



Quest Community Health Centre

Minutes – Regular Meeting of the Board of Directors

Date: Thursday, March 28th, 2019
Time: 5:30 p.m.
Location: 145 Queenston Street, 2nd Floor Community Room, West Wing
Present: Rick Kennedy (Chair), Gail Riihimaki (Vice Chair), Janice Arnoldi, Anne Marie DiSanto, Mary Jane Johnson, Jennifer Tsang, Jon Watson, Francesca Vergalito David Veres
Regrets: Blair Hutchings (Treasurer/Secretary), Carol Nagy
Staff: Coletta McGrath, Jenny Stranges, Trudy Schroeder

A. Convening the Meeting

A.1 Call to Order

Recognition of a quorum – 5:34 p.m.

A.2 **Approval of Agenda**

Motion: To accept the Agenda prepared for today's meeting, March 28th, 2019

Moved: Janice Arnoldi

Seconded: Jennifer Tsang

All in Favour

Carried

A.3 Declaration of Conflict of Interest

None to declare

B. Minutes of Last Meeting

B.1 Approval of Minutes

Motion: To approve the Minutes of the Board meeting February 28th, 2019

Moved: Jon Watson

Seconded: Gail Riihimaki

All in Favour

Carried

B.2 Business Arising from Minutes

No Business was identified

C. Reports

C.1 Finance Committee

- Financial Summary

In Blair Hutchings, Secretary/Treasurer's Absence, Coletta provided an overview of the Financial Summary Statement for February 28, 2019.

Motion: That Quest CHC Board of Directors approve the Financial Summary Statement for February 28th, 2019.

Moved: Mary Jane Johnson

Seconded: Francesca Vergalito

All in favour

Carried

C.2 Governance Committee

Anne Marie DiSanto (Governance Committee Chair) presented the following report:

Governance Committee met and several items were reviewed and revised including the:

- Governance Committee Terms of Reference
- Board Annual Workplan
- Board Development Survey
- Governance Policies

The Committee reviewed two new governance policies with respect to Diversity and Board Member Leave of Absence. It was agreed that the policy review discussion will continue at the next Committee meeting.

The Board Development Survey was reviewed. Content was revised and it was agreed that it will be helpful to have a two part process. Part one will focus on higher level broader priorities and part two will identify more specific items related to each priority. The Survey is currently being revised.

The Governance Committee reviewed its current TOR. The content of the TOR along with formatting were revised. The revised document was presented to the Board and changes were identified. In addition, the Committee developed an Annual Board Workplan, which was also reviewed with the Board. The following motions were presented:

Motion: That Quest CHC Board of Directors approve the Revised Terms of Reference for the Governance Committee of the Board

Moved: Jennifer Tsang

Seconded: Janice Arnoldi

CARRIED

Motion: That Quest CHC Board of Directors approve the Board Annual Workplan 2019-2020
Moved: Francesca Vergalito
Seconded: Jennifer Tsang
CARRIED

C.3 Executive Committee

Executive Director Performance Review (see E. In Camera)

C.4 Capital Project Ad Hoc Committee

In Carol Nagy's (Capital Project Ad Hoc Committee Chair) absence, Coletta provided the following update:

- The scheduled meeting in March with the MOHLTC was cancelled by the Ministry.
- Coletta has contacted the Ministry to reschedule
- Currently no further updates to report.

C.5 Marketing, Communications & Fund Development Committee

Janice Arnoldi reviewed the Marketing, Communications & Fund Development Committee update:

- The Committee continues to work on messaging (header and tag line). Members have developed a wide variety of creative statements that they will be reviewing at their next meeting on Wednesday April 4th, 2019 with the goal of sharing them with the Board in April.
- The BrandScript/Messaging will be used to guide Quest marketing materials generally as well as for individual programs.

C.6 Board Liaison Report

Gail Riihimaki, Board Liaison, presented the following update :

- Annual Conference, Community Health Connections 2019, is taking place June 11-13, in Ottawa. It is a joint conference of the Alliance for Healthier Communities and the Canadian Association of Community Health Centres .
- Quest can accommodate three Board members participating. Rick will represent Gail at the AGM for Board Liaisons, June 11th 2019 as Gail is unable to attend.
- Please let Trudy know if you are interested in attending the two (2) day conference in Ottawa by March 29th, 2019.

