

Present: Jacques Pelletier (Board Chair), Liz Snider, Ian Donald, Bob Long, Janet Cosier, Terry Lee, Phil Fortier (via teleconference), Terry Gilhen, Kenna McCall (via teleconference), Peter McKenna (Executive Director), Anne Caron (Director Corporate and Admin Services), Onalee Randell (Director, Community Services), Kelly Robinson (Director, Primary Care), Lisa Wan, Manager of Admin, Kelly Barry, Manager of Primary Care, Tracey Fuller, Manager of Community Services, Jane Page-Brown (recorder)		
1.	Welcome, regrets & absences	Board Chair, Jacques Pelletier called the Board to order at 5:30pm Regrets: Deb McGuire, Michèle Le Blanc
2.	Approval of Agenda	New item (s) 10. g. Progress update - residential hospice working group MOTION: that the amended agenda be approved Moved by L. Snider, seconded by B. Long , Carried.
3.	Declaration of Conflict of Interest	None declared
4.	Approval of Board minutes	MOTION: That the May 1, 2018 Board meeting minutes be approved, Moved by I. Donald, seconded by M. LeBlanc Carried.
5.	Remarks from Board Chair	This is the last regular Board meeting for the year which involves several important fiduciary activities. The next meeting will be after the AGM with the primary purpose to designate the Board officers.
6.	Consent Agenda	The Chair first asked if there were any questions or issues; none were identified. MOTION: that the consent agenda be approved as presented Moved by I. Donald , seconded by P. Fortier Carried
	a. Executive Committee	
	b. Finance Committee	T. Lee reported that the Finance Committee reviewed the year-end report at its recent meeting. He noted it was a very thorough and positive report.
	c. Executive Director Report	
	d. Board Chair Report	
7.	ED Recruitment Committee	The Committee distributed an RFP to three professional recruitment agencies. To date they have received one response. One more proposal is expected by Friday June 1 st . The Committee expects that most of the work will be conducted by the professional recruiter. J. Pelletier noted that P. McKenna will play an advisory role in the selection process. More details re: process and timelines to follow. P. McKenna noted there is an upcoming AOHC webinar (June 18 th) on setting compensation levels for Executive Directors. Confirmation of the date/time and registration details will be forwarded to the Board
8.	Collaborative Governance	J. Cosier reminded the Board of the upcoming LLG Collaborative Governance Forum this Friday June 1 st There are a total of 70 registrants, 50 of whom are staying for the optional networking session after lunch – ‘LLG News – pop-up presentations’.

9.	Business Arising	
	a. Smiths Falls Capital Project Work Group	<p>In follow up to the Site Selection Working Group meeting of May 11, 2018 whereby 3 proposals were shortlisted for further evaluation, T. Lee, J. Pelletier, P. McKenna, and A. Caron met with one of the proponents about their proposal in order to clarify few details.</p> <p>Subsequently, T. Lee is recommending a pause in the process. Based on the current information further review is needed prior to considering use of RCHS funds for the development of Class D estimates for each of the sites.</p> <p>T. Lee will convene a meeting of the Site Selection Working Group to de-brief and discuss next steps.</p>
	b. AOHC – AGM Resolutions	<p>L. Snider has been appointed as the voting delegate for RCHS; and T. Lee will serve as the alternate voting delegate. J. Pelletier reviewed the resolutions which were included in the Board package.</p> <p>MOTION: that the Board Vice Chair, as RCHS’ representative, be directed to vote on the Board’s behalf at the AOHC AGM. Moved by, B. Long seconded by J. Cosier Carried</p>
	c. Report on Board Structure and Processes (tabled for discussion in July)	<p>The document was tabled for review; further discussion to follow at the July Board meeting. J. Pelletier thanked J. Cosier for her work on this review, noting there are a number of thoughtful recommendations for the Board to consider.</p>
10.	New Business	
	a. AGM Preparations	<p>Plans are coming together for the AGM</p> <p>P. McKenna and L. Snider are meeting with reps from “Together Smiths Falls” the recipient of the community service recognition award in the coming days to gather more background on the work of this organization. This will be followed by a press release.</p> <p>A complete AGM script or ‘annotated’ agenda will be circulated to the Board in the next week or two to provide a full account of the proceedings for the evening.</p>
	b. Approval of Membership List	<p>Current listing of membership was circulated.</p> <p>MOTION: That the current membership list be approved as presented. Moved by T. Lee , seconded by I. Donald Carried</p>
	c. Nominating Committee Report to the AGM	<p>I. Donald spoke to D. McGuire’s report in her absence. The report was included in the Board package and presented the Committee’s recommended candidate to fill the Board vacancy, as well as the re-appointment of several Board members. The report will be presented by D. McGuire for approval at the AGM on June 26th.</p> <p>MOTION: That the prospective directors slate of candidates: Michele Bellows, for a one-year term; Robert Long, Philip Fortier, for reappointment to a three-year term; and Kenna McCall, Terry Gilhen, for appointment to a two-year</p>

