

WINDSOR ESSEX COMMUNITY HEALTH CENTRE (weCHC)
BOARD OF DIRECTORS MEETING MINUTES
Wednesday May 19, 2021 5:30 – 8:30 pm
By Zoom

Present: Kathryn Hengl (Chair), William McClounie (Vice Chair), Jackie Dent (Treasurer), Clara Howitt (Secretary), Robert Fetherston, Helen Bolton, Ken Stewart, Camille Armour

Staff: Rita Taillefer (ED), Sheraz Thomas (Director Data Management & Corporate Services), Cheryl Zaffino (Director Clinical Practice, CDM Team), Sarah Sasso (Director Clinical Practice, Leamington & Quality)

Recorder: Lynn Thomson, Executive Assistant, Recorder

Quorum was achieved. Eight (8) of eight (8) Board Members were present.

- K. Hengl called the meeting to order at 5:33 p.m. and asked members to identify any conflict of interests at this time. None were declared.
- There were no requests made to “unstar” any items therefore the ‘starred’ (*) items were deemed approved or received.

* **Approval of the May 19, 2021 Agenda as presented.**

* **Approval of the March 24, 2021 Board Meeting Minutes as circulated.**

1. Presentation – Chronic Disease Management Team (C. Zaffino, K. Gallant, J. Conlon)

Food and Fitness with weCHC (Changing to Health and Fitness with weCHC)

- Zoom Programming and Segments on our website and through FaceBook were developed in April 2020 due to COVID. A gap was identified in those who do not have internet access.
- YourTV and weCHC have come together to deliver a unique approach that bridges the gap between health and wellbeing with our community members. Examples include individuals without internet access, those feeling isolated, and individuals in retirement and long-term care homes.
- Since August 10, 2020, those who subscribe to COGECO have been able to tune into YourTV on Channel 11 or HD 700 at 12:30 pm and 4:30 pm (Monday – Friday) to get their body moving with a variety of therapeutic exercises taught by weCHC Certified Senior Fitness Instructors/Registered Kinesiologists from the Chronic Disease Management team. In addition, health and wellness tips are provided from a variety of professionals (Dietitians, Social Workers, Addiction Support Workers, Physicians, NPs, Nurses, etc). on a variety of topics such as nutrition, combating loneliness, diabetes wellness and self-management programs.
- Client stories and testimonials were shared on the positive impact and outcomes of this program.

2. Chair’s Report (Reported by K. Hengl)

- No update

3. Board Liaison Report (Reported by H. Bolton)

- Alliance Resolutions for the AGM on June 15, 2021 were reviewed. A recommendation was received from the Leadership Team to support these Resolutions. There may be a minor revision in the Long Term Care Resolution #3 to support in home care workers however no concerns were raised.
- Alliance AGM Voting Authorization Form was approved by the Board for H. Bolton to vote on the recommendations from weCHC Board.

Motion: A Motion was made to support the authorization H. Bolton as Board Liaison to vote in favor of the proposed Resolutions as attached to the Minutes.

Moved: W. McClounie **Seconded:** B. McClounie No Discussion Carried

- Alliance Health Equity Charter was reviewed and provided in the Agenda Package. Approval for the Charter will be reviewed on an annual basis.

Motion: A Motion was made to support the Alliance Health Equity Charter as presented.

Moved: H. Bolton **Seconded:** C. Armour No Discussion Carried

4. Executive Director's Report (Reported by R. Taillefer)

- **Strategic Operational Work Plan 2020-2023**

The Operational Work Plan was included in the Agenda Package, reviewed and updated by Leadership on May 11, 2021. The four priorities are on or ahead of target as identified in the Work Plan to reflect the Strategic Plan. The Leadership Team continues to review/update quarterly. This will next be presented at the September Board Meeting.

- **Q4 Executive Dashboard – Quality Performance Report**

The Q4 Executive Dashboard was included in the Agenda Package. The data is now available for the first time since launching PS Suites in March. MSAA indicators for cancer screenings will be a focus going forward.

- **COVID Updates / Vaccination Clinics**

Pop Up Clinics to vaccinate those 18+ have started at Sandwich (Mondays and Tuesdays) with almost 450 clients vaccinated this week. The links to media coverage was previously sent to the Board. Street Health also did two pop up clinics which were well attended by the downtown population.

- **Site Updates:** May is Mental Health Awareness Month. Support and lunch and learns are being provided to support staff.

- **Diabetes:** No update

- **Leamington:** No update

- **Pickwick:** No update

- **Sandwich:** No update

- **Street Health:** Construction is nearing completion.

- **Teen:** No update

- **Mobile Clinic:** There is work ongoing with the migrant population. One greenhouse is building two exam rooms to enable our organization to support their workers.

- **Accreditation Update / Debrief (Reported by S. Sasso)**

- The final Accreditation Report was received with weCHC passing Accreditation. All the Leading Practices and Standards were met. Work will continue for the expanded quality framework (work has started), supervision policy (work has started) and risk management (work has started). Work is continuing to keep the quality work ongoing into the next accreditation.