C.7 Board Chair Report

Rick Kennedy, Board Chair, reminded members that his report was emailed earlier and he would not be giving a verbal overview allowing time for the In Camera Session.

C.9 Executive Director Report

Coletta McGrath, several highlights from the ED Report:

Quality

- The Volunteer Dental Program's new Denture Program being rolled out in February/March
Chris Steele from Niagara Dental Arts Inc. is contributing dentures to up to 12 clients per year
- Volunteer recruitment for the MAWP Program initiated; focus is on recruiting interpreters. Communication and contacts made with St. John's Adult Education, St. Ann Adult Education, Multicultural Folk Arts Society, INCommunities, as well as Ontario Works.
- Met with Dave Fowler, Family Fowler Foundation to discuss the possibility for more funding for the Volunteer Dental Program. A proposal has been submitted.
- Physician locum now signed on as permanent_part time Quest CHC physician
- BPSO project re mental health, addictions and crisis management, year one Report/Budget has been completed and submitted.

Partnerships

- In collaboration with NH & CMHA Niagara, Quest has submitted a proposal to the LHIN for MH&A funding to support additional USAT staffing (NP & Outreach RPN) for working with Overdose Prevention Site and the new site on Welland Ave, as well as other locations as/if appropriate
- Quest participated in a Mental Health and Addictions Forum re Ontario Healthcare Transformation/Restructuring.

Leadership

- Quest is developing "JAM" a music program for our clients; musicians have been engaged and are volunteering their time to provided music lessons; this was developed based on client's expressed interest in participating in additional social and skill building program.

Telling Our Story

- Advertisement prepared for Quest's Volunteer Dental Program Volunteer Recruitment; will be included in the next 6 editions of "SNAPD"
- The Service Statistics including Core Indicators for All Sectors & Sector Specific Indicators were reviewed noting that Quest is surpassing targets for most indicators.

D. New or Other Business

D.1 MSA 2019-2020 Update

Bring forward

D.2 Quality Improvement Plan

Quality Improvement Plan (QIP) 2019-2020

Quest Community Health Centre continues to be committed to providing quality primary health care and social services to residents of the Niagara Region. The report will be submitted to Health Quality Ontario at the end of March and to the LHIN on June 1st, 2019.

Coletta and Jenny reviewed each of the three sections of the Report:

- The QIP Narrative

- The Quest CHC Progress Report
- Improvement Targets and Initiatives

The QIP Narrative was summarized and achievements noted re population health and Quest's strategies to reduce the barriers to accessing services; along with activities focused on equity; integration and quality of care; addressing alternative levels of care for clients; staff engagement; client engagement; and safety in the workplace.

Motion: To approve the Quality Improvement Plan (QIP) 2019-2020, for submission to Health Quality Ontario and the HNHB LHIN

Moved: Mary Jane Johnson

Seconded: Jennifer Tsang

All in Favour

D.3 Ontario Health System Transformation/Ontario Health Teams

The following summaries incorporate the Minister's announcement and background materials; the Ministry technical briefing attended by Alliance for Healthier Community staff; and the Bill as introduced in the legislature [February 26, 2019].

Summary of Announcement and Technical Briefing:

"Ontario Health" (the super agency/Ontario Health Agency):

- Will incorporate larger agencies including Cancer Care Ontario, eHealth Ontario, HealthForce Ontario Marketing and Recruitment Agency, Health Shared Services Ontario, Ontario Health Quality Council, Trillium Gift of Life Network, Local Health Integration Networks, and other prescribed organization that receives funding from the Ministry or the Agency and that provides programs or services that are consistent with the objects of the Agency.

