

Board of Directors Meeting Minutes Tuesday November 26, 2019 Smiths Falls Site- Community Room

Present: Janet Cosier (Board Chair), Bob Long, Terry Lee, Terry Gilhen, Michèle Le Blanc, Ian Donald, Katie Weststrate, Sandy Shaw, Michele Bellows (CEO) Kelly Robinson, Director, Primary Care, Onalee Randell, Director, Community Services, Jane Page-Brown (recorder)

Regrets: Deb McGruire, Jacques Pelletier, Liz Snider

1.	Welcome			
2.	Board Education – RCHS Programs and Community	Staff Presentation: Megan Wright, Social Worker and Cathy Taylor, Community Support Worker presented on the Intergenerational Mentorship Program. The program provides opportunities for different generations to come together to share experiences, knowledge, and skills that are mutually beneficial and foster positive long-term relationships. Through connecting aging members of the community with local grade school children the aim of the program is to provide an organic opportunity to address social isolation and promote emotional and physical wellness by encouraging engagement with the community. (*presentation slides attached)		
3.	*Approval of Agenda	One item was added to the agenda: - #11. Collaborative Governance Forum – November 22 nd – Debrief MOTION: That the Board agenda be approved as circulated: Moved by: S. Shaw, Seconded by: T. Gilhen Carried.		
4.	Declaration of Conflict of Interest	edified.		
5.	Consent Agenda 5.1 *RCHS Board Minutes – October 22, 2019 5.2 Finance Committee i. *Meeting Minutes – October 22, 2019 ii. *Quarter 2 Financials 5.3 Governance and Nominating Committee i. *Minutes – October 22, 2019 Two discussion points: 1. Committees and action items - Confirmation that action items from committee meetings are followed and carried forward to meeting 2. Clarification regarding Executive Committee			
		Agreed at the last Executive meeting that the Committee will meet on an as-needed basis Board work plan is key to driving the Board agendas as will business arising from each meeting		

		 J. Cosier agreed to follow up with the Executive Committee to review the terms of reference and related work plan Executive Committee members are invited to forward input to J. Cosier re: meeting topics and priorities MOTION: That the consent agenda be approved as presented. Moved by: T. Lee , Seconded by: I. Donald Carried. 		
6.	CEO Report	M. Bellows provided an update on Ontario Health Teams based on conversations at the Collaborative Governance Forum held on November 22 nd . - On December 3 rd – the three local Ontario Health Team reps will be meeting to discuss a common model - Lots of ongoing dialogue regarding a constellation model approach - Continued focus on building goodwill among the partners, balancing the urban/rural geography connections; and allowing for autonomy within the OHT - Updated proposals from OHTs deemed 'in development' are due in early January - 24 OHTs have been approved; formal announcements are being released by the Ministry of Health on a case by case basis with media releases - A follow-up teleconference with the Board will be scheduled after the December 3 rd meeting		
7.	Board Chair Report (verbal report)	J. Cosier reported that the Collaborative Governance Forum has been a primary focus over the past several weeks. The event was very successful with approximately 85 people in attendance. More details will follow in the debrief section, under agenda item #11.		
8.	Committee Reports	 8.1 Governance and Nominating Committee T. Gilhen provided an update from the meeting held prior to the Board meeting: Board meeting evaluation process The Committee recommends that an on-line survey be continued to allow for anonymous feedback after each Board meeting. This will consist of a single question which is optional In addition, a more comprehensive survey will be conducted twice each year (January and May) All the feedback will be analyzed as part of the annual Board evaluation 		
		Motion: To accept the Committee recommendation for the revised meeting evaluation protocol. Moved by: K. Weststrate, Seconded by: I. Donald, Carried. ii. Policy Review The Committee recommends that GOV 230 Volunteer Rights and Responsibilities be reclassified as a corporate policy as it is operational and aligns with the use of program volunteers In turn, GOV 60 Code of Conduct will be revised to include relevant components from GOV 230 as they related to Board members' roles as volunteers for RCHS		