- **Client Experience Survey Results for 2020 (Reported by S. Sasso)**

- A high level summary was shared with the Committee (362 surveys completed). The results were very positive. The report is attached to the minutes.

- One area of improvement is in cancer screening. This was due to the pandemic and not able to conduct routine screening. There is a plan in place once the lockdown lifts to catch up on the over due screenings. Will review days/hours of service at each location and frequency of mental health checks.

- **MSAA 2020-2021 Compliance Certificate G (Reported by S. Thomas)**

An overview of the MSAA was provided to outline what the MSAA is and what the organization needs to do to be in compliance and accountability for this Agreement. The organization is in compliance of MSAA requirements for the 2020-2021 fiscal year.

Motion: A Motion was made to accept and approve the MSAA 2020-2021 Compliance Certificate G.

- Moved:** W. McClounie **Seconded:** H. Bolton No Discussion Carried
- **Financial Approval Required from the Board**
Approval for items over Executive Director threshold (\$25k) is required to be approved by the Board. These items are necessary and are accounted for in the operational budget.

Next Dimension – Yearly Renewal Subscription licences for Microsoft Office 365 (May 18, 2021-22)

Motion: A Motion was made to approve the purchase order for Yearly Renewal Subscription licences for Microsoft Office 365 (May 18, 2021-22)

Moved: B. Fetherston **Seconded:** J. Dent No Discussion Carried

Motion: A Motion was made to receive the Executive Director's Report as presented.

Moved: C. Armour **Seconded:** C. Howitt No Discussion Carried

5. Committee Reports

Finance Committee

- The Committee last met February 17, 2021 and will meet next on June 16, 2021 with the Auditor to review year end statements / audit.
- The February 17, 2021 meeting minutes were included in the March Agenda Package (Q3 financial reports)
- Monthly Factual Certificates for March & April 2021 were attached to the Agenda Package for Information purposes. The organization continues to remain in compliance.

MONTHLY FACTUAL CERTIFICATE

To: Board of Directors
Windsor Essex Community Health Centre (weCHC)

The undersigned hereby certifies that, to the best of his/her knowledge, information and belief after due inquiry, as at March 31, 2021.

1. weCHC is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:

- All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
- Ontario Employer Health Tax;
- Harmonized Sales Tax
- Workplace Safety and Insurance Board (WSIB)

and they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.

2. weCHC is in compliance with all applicable Health and Safety legislation and all applicable Pay Equity legislation.

3. weCHC is in compliance with the requirements of the Corporations Information Act and has updated and verified its corporate public record, by submission of Form 1 within 15 days of any change to Board membership; last submission December 11th, 2020.

4. weCHC is in compliance with the requirements of the Income Tax Act, and date of last filing of form T3010, Registered Charity Information Return is September 24, 2020.

5. weCHC is providing the prescribed standard of service in the performance of its functions and following the prescribed procedures and practices in accordance with our funding agreements, as reported to the Board of Directors of weCHC through the following reports:

- Monthly Financial Report reviewed with Executive Director
- Quarterly report to MOHLTC (MIS OHRs TB) submitted: January 21, 2021
- Quarterly report to LHIN (SRI) report submitted: February 5, 2021
- Quarterly reports to Board
- Annual Reconciliation Report to Various MOHLTC Departments – August 28, 2020
- CAPS Refresh approved: March 15, 2019

Dated on the 7th day of April, 2021 in Windsor, Ontario



Rita Taillefer
Executive Director

MONTHLY FACTUAL CERTIFICATE

To: Board of Directors
Windsor Essex Community Health Centre (weCHC)

The undersigned hereby certifies that, to the best of his/her knowledge, information and belief after due inquiry, as at April 30, 2021.

1. weCHC is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
 - Ontario Employer Health Tax;
 - Harmonized Sales Tax
 - Workplace Safety and Insurance Board (WSIB)and they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. weCHC is in compliance with all applicable Health and Safety legislation and all applicable Pay Equity legislation.
3. weCHC is in compliance with the requirements of the Corporations Information Act and has updated and verified its corporate public record, by submission of Form 1 within 15 days of any change to Board membership; last submission December 11th, 2020.
4. weCHC is in compliance with the requirements of the Income Tax Act, and date of last filing of form T3010, Registered Charity Information Return is September 24, 2020.
5. weCHC is providing the prescribed standard of service in the performance of its functions and following the prescribed procedures and practices in accordance with our funding agreements, as reported to the Board of Directors of weCHC through the following reports:
 - Monthly Financial Report reviewed with Executive Director
 - Quarterly report to MOHLTC (MIS OHRS TB) submitted: January 21, 2021
 - Quarterly report to LHIN (SRI) report submitted: February 5, 2021
 - Quarterly reports to Board
 - Annual Reconciliation Report to Various MOHLTC Departments – August 28, 2020
 - CAPS Refresh approved: March 15, 2019

Dated on the 4th day of May, 2021 in Windsor, Ontario


Rita Taillefer
Executive Director

6. Governance Committee (Reported by B. Fetherston, Chair)

- The Committee met April 21, 2021 and will next meet on June 16, 2021. The minutes from the April 21, 2021 meeting were included in the Agenda package.
- **Discussion Topics:**
 - **Diversity Equity & Inclusion Training:** A proposed schedule for July was presented. There are three sessions of two hours in duration.
 - **Board Recruitment Committee:**
 - The Board Recruitment Committee interviewed candidates. Further discussion will follow during In Camera.
 - All Board Policies are currently up to date.