The "Ontario Health Teams (OHT)" (also the integrated care delivery systems - ICDS):

- Will have a single point of clinical and fiscal accountability (more like an "accountable care organization" model rather than an "accountable care network")
- Will incorporate at least THREE (3) of hospital services, primary care services, mental health or addictions services, home care or community services, long-term care home services, palliative care services, any other prescribed health care service or non-health service that supports the
- Will serve no more than 300,000 people (can be smaller in rural communities, for example)
- Will eventually serve 100% of Ontario's population

All HSPs

- The "Super Agency" as well as each HSP and ICDS shall separately and in conjunction with each other identify opportunities to integrate the services of the health systems to provide appropriate, co-ordinated, effective and efficient services

Integration

- The Minister can merge, integrate and stop mergers etc. with 30 days notice. The Agency can only facilitate integrations.
- The Minister requires 90 days notice of HSP or ICDS-proposed integrations

Implementation

Expressions of Interest (EOIs): The Ontario Health Teams will be phased in gradually with a rolling intake of proposals. Criteria for Expressions of Interest are currently under development and Guidance documents will be issued sometime in March. The Ministry will assess "readiness" and full submissions will subsequently be requested.

We are learning that the EOIs will not be prescriptive and will be open to innovation while still meeting some clear criteria.

Community Governance:

The Government/Ministry of Health and Long Term Care has provided assurances that community governance and mergers will not be on the table for the next few years.

- No changes were made to the Ontario Hospital Act or other legislation or regulations that would enable hospitals to be Accountable Care Organizations (ACOs).
- However, it is not status quo. There will be a requirement to have a "single point of fiscal and clinical accountability".
- The need to work with other CHCs, NPLCs, CFHTs and other primary care providers to meet primary care goals was noted along with partnering with other community based service providers such as community support and mental health agencies to ensure seamless, coordinated care.
- This will require us to learn more about collaborative governance
- Separate Indigenous lead OHTs are being supported as per resolution: "Indigenous health in Indigenous hands"

Population-focused Ontario Health Teams:

Although OHTs may be population-specific and not just geographic, the Ministry has in mind medically-specific populations (such as medically complex children; individuals experiencing mental health and addictions) rather than "socially" complex populations with inequitable health outcomes.

What about the LHINs:

- The LHIN role will be phased out over time but they will remain employers of the care coordinators until there is capability in receiving organizations (i.e. OHTs, existing primary care teams and hospitals)-

Role of E-Health:

Although not specifically mentioned in the Alliance documents (my addition), there seems to be frequent identification of the importance of e-health, the use of an electronic record that is accessible to those along the patient journey including the patient themselves.

Alliance for Healthier Communities Key Messages

- A revitalized health system requires a strong role for comprehensive primary health care, including care coordination and systems navigation.
- The criteria for Integrated Care Delivery Systems must include a commitment to a networked, partnered approach that maintains community governance and leverages local innovation.
- Both the Ontario Health Agency and Ontario Health Teams must have legislated accountability for both health equity and health promotion in order to ensure seamless and integrated care for socially and medically complex people at both levels, so no one falls through the cracks.

After much discussion regarding the OHT model and Quest CHCs role, Board members agreed that it was important that Quest participate in the discussions with respect to

establishing an OHT in Niagara and the possibility of partnering with other organizations to that end.

Motion: That Quest CHC will participate in community discussions and activities focused on exploring the establishment of an Ontario Health Team in Niagara.

Moved: Jennifer Tsang

Seconded: Jon Watson

All in Favour

E. In Camera - 6:55 p.m.

E.1 **Motion:** To move In Camera

Moved: Anne Marie DiSanto

Seconded: Jennifer Tsang

All in Favour

Carried

F. Adjournment

F.1 There being no further business, the meeting was adjourned.

Motion: To adjourn the meeting

Moved: Gail Riihimaki

All in Favour

Carried

The meeting was adjourned at 7:00 p.m.

Board moved to In Camera

Next Meeting:

Date: Thursday, April 25th 2019 @ 5:30 pm

Location: 145 Queenston Street, 2nd Floor Community Room, West Wing

Date: _____ Chairperson: _____
Rick Kennedy, Chair

Recorder: _____
Blair Hutchings, Treasurer/Secretary