8.	Approval of Board Minutes		
		October 27, 2015 Board Minutes	<p>MOTION: That the October 27, 2015 Board meeting minutes be approved. (Done via e-mail) Moved by Jan Hopkins, seconded by Graham Bonham-Carter, Carried</p>
9.	Future Agenda Items		<p>A Board retreat will be planned once the new directions for primary care are received from the Ministry of Health.</p> <p>A Generative Discussion related to nominating committee and age of board members was suggested. Any other themes can be put forward; staff presentations are always welcome and enlightening.</p>
10.	Meeting Evaluation - Phil Fortier		<p>1. Comment on our ability to balance efficiency and effectiveness, such as allowing time for discussion. Good discussion even though didn't meet the time limit, very effective, great staff presentation.</p> <p>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, good questions by board members.</p> <p>Completed by Phil Fortier, given to staff for filing.</p>
11.	Next Board Meeting		Thursday December 17, 2015 at 9:30 following the Board/Staff Breakfast. MDCHC, Community Room
10.	Meeting Adjournment		<p>MOTION: That the meeting be adjourned at 7:25 p.m. Moved by Terry Lee. Carried</p>

** Calendar items for November

Approved by: _____
Chair

Secretary