

Present: Jacques Pelletier (Board Chair), Liz Snider, Janet Cosier, Michèle Le Blanc, Terry Lee, Terry Gilhen, Deb McGuire, Katie Weststrate, Sandy Shaw, Michele Bellows (CEO), Onalee Randell, Director, Community Services, Jane Page-Brown (recorder)	
1.	<p>Welcome, regrets & absences</p> <p>Board Chair, Jacques Pelletier called the Board to order at 5:30pm Regrets:</p> <ul style="list-style-type: none"> - Bob Long - Ian Donald <p>J. Pelletier introduced and welcomed new Board members appointed to fill two of three vacancies.</p> <ul style="list-style-type: none"> - Sandy Shaw is a registered nurse from Perth who has extensive experience in palliative care - Katie Weststrate is a Naturopathic Doctor with a practice in Merrickville <p>Motion: To accept as members of the corporation, Katie Weststrate and Sandy Shaw. Moved by: J. Cosier, seconded by M. Le Blanc, Carried.</p>
2.	<p>Approval of Agenda</p> <p>MOTION: That the agenda be approved. Moved by: D. McGuire, Seconded by: T. Gilhen, Carried.</p>
3.	<p>Declaration of Conflict of Interest</p> <p>None declared</p>
4.	<p>Approval of Board minutes</p> <p>MOTION: That the January 29, 2019 Board meeting minutes be approved. Circulated via e-mail (Moved by: I. Donald, Seconded by: J. Cosier) Carried</p>
5.	<p>Remarks from Board Chair</p> <p>J. Pelletier reflected on the rapidly changing health care system, and emphasized this is a time for RCHS to be proactive and to play a role in positive system change which will enable the goals of the provincial government (e.g. improved access, seamless transitions of care, eliminate duplication etc.).</p> <p>J. Pelletier reported that the Smiths Falls Council unanimously passed a resolution in support of the RCHS Integrated Health Services Facility. (A hard copy of the resolution was circulated.) There were many positive comments and an overall positive vibe in response to the motion, from the Council as well as the members of the public in attendance. The resolution is a general endorsement from the Smiths Falls Council for the facility.</p>
6.	<p>Consent Agenda</p> <p>The Chair asked if there were any questions or issues; discussion points are noted below. MOTION: That the consent agenda be approved as presented Moved by: L. Snider, Seconded by: J. Cosier Carried.</p>
	<p>a. Executive Committee</p>
	<p>b. Finance Committee</p> <p>T. Lee noted there was no meeting in February, but there will be one in March. He reminded the group that the Finance meetings are open to all Board members.</p>
	<p>c. GNC and Nominating Committee</p> <p>D. McGuire reported that the committee will meet on March 11th. The meeting will include a review of the Board skills/experience matrix, and a discussion on 'diversity' including socio-economic representation, what it means, and how it should influence further Board recruitment efforts to better reflect/ represent the community that RCHS serves.</p>

		<p>J. Pelletier (cc M. Bellows).</p> <p>Details can be found on the conference web site: https://www.allianceon.org/conference2019 Attendance will be confirmed at the March 26th Board meeting to enable registration prior to the early bird deadline of April 19th.</p>
10.	Generative Discussion	<p>Strategies in light of modification to health services</p> <p>In light of the provincial announcement today involving the creation of a new Ontario health 'super agency' and coordinated health teams, L. Snider proposed the following three questions for discussion:</p> <ol style="list-style-type: none"> 1. Reflecting on the Alliance webinar (Changes in the Health System, February 20th), and the actions suggested for CHCs from the Alliance....What can RCHS do to support the Alliance and how will we do this? 2. What do the provincial changes mean for us as a CHC? Do we want to take leadership role? Do we want to do something on our own? 3. This is a huge announcement. Do we have a responsibility to provide a message to clients and membership? What is our message to them? <p>Discussion Highlights:</p> <p>Alliance Webinars – general comments:</p> <ul style="list-style-type: none"> - M. Bellows was thanked for her clear and concise summary of the Alliance Board member webinar (February 20th) and the subsequent webinar with Executive Leaders (February 21st) - CHCs are encouraged to showcase their successes, speak to MPPs, and connect to partners especially new partners that we don't have a relationship with yet - Today's announcement provides more clarity in terms of the province's intentions and next steps - RCHS needs to start planning and defining its role; other organizations are taking action and having conversations <p>What is RCHS' role re: Ontario Health Teams?</p> <ul style="list-style-type: none"> - If the vision is for each team to cover a population of 300,000 what would that look like in this region? - How will the unique rural characteristics and socio demographics of this region come into play? - Suggestion for RCHS to develop an expression of interest to form an integrated health team - RCHS is well positioned to lead - RCHS has a solid foundation to build on; relationship with other primary care providers etc. - Can drive change more quickly in a primary care setting vs an acute care setting - OHA briefing note (reported by J. Cosier) suggests that the province is looking for 10 – 15 pilot sites to implement and evaluate performance - Still need to see the specifics re: proposal requirements; though the Board is confident that an RCHS proposal would be very compelling

