

**WINDSOR ESSEX COMMUNITY HEALTH CENTRE (weCHC)
BOARD OF DIRECTORS MEETING MINUTES
Wednesday March 23, 2022 5:30 – 8:00 pm
By Zoom**

- Present:** William McClounie (Chair), Helen Bolton (Vice Chair), Clara Howitt (Secretary), Jackie Dent (Treasurer), Ken Stewart, Camille Armour, Justine Taylor, Alix Khanafer (joined at 6:00 pm)
- Staff:** Rita Taillefer (ED), Sheraz Thomas (Director Data Management & Corporate Services),
- Regrets:** Camille Armour
- Recorder:** Lynn Thomson, Executive Assistant, Recorder
- Guest:** Dunia Veliz, RPN

Quorum was achieved. Seven (7) of eight (8) Board Members were present.

- W. McClounie called the meeting to order at 5:38 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 March 23, 2022 Agenda as presented.**
- * **Approval of the January 26, 2022 Board Meeting Minutes as circulated.**
- * **The Land Acknowledgement Statement was read.**

1. Agricultural Farm Work (Dunia Veliz)

- The current team for agricultural Agri-Farm work is a Physician, RPN, Medical Secretary.
- Translation services are provided by
- The Team is working 2 days at farms (Greatlakes Greenhouse and Highline) and 2 clinics (Thursday evenings and all-day Sundays) at the Leamington site.
- Most clients served are migrant workers. Other clients seen range from simple infections to mental health and more serious and complex health conditions.
- Will be serving clients virtually by WhatsApp in the near future.
- A suggestion was made to regularly update OVGV and connect with the farms to let them know of the virtual services.

2. Chair’s Report (Reported by W. McClounie)

- **Purchase Orders Signed Off:**
 - ISecurity – Security Monitoring System Software Installation for 2022-23 fiscal (\$54k +GST)
 - Office 365 – Annual Licenses for the 2022-23 fiscal (\$39,360k + GST)
 - Next Dimension - Microsoft Server 2022 Data Centre 2 Core License Pack (\$31,200k + GST)
 - Midwifery Transfer Payment

3. Board Liaison Report (Reported by J. Taylor)

- Updates: The next Board Liaison meeting will be held on April 20, 2022 where the resolutions will be reviewed. The Board can submit any suggested changes by May 30, 2022.
- **The Alliance Strategic Plan:** The Strategic Plan was reviewed and discussed (included in the Agenda Package). The feedback will be submitted by the Executive Director by March 31, 2022. Three key areas are: Vision, Mission and Values – Goals and Objective – Strategic Outcomes.

Suggestions/Comments:

- Vision, Mission, Values – Should 'evidence' have been removed from "Knowledge"
- Any other comments can be submitted to J. Taylor for the completion of the survey prior to the March 31 deadline for feedback.

- **Board to Board Report – March 2022:** The Report was included in the Agenda Package

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

COVID Updates

- Although the Provincial Government has issued a Directive effective March 21, 2022 that masks were no longer mandatory, masking will still remain mandatory for staff and clients due to designated as a medical facility. Signage will be placed at the doors and on social media. Masks will be provided to anyone who does not have one.
- The Vaccination Policy is still in effect. All staff have been vaccinated and all other external staff attending on site are required to be vaccinated.

Site Updates:

- **Diabetes:** No update
- **Leamington:** No update
- **Pickwick:** No update
- **Sandwich:** No update
- **Street Health:** No update
- **Teen:** There was a recent break in at the Teen site and equipment was stolen. Additional security/safety measures are being put in place.

IT Updates:

- Board emails are not back up but have been marked as the next priority and expected to be up by the end of the week.
- Approaching the end of the work with iSecurity. There is a debrief meeting tomorrow and suggestions for moving forward. The organization will continue to work with iSecurity to strengthen and solidifying the system and infrastructure. Any suggestions made to improve security will be put in place.
- Upgrades/ security measures have taken place as follows:
 - Implementation of proactive threat monitoring (iSecurity Security Operation Centre)
 - Use of Endpoint Detection and Response solution (CrowdStrike Falcon)
 - Implementation of strict firewall permissions into and out of network (Fortinet Firewalls)
 - Migration of e-mail to the cloud and Azure (O365 Business Premium)
 - Implemented advanced e-mail anti-spam/malware security (TrendMicro Email Security)
 - Implemented multi-factor authentication for e-mail and VPN access (Authenticator Apps)
 - Upgraded all non-Microsoft Server 2019 virtual servers to current edition (Server DataCentre)
 - Implemented centralized and automated server patching (WSUS)
 - Implemented tools to remotely manage devices and automate patching (Intune)
 - Implemented active randomized local administrator password management (LAPS)
- Some staff will return to work from home one day per week based on organizational needs once all have access to VPN.

