



Board of Directors Meeting Minutes

Tuesday, October 28, 2025

5:00pm – 7:00pm

Merrickville Site – 354 Read St, Merrickville, Ontario

Present:	Sandra Shaw (Board Chair), Juli Heney (Vice Chair), Irv Mazurkiewicz (Treasurer), Sharon O'Hara (Secretary), Dorothy Thomson, Jackie Lord, Sandy Mark, Michele Bellows (CEO/Ex-Officio), Anne Caron (Director of Corporate & Administration Services), Corey Turnbull (Director of Integrated Care), Kristian Gundersen (Executive Assistant/Recorder)
Guests:	
Regrets:	Christopher Cummings, Bridget Bygrave
Absent:	Stefany Kawka

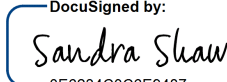
	Agenda Items	Discussion
1.	Welcome & Land Acknowledgment	Sandra Shaw, Chair, called the meeting to order at 5:00pm and confirmed that quorum was met and that notice for the meeting was provided on Friday, October 17, 2025. She welcomed all in attendance and provided a land acknowledgement.
2.	Approval of Agenda	The agenda was circulated in advance for review and was approved as presented. Motion: That the RCHS Board agenda for October 28, 2025 be approved as presented. Moved by: Sharon O'Hara Seconded by: Irv Mazurkiewicz Carried.
3.	Declaration of Conflict of Interest	None declared. Board members were reminded that as per GOV 80 – Conflict of Interest, a conflict can be noted at any time during or after the meeting if identified.
4.	Consent Agenda	<p>4.1 Board Minutes – September 30, 2025</p> <p>4.2 Executive Committee Minutes – October 14, 2025</p> <ul style="list-style-type: none"> i. CEO Mid-Year Performance Objectives Status Report ii. CEO Interim Succession & Business Continuity Plan <p>4.3 Governance & Nominating Committee Minutes – October 7, 2025</p> <ul style="list-style-type: none"> i. GOV 80 – Conflict of Interest for Board (revised) ii. GOV 170 – Roles of Board Officers and Directors (revised) iii. Governance Action Plan 2025-2026 Q2 Status Report iv. Board Education & Generative Discussion Schedule 2025-2026 <p>Motion: That the consent agenda and items contained therein be approved as presented. Moved by: Sandy Mark Seconded by: Juli Heney Carried.</p>
5.	CEO Report	Michele Bellows, Chief Executive Officer, directed members to her written CEO report included in the meeting package and provided highlights.

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		<ul style="list-style-type: none"> • A robust update was provided on the work of the LLG Ontario Health Team (OHT). It was noted that many groups are progressing with their respective mandates. • Capital Project – Town of Smiths Falls <ul style="list-style-type: none"> ○ A meeting occurred with the Mayor, Chief Administrative Officer, and Director of Community Services to discuss the land being offered as the site for the capital project, and to provide an update on the status of the project. ○ The size of the parcel of land for donation to the project was noted as a concern. The architect's test fit indicated that with the current parcel, the building would need to be three floors – which is not conducive to partner collaboration and integration. ○ The Town noted that another plot of land could potentially be allocated for parking to allow more space for the actual facility. Discussions will continue. ○ Advocacy efforts related to the project continue. A delegation from the Town of Smiths Falls will meet with the Minister in Toronto to advocate for the project. M. Bellows also met with MPP Jordan, who is supporting advocacy efforts. ○ Action: The Board will draft a letter to MPPs Jordan and Clark in support of the capital project. • Integrated Primary Care Team (IPCT) Call for Proposals <ul style="list-style-type: none"> ○ The IPCT is committed to connecting all unattached residents in Ontario to a primary care provider by 2029. ○ OHTs are taking the lead in developing Expressions of Interest (EOIs). ○ Discussions underway with OHT partners to develop a proposal, specifically ConnectWell, Country Roads CHC, Upper Canada FHT, and other Family Health Teams (FHTs) and Family Health Organizations (FHOs). It was noted at this time, the FHTs and FHOs are not currently in a position to join. ○ The area of focus for our proposal will be expanded primary care services in Brockville, which has been identified as a key area of need. ○ The LLG OHT is confident that a strong proposal can be submitted, with a goal of attaching approximately 3,500 clients if approved. ○ A few commercial spaces have been viewed as potential sites. ○ The submission is due November 10th. If approved, operations are expected to begin by the start of the next fiscal year.
6.	Board Chair Report	S. Shaw, Chair, directed members to her written Chair report included in the meeting package and provided highlights.
7.	Business Requiring Decision of Board	<p>7.1 Employee Compensation Plan</p> <p>M. Bellows directed Board Members to the briefing note included in the meeting package regarding the employee compensation enhancement plan. She reported that as part of the new quarterly Recruitment and Retention reporting requirements, the Ministry of Health (MOH) is requiring board approval of the employee compensation plan. The Board has been briefed on the plan over the last several months, which was implemented in September 2025.</p> <p>It was confirmed that all staff have been moved to Step 5 of the Eckler Report, which was a provincial market salary review for the community health sector, conducted in 2023. The compensation increase was made possible, following confirmation of new base funding in the amount of \$485,300, which included both Workforce Retention (\$162,500) and Stabilizing Existing Operations dollars (\$322,800). It was noted that the Workforce Retention funding has been provided</p>