		term, be accepted and put forward for member approval at the Annual General Meeting Moved by I. Donald, seconded by L. Snider	Carried
d.	March 2018 Financials and Narrative <i>Acceptance of Audited Financial Report</i>	<p>T. Lee reported that the Audit Committee met with Serena Fortin of Allan and Partners. It is a clean audit with one recommendation regarding accrued liability in relation to banked vacation time of RCHS employees. The Finance Committee will address this item in the fall and report back to the Board with a recommendation.</p> <p>MOTION: that the Audited Financial Report be accepted as presented. Moved by T. Lee , seconded by J. Cosier</p> <p>J. Pelletier further commended staff for their efforts with the following motion: Motion: to congratulate Anne Caron, Director of Corporate Services and her team for their diligence in producing an excellent financial audit. Moved by B. Long , seconded by K. McCall</p>	Carried. Carried.
e.	Compliance Report and Schedule G report to the SE LHIN	<p>P. McKenna reported that RCHS is in compliance with all obligations to its funders and any exceptions are explained in an exception report. The exception report, which was just finalized prior to the Board meeting, was circulated.</p> <p>Questions and discussion among the Board highlighted the fact that the exception report only highlights the relatively few targets that were not met and does not display the numerous metrics that were achieved and in some cases exceeded. It was also acknowledged that RCHS continues to set ambitious ‘stretch’ targets as a means to inspire quality improvement.</p> <p>It was agreed that the Executive Director’s Annual Declaration of Compliance would be attached to the draft Board minutes to allow Board members time to fully review the document. (<i>See attached</i>)</p> <p>It was further agreed that a motion to direct the Board Chair to sign the subsequent Schedule G – Declaration of Compliance report, which is then forwarded to the SE LHIN, will be included with the motion to approve the minutes.</p>	
f.	Operational Plan 2017-18 Results	<p>In addition to the written report included in the Board package, RCHS Program Directors provided summaries of highlights over the past year. The associated PowerPoint slides will be posted to the Board intranet site in the “Previous Board Packages – 2018” folder.</p> <p>MOTION: That the 2017-18 Operational Plan results be approved Moved by T. Gilhen , seconded by P. Fortier</p>	Carried
g.	Residential Hospice Update	<p>T. Gilhen, P. McKenna, and O. Randall met to strategize the formation of a residential hospice working group as recommended at the last Board meeting</p> <p>Discussion highlights:</p>	

		<ul style="list-style-type: none"> - The proposed 'Working group' should be formed as a community advisory/steering committee - This could be further defined based on the RCHS Review of Governance findings and next steps - 2 or 3 community champions are needed for knowledge and expertise and to nurture community ownership - In July will begin to recruit interested participants (e.g. consider key individuals from the public meeting in February) - Will research and review sample terms of reference from other similar entities - Planning to have the first official meeting in September to outline priorities such as: <ul style="list-style-type: none"> - Review and revise business plan - Focused discussion on fund raising - Exploration of other community resources (e.g. hospital foundation)
11.	Staff Presentation: Health Equity Planning – RCHS Foot Care Program	<p>Presentation by Tracey Fuller, Manager of Community Services The presentation slides will also be posted on the Board intranet in the "Previous Board Packages – 2018" folder.</p> <p>Discussion ensued in regards to this presentation and future RCHS health equity planning efforts :</p> <ul style="list-style-type: none"> - A much needed program – would be nice to have additional funding - Need to clarify for clients and the community the CHC mandate and the health equity approach to service provision (e.g. generic service vs more specialized services) - Agreement that communication on the role and services of RCHS is key. Though Board members are not always in a position to explain program delivery details to clients/community, there is a role for governance in educating and informing the community re: the role of the CHC
12.	Future Agenda Items	<ul style="list-style-type: none"> - Ed Performance Appraisal - Accreditation Report - Governance restructuring - Impact of political change at the provincial level
13.	Meeting Evaluation – Ian Donald	<p>I Donald described the changes to the evaluation form which now allows for two levels of feedback:</p> <ol style="list-style-type: none"> i. Overall satisfaction rating (new) ii. Feedback on specific issues (same as previous version) <p>Results from May 1st meeting evaluation :</p> <ul style="list-style-type: none"> - 62% response rate - Overall meeting satisfaction rating: 3.8 out of 4.0 - Overall comments: Efficient without feeling rushed - Other comments; <ul style="list-style-type: none"> • Some members do not have time to read everything • Most effective – succession planning (all contributed; helpful to have the Executive Director participate) • Least effective – concern re: consent agenda and a request for committee chairs to provide a high level re-cap to supplement the consent agenda package • Would like to hear more from working groups in addition to standing committees • Some concern re: difficulty in scheduling new agenda items