		- It will also expand to include the role of volunteer committee members	
		Motion: To reclassify GOV 230 Volunteer Rights and Responsibilities as a corporate policy. Moved by: K. Weststrate, Seconded by: I. Donald, Carried.	
The Committee recommends that GOV 202 Privacy Statement be reclassified as includes mandatory content that is common across the health sector.			
		Motion: To reclassify GOV 202 Privacy Statement as a corporate policy. Moved by: B. Long, Seconded by: M. LeBlanc Carried.	
		T. Gilhen noted that the Committee is still in the process of reviewing three other policies which will be brough forward to the next Board meeting.	nt
9.	Business for Discussion	9.1 LLG Ontario Health Teams Update - This item was covered in the CEO update and will also be addressed under item #11 Collaborative Governance Forum Debrief	
		 9.2 Fundraising Retreat I. Donald provided an overview of the proposed agenda A doodle poll will be circulated to confirm the date for either Sat. February 22nd or Sat. February 29th 	
		9.3 Board meeting locations (Spring 2020)	
		 Discussion re: adding the Perth and Brockville locations in the rotation of meeting sites Agreed that further discussion is needed to ensure clear objectives and the potential to invite local partner agencies 	
100		 Deferred further discussion to the spring in preparation for the fall Board meetings 	
10.	Performance Monitoring & Evaluation	*Strategic Plan 2017 -2022 Mid-Cycle Review M. Bellows provided an overview of the document and how the operational plan has evolved over the few years	past
		 The recommendation from the senior leadership team is to continue to use the 3 strategic priorities, developed in 2017 and which are still relevant, to guide the operational plan for the next 2 years The three priorities are very broad and align well with health system changes and the OHT priorities 	
		 A full strategic planning exercise would follow in 2021 to guide the next five years 	
		 In the interim, review and adjustments to priorities can be made if needed The leadership team is starting to work on the 2020 – 2021 operational plan in the next few weeks 	

10.2 *Operational Plan and MSAA Scorecard Report - Q2 - M. Bellows provided an overview of the document, design and layout and invited Kelly Robinson and Onalee Randell to comment on results - K. Robinson noted human resource challenges (e.g. staff turnover, absences, etc.) are problematic for continuity of care for existing clients as well as enrolling new clients O. Randell reported that ambitious telemedicine targets were set - higher than required by the funder because the focus is on growing the program - Programs are also impacted by staff vacancies as well as new technologies (e.g. Ottawa Hospital is using a new technology which is impacting RCHS referral rates) - Other areas are growing such as endocrinology and virtual health. - Telemedicine nurses are able to work to their full scope of practice Area of virtual health is growing which is expected to have a positive impact on next year's statistics - Virtual health program has potential to improve new client intake as clients will be transferred from this program as space becomes available - RCHS does not maintain a waitlist - all individuals who do not have a health care provider are referred to Health Care Connect The Board thanked M. Bellows and the senior leaders for the report and congratulated them on the positive results for the past two quarters. 11. Collaborative The presentation slides are available on the RCHS website. J. Page-Brown will forward the link to the Board. J. Cosier asked for those who attended to share their observations Governance Forum -Debrief Summary of Comments: - Northumberland presentation highlighted the need for a strong backbone/structure for an OHT - Resources must come from within the partnership; no Ministry funding All partners in that OHT contributed a portion of their budget to hire a lead Executive Director to build the proposal (total \$75K) - Community engagement (e.g. clients, clinicians, etc.) are key to be part of design but one of the most difficult areas to navigate - OHT must include a medium-sized hospital Role of the Board is key but also varies across the OHT development process Adriana Tetley from the Alliance provided some background in her presentation on the Boards' role Initial OHT assessment was very operational in scope - Once a model is chosen, decisions re: governance structure will be important as it must be included in the full

		submission application Governance structure must include decision making processes As each OHT is announced, their proposals will be shared A key aspect of the OHT development is the relationship building among partners (e.g. reduce/eliminate silos and power structures)		
12.	In camera Session	Motion: To go in-camera. Moved by: M. LeBlanc, Seconded by: B. Long Carried. Review of CEO objectives for 2019-2020		
		Motion to go out of camera. Moved by: S. Shaw Seconded by: I. I Motion to adjourn. Moved by Ian Donald.	Donald Carried.	
13.	Next Board meeting:	Tuesday January 28, 2020 (Location: Merrickville Site)		
14.	Adjournment MOTION: That the meeting be adjourned at 8:10 PM Moved by: I. Donald Carried.		ed.	

Approved by:

Date



RCHS and Merrickville Public School

Intergenerational Program

November 26th
Megan Wright, Social Worker
Cathy Taylor, Community Support Worker

https://www.youtube.com/watch?v=9qPfHYm9ZQA

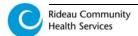


Intergenerational programs seem to benefit young people, older adults, and society as a whole. They have the potential to:

- Nurture a sense of being useful to society (such as the feeling that older people are able to guide and positively influence future generations),
- Improve the well-being of older adults,
- Reduce the stigma associated with aging and discrimination against older adults.

In addition, by enabling older adults to mentor or tutor children and youth, intergenerational interventions have the potential to improve students' academic, behavioral, social-emotional and motivational outcomes.

2018 Study from McMaster University



"This group is exactly what I needed. I have lost a lot of friends and was feeling alone and I'm not anymore."

"For days I've been on a high since getting involved with this group. I'm excited, invigorated....thank you."