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		<p>as “one-time” funding over the last two years, which has now been confirmed as ongoing permanent base funding. The remainder of the new funding for Stabilizing Existing Operations was not specifically allocated by Ontario Health to compensation, however the organization elected to apply most of it to compensation in order to move staff to the new Eckler compensation scale.</p> <p>Motion: That the RCHS Compensation Enhancement Plan is approved as presented. Moved by: Irv Mazurkiewicz Seconded by: Sharon O’Hara Carried.</p>
8.	Board Information Briefing & Discussion	<p>8.1 Operational Plan 2025-2026 Q2 Status Update The 2025-2026 operational plan status report for Q2 was included in the meeting package. The operational plan was endorsed by the Board in March 2025. M. Bellows, CEO, provided an overview of progress made towards achieving the established targets. Q2 data on the indicators included in the organization’s Multi-Sectoral Service Accountability Agreement (M-SAA) agreement will be circulated to the Board next week for monitoring purposes. It was highlighted that all M-SAA performance indicators are currently within the acceptable performance corridor or better. A final status report will be presented to the Board in March 2026.</p> <p>8.2 Integrated Risk Report – October 2025 M. Bellows, CEO, provided a summary of the integrated risk management framework and risk register which were included in the meeting package. The risk register captures information on current and ongoing organizational risks. A comprehensive risk report, which was included in the meeting package, details the most significant risks to the organization, and any changes made to risk ratings.</p>
9.	Break	Board members were provided with a short break.
10.	Generative Discussion	<p>10.1 Generative Discussion – Clarifying the Board’s Data Needs Over the past few years, the Board has expressed interest in receiving more data to better understand organizational performance and impact. Management is committed to providing meaningful information but recognizes the need to ensure that data shared aligns with the Board’s governance role. This discussion was intended to clarify what types of data would be most useful, why they are needed, and how they can best support the Board’s oversight responsibilities.</p> <p>Highlights of Discussion and Comments</p> <ul style="list-style-type: none"> • The Board discussed the importance of understanding both who we serve and how that aligns with our catchment area’s demographics. This would help assess whether our services reach the intended population or if there are gaps. • There was interest in comparing our client population to that of other rural CHCs, to see whether similar needs or patterns exist and whether different or expanded services may be warranted. • The SAMI score (currently 1.56) was discussed as a provincial measure of client complexity. This metric is based on diagnostic coding and analysis conducted through BIRT using a calculation developed by the Mayo Clinic. • Members noted that data should help the Board assess whether the organization is “doing better” — not just performing well operationally but improving overall community health outcomes. It was noted that the

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		<p>indicators included in our Multi-Sectoral Accountability Agreement (M-SAA) do show this, which include key performance indicators such as colorectal screening rates, diabetes management, and mammography rates.</p> <ul style="list-style-type: none"> • It was acknowledged that there is limited demographic data available regionally, such as data reported through the Alliance. Often, we must rely on publicly available census data, as well as demographic data collected during the client intake process. Additional insights into age, income, and other social determinants of health would be valuable. • The conversation also touched on the distinction between governance and operations. While some data is operational, governance requires understanding whether strategic goals are being achieved and whether organizational decisions and resources are aligned with the mission. • Members discussed identifying areas for advocacy, where the organization should be a leader versus a supporter of, for example, in issues such as food insecurity, housing, and homelessness. • The Board expressed interest in establishing a set of “big dot” indicators which would be concise, high-level measures to monitor progress toward strategic priorities. <p>In summary, the Board agreed that this conversation was timely, given the upcoming strategic planning process. A clearer understanding of our population, service reach, and impact will help shape the new strategic priorities. While additional data may be helpful, the focus should be on identifying what information will best support the Board’s governance role and upcoming strategic planning process.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Circulate M-SAA Q1 and Q2 performance data to the Board. • Share client social demographic data alongside relevant census data for comparison. • Update and share the advocacy strategy with the Board
11.	Meeting Evaluation	The link to the post-meeting online survey was included with the agenda.
12.	Next Board meeting:	Tuesday, November 25, 2025 – Smiths Falls Site (2 Gould St, Unit 118, Smiths Falls)
13.	Adjournment	<p>Motion: That the meeting be adjourned at 6:51pm.</p> <p>Moved by: Irv Mazurkiewicz Carried.</p>

Approved by:

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Sandra Shaw, Board Chair
 11/29/2025 | 6:29 AM PST

Date

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Sharon O'Hara, Board Secretary
 11/28/2025 | 3:05 PM EST

Date