		Also a reminder to complete the annual OHA Governance Centre of Excellence (GCE) Survey. Ian will send a reminder email to the Board as the survey closing date is June 5 th . Committee chairs are also reminded to send their committee governance reports to Ian by the end of June
14.	Meeting Adjournment	MOTION: That the meeting be adjourned at 7:32 Moved by P. Fortier Carried
15.	Next Board Meeting	i. Following AGM – Tuesday June 26, 2018 (Smiths Falls Memorial Community Centre) ii. Tuesday July 24, 2018 (Location: Merrickville CHC) 5:00 Dinner 5:30 Meeting

Approved by: _____
Chair

Date

_____ **Secretary**

Date



Date: May 29, 2018

Time Period Covered in Report : April 1, 2017 – March 31, 2018

This report is organized by the Sections outlined in the various Accountability Agreements held with the funders.

Provision of Services

Rideau Community Health Services is meeting its Performance Standards unless identified on the attached Exception Report. Rideau Community Health Services has not reduced, stopped, started, expanded, transferred or ceased to provide services or changed its Service Plan.

Subcontracting for the Provision of Services

There are no subcontracted service agreements for the provision of services.

Conflict of Interest

Rideau Community Health Services has not identified any conflicts of interest in the performance of its contractual obligations.

E-health / Information Technology Compliance

Rideau Community Health Services is in compliance with the technical standards related to architecture, technology, privacy and security set for health service providers by the MOHLTC and the LHIN. This includes the use of Purkinje/Nightingale on Demand, the clinical management system which meets the technical standards provided by The Ministry of Health and Long Term Care.

Procurement of Goods and Services

Rideau Community Health Services has met the procurement requirements. (The Finance Committee reviews the schedule of Contracts, Leases & Purchases in excess of \$5,000 on a monthly basis.)

Community Engagement and Integration Activities

In this reporting period, Rideau Community Health Services has undertaken the engagement of our clients and community stakeholders. This information is used in the development and improvement of health services. Highlights are provided in the monthly Executive Director report.

As per Local Health System Integration Act 2006, RCHS submits annually the “Integration Inventory Data Collection; Integration Opportunities and Activities” reporting form.

Reporting

During this reporting period Rideau Community Health Services has met all reporting obligations to the funders.

French Language Services

Rideau Community Health Services is not designated under the French Language Services Act.

Transparency

Rideau Community Health Services has an electronic copy of the signed M-SAA posted on its website. A Paper copy is posted in the main waiting/reception area at both MDCHC & SFCHC.

Governance

Rideau Community Health Services has a signed Performance Agreement with its Executive Director.

Rideau Community Health Services has a Performance/Quality Improvement Plan.

Commercial General Liability Insurance

Rideau Community Health Services holds the required insurance and has provided proof of insurance to the funders.

This report has been prepared by the Executive Director.

I certify this to be a true and accurate report on the compliance items covered under our Accountability Agreements.