		<ul style="list-style-type: none"> - Can we start the conversation as we wait for more direction from the government? - Are there 3 or 4 key agencies that need to be engaged with us? (e.g. Addictions and Mental health is key) - Need to ensure the proposal is not too big or too complex - Need to build a case for a local solution and include the resources required to implement - Recognize that the quadruple aim – effectiveness, efficiency, patient and provider experience must be central to the proposal - Community and client engagement is a key aspect to include in all phases - M. Bellows is following developments in the Kingston area and will have a better idea next week of how other lead agencies are responding <p>Consulting partners is a priority. The following partner groups were identified to start having conversations:</p> <ul style="list-style-type: none"> - Collaborative Governance Forum - Expanding Team-Based Care (ETBC) - Smiths Falls Integrated Health Facility - Sub Region Integration Team <p>General Observations:</p> <ul style="list-style-type: none"> - The province wants to decrease the number of transfer payment agencies - Agencies are being forced to collaborate, merge, amalgamate – which can be threatening - In pursuing a leadership role RCHS must be sensitive to the concerns of other agencies and their potential loss of identity; communication will be key to maintain the focus on improving care and health outcomes, and not saving or re-deploying resources - The alternative to taking a lead role may involve being assumed under another umbrella agency (e.g. acute care) <p>Communication to clients:</p> <ul style="list-style-type: none"> - Agreement that clients and members would appreciate a message to reassure them that care and services will not be interrupted - Suggestion that a joint message be prepared by the Board Chair and CEO - Could be a news release and/or posted at each RCHS location <p>Next Steps:</p> <p>M. Bellows will:</p> <ul style="list-style-type: none"> - Monitor details provided by the government re: applying to be a 'coordinated health team'; and what it means to be a lead agency - Liaise with colleagues across the region (e.g. Kingston Health Sciences Centre); and the SE LHIN Executive Directors as to how other agencies are responding and developing proposals - Have conversations with partners re: the health system changes and partnership opportunities - Monitor and share updates from the Alliance re: advice and resources for CHCs - Provide an update at the March 26th Board meeting or sooner depending on information received and associated timelines
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11.	Future Agenda Items	None identified
12.	Meeting Evaluation – Ian Donald	<p>T. Gilhen reported the results of the last Board meeting on behalf of I. Donald.</p> <p>80% response rate (overall score 3.7/4.0)</p> <p>Documentation:</p> <ul style="list-style-type: none"> - Excellent overall - Would have been helpful to have copies in advance of the operational plan presentations <p>Overall comments:</p> <ul style="list-style-type: none"> - Operational plan presentation very effective - Hospice presentation was also well organized and well-received - Telephone technology – greatly improved - Question/suggestion re: other technologies(e.g. Skype) to enable participation - Agenda was very long and complex
13.	Meeting Adjournment	<p>MOTION: That the meeting be adjourned at 7:35pm</p> <p>Moved by T. Lee</p> <p style="text-align: right;">Carried</p>
14.	Next Board Meeting	<p>Tuesday March 26, 2019</p> <p>Location: Smiths Falls CHC</p> <p>5:00 Dinner 5:30 Meeting</p>

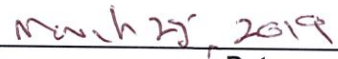
Approved by:



 Chair


 Date



 Secretary


 Date