7. Quality Utilization and Risk Committee (Reported by H. Bolton, Chair)

- The Committee last met on April 28, 2021 and will next meet in October 2021 (meeting schedule to be finalized).
- The minutes and reports from the April 28, 2021 meeting were included in the Agenda package.
- The Q4 Incident Report Summary was reviewed – all incidents were appropriately dealt with.
- The Q4 Compliments & Complaints Summary was reviewed – no concerns identified.
- **IPAC Audit Report:** This audit is new effective January 2021 and is a quality improvement for the organization to ensure we are in compliance with IPAC standards, adhering to policies and identifying areas that may require improvement. This will be ongoing work with IPAC Committee.
- **Quality Improvement Plan (QIP):** The QIP submission continues to be on pause by Ontario Health/Quality Programs. There is a revised approach that will be shared in the coming months (once available). 2021/22 will be designed to provide organizations with flexibility to reflect where they are at with QI efforts given the pandemic, local needs, pressures and goals during

this recovery period. The current focus continues to be on urgent client needs related to the pandemic.

- **Accreditation:** The QIP submission continues to be on pause by Ontario Health/Quality Programs. There is a revised approach that will be shared in the coming months (once available). 2021/22 will be designed to provide organizations with flexibility to reflect where they are at with QI efforts given the pandemic, local needs, pressures and goals during this recovery period. The current focus continues to be on urgent client needs related to the pandemic.
- **2020 Client Experience Survey Results:** A high level summary was shared with the Committee (362 surveys completed). The results were very positive. The report was included in the Agenda Package. One area of improvement is in cancer screening. This was due to the pandemic and not able to conduct routine screening. There is a plan in place once the lockdown lifts to catch up on the over due screenings. A report has been run for the routine cancer screenings and who is due/overdue to action. The organization will review days/hours of service at each location and frequency of mental health checks.
- **JOHS:** The organization is currently undergoing an audit with Workplace Safety and Prevention Services to identify areas that require improvement to ensure safety of staff and clients. Once the final report is released a further update will be provided for improvements undertaken.
- **Privacy:** Staff underwent annual mandatory privacy training (3 hours) in April hosted by Kate Dewhirst Law. There were only 8 staff who did not attend the virtual training and will complete this through the recorded session. Two Board Members attended the training (non-mandatory for the Board) and provided positive feedback. The privacy program continues to comply with current legislation and supports staff and clients.

8. In-camera – HR/Personnel/Finance Issues

Motion: A Motion was made to move In Camera at 7:10 pm

Moved: B. Fetherston **Seconded:** H. Bolton No Discussion Carried

Motion: A Motion was made to move out of Camera and return to the regular meeting at 7:52 pm.

Moved: K. Stewart **Seconded:** C. Howitt No Discussion Carried

In Camera Items Discussed: New Board and Sub Committee Appointments as per the Motions below.

Motion: A Motion was made to appoint Justine Taylor to the Board effective July 1, 2021.

Moved: W. McClounie **Seconded:** C. Howitt No Discussion Carried

Motion: A Motion was made to appoint Alix Khanafer to the Board effective July 1, 2021.

Moved: W. McClounie **Seconded:** K. Stewart No Discussion Carried

Motion: A Motion was made to appoint Nicole Dziamarski to the QUR Committee of the Board, pending a Board position opening, effective July 1, 2021.

Moved: W. McClounie **Seconded:** C. Armour No Discussion Carried

Motion: A Motion was made to appoint Christian Janisse to the QUR Committee of the Board, pending a Board position opening, effective July 1, 2021.

Moved: W. McClounie **Seconded:** C. Armour No Discussion Carried

9. Adjournment

Motion: A Motion was made to adjourn the meeting at 7:55 pm.

Moved: W. McClounie **Seconded:** B. Fetherston No discussion Carried

The next Board Meeting will take place on Wednesday June 23, 2021, followed by the 11th Annual AGM (by Zoom).

Respectfully Submitted by Lynn Thomson

**Approved June 23, 2021
Electronically signed – meeting via Zoom**

Kathryn Hengl

Kathryn Hengl, Chair

Clara Howitt

Clara Howitt, Secretary

Lynn Thomson

Lynn Thomson, Recorder