Peter McKenna, Executive Director
Rideau Community Health Services

May 29, 2018

Date Signed

EXCEPTION REPORT

For the period: April 1, 2017 – March 31, 2018

Component	Performance Metric	Variance	Explanation	Improvement Strategy
Accountability	Access to Primary Care	Target 100% Actual 68% Variance 32%	Adjusted Access to Primary Care after taking into account 2017-18 SAMI of 1.3, as well as accounting for a 1.3 FTE MD vacancy from a compliment of 8.8 FTE – RCHS vacancy adjusted Access to Primary Care is 81% Not included in above is over a quarter of 1.0 FTE NP Vacancy (mat leave only temporarily filled)	RCHS has initiated ongoing recruitment efforts including enlisting the help of physician recruiter. While recruiting, RCHS has reallocated Physician dollars for Same Day NP clinics with Locum NP support allowing contracted PCPs to continue to take on new patients Despite vacancy TNA average = 3.9 for existing patients.
	RCHS Unique Clients	Target – 46,225 Actual - 43,841 Variance - 2384	Primary Care Provider Vacancies - In addition to MD vacancy, NP vacancy unfilled as well Primary Care team is to be congratulated that the variance wasn't larger.	Clinic and access efficiencies are in place and continually improved to ensure assigned patients are able to get in for care. See above re: Physician Recruitment See above TNA
	General Clinic – Individuals Served	Target - 30,000 Actual - 27,613 Variance - 2387	See above	See above

	Therapy Clinic - Counselling	<p>Target Individual service provider interactions - Actual - 643 Target Provider Interactions - 825 Variance -182</p> <p>Group Facilitation – Individual Served Actual – 133 Target – 275 Variance – 142</p>	<p>2016-17 Targets were established by Management 6 months before year end. Targets were set with staffing compliment and best information available at the time. Staff changes, which include vacancies and other competing priorities led to resources shifted to other priority areas.</p> <p>SW wasn't capturing her activity in 'Staff involved' for Group Sessions</p>	<p>In alignment with best practice of the ensuring our clients are seen by the 'right provider at the right time'.</p> <p>.4 FTE Social Work has been temporarily re-allocated to Community Support Worker role within the Health Promotion functional centre where there was great support and activity to our clients. See exceptional Health Promotion numbers reported.</p>
	Pharmacy	<p>Target Individual service provider interactions - Actual - 387 Target Provider Interactions - 850 Variance - 463</p>	<p>Unfilled mat leave This Primary Care pharmacist position is a unique skill set. Finding the right expertise has been a challenge.</p>	<p>Invest in Nursing resources to review hospital data and attend specifically to patient safety.</p>
Telemedicine Program	Unique clients served	<p>Target: 1800 Actual:1488 Variance: 312</p>	<p>Although the target was not met, there has been a significant increase in unique clients since last fiscal year 1197 to 1488.</p>	<p>RCHS TMS program will be focusing on program development to increase number of specialists. We will also be increasing communications with primary care providers to increase referrals to TMS</p>
Telemedicine Program	Clinical interactions	<p>Target: 3600 Actual: 2192 Variance:1408</p>	<p>RCHS telemedicine program had a staffing vacancy for approximately 5 weeks which resulted in the staff being unable to accommodate all requests. Additionally, staff were involved in many more group sessions and significantly exceeded our targets in this area.</p>	<p>See above.</p>
Health Promotion	Group sessions	<p>Target: 100 Actual: 62 Variance: 38</p>	<p>When RCHS did the predictions for these targets we were confident we would</p>	<p>RCHS will continue to assess the need for Health Promotion groups however our target</p>

	Group participants	Target:1000 Actual: 402 Variance: 598	obtain funding for afterschool programming which did not happen.	has been changed for next fiscal year based on no afterschool programming.
Foot Care (High Risk Chiropody)	Unique clients served	Target: 300 Actual: 198 Variance: 102	This program is based on referrals that are received from providers. It should be noted that although the target for unique clients was not met the target for clinical interactions was met which is in part related to the complexity of the clients served.	There is a need to raise awareness regarding this program to primary care providers across South Lanark, Leeds and Grenville.
Nutrition services	Clinical interactions	Target: 1200 Actual: 888 Variance: 312	The targets were set for a total of 1.6 FTEs. There was a reallocation of .6 of this resource to Health promotion for the position of client support worker.	RCHS will be reviewing the RD needs for our catchment area to determine appropriate staffing mix. Staff have been reminded and provided additional support on how to correctly data enter group interactions.
	Unique clients	Target: 500 Actual: 356 Variance: 144		
	Group participants	Target: 1400 Actual: 1208 Variance: 192		