Leadership Team Updates

- Changes have been made within the team for new programs (positions) that come with funding. Due to these additional programs the current Director of Teen and Street will continue over Teen,

SAPACCY, Eating Disorders Intensive Outpatient Program (EDIOP) and the Youth Hub. A position for a Director of Street Health, Addiction Support Workers and Hep C has been posted.

- The basement at Teen will be resecured to house the Substance Abuse Program for African and Caribbean Canadian Youth (SAPACCY). Funding does come to operational this program
- In person groups are restarting in April with the Chronic Disease Team.

International Agricultural Workers (IAW)

- A proposal has been put forward to secure additional funding, which still under consideration.
- The community health workers will engage with the agricultural workers.
- A Worker Engagement Committee will be established.
- The partnership with the Migrant Community continues

High Priority Funding

- In partnership with the Health Unit, work is ongoing to meet the gaps for dentistry and sexual health.
- Partnering with Erie Shores to meet the needs of the workers to provide primary care.

Q3 Executive Dashboard

- The Q3 Dashboard was included in the Agenda package. This was reviewed and discussed. The areas noted for improvement were not unexpected and were due to COVID and inability to deliver some services during this time. Work is ongoing as part of continual quality improvement to bring the indicators to the required level.

weCHC Strategic Plan Workplan

- The Workplan was included in the agenda package. Discussion took place and noted the organization is on target with the short, medium and long term goals.

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

Moved: H. Bolton

Seconded: A. Khanafer

No Discussion

Carried

5. Committee Reports

Finance Committee (J. Dent)

- The Committee last met February 16, 2022 and will meet next on June 15, 2022. The minutes were included in the Agenda Package.

- **Monthly Factual Certificates (December 2021, January & February 2022):**

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 December 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 June 29th, 2021.
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 July 9, 2021.
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: October 15, 2021
 - Quarterly report to LHIN (SRI) report submitted: November 3, 2021
 - Quarterly reports to Board
 - Annual Reconciliation Report to Various MOHLTC Departments – June 2021
 - CAPS Refresh approved: March 15, 2019

Dated on the 11th day of January, 2022 in Windsor, Ontario



Rita Tallefer
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 January 31, 2022.

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
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 - Quarterly reports to Board
 - Annual Reconciliation Report to Various MOHLTC Departments – June 2021
 - CAPS Refresh approved: March 15, 2019

Dated on the 25 day of February, 2022 In Windsor, Ontario



Rita Tallifer
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 February 28, 2022.

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 June 29th, 2021.
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 July 9, 2021.
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 31, 2022
 - Quarterly report to LHIN (SRI) report submitted: February 10, 2022
 - Quarterly reports to Board
 - Annual Reconciliation Report to Various MOHLTC Departments – June 2021
 - CAPS Refresh approved: March 15, 2019

Dated on the 1st day of March, 2022 In Windsor, Ontario



Rita Tallifer
Executive Director

- **Q3 Variance Report**

WECHC Program Budget Variance Report For Period: Dec, 2021					
Program	Annual Budget	Year to Date Budget	Actual	Variance	Comments
CHC Core (LHIN/MOHLTC)					
Restricted					
Physicians	2,495,773	1,944,874	1,780,275	164,599	3.5 month gap replacing Halonen, Dr Mule extended leave 1 month
Non-Insured/Basic	10,000	7,500	-	7,500	
	2,505,773	1,952,374	1,780,275	172,099	
Unrestricted					
Operating	8,296,455	6,222,341	6,356,508	(134,165)	(134,165)
	8,296,455	6,222,341	6,356,508	(134,165)	
Total	10,802,228	8,174,715	8,136,783	37,934	
Dedicated Funding MOHLTC					
Nurse Practitioner-Harm Reduction Ed	202,882	152,012	152,012	(1)	
Diabetes Wellness	412,800	309,600	289,005	20,595	Grocery/Supplies 10,000
Chronic Disease M	2,318,739	1,739,054	1,877,482	61,572	reallocated -\$98,368 to operating (vacant Dietitian)
Hepatitis C Virus Ti	1,285,335	964,001	872,756	91,245	reallocated -\$47,647 to operating (vacant PSW)
Ontario Diabetes S	477,465	358,099	341,211	16,888	one time request to reallocate 10,000 to support additional NP hours
	263,400	197,550	152,934	44,646	
	4,960,421	3,720,318	3,485,370	234,948	
Other Funding					
(MCYS)	183,379	137,534	137,828	(294)	
Maryvale	86,114	64,586	64,615	(30)	
	269,493	202,120	202,443	(329)	

Unrestricted Surpluses	18,653	
Adjustments to Operating Surplus		
Revenue	209,908	Rent Depot, Third Party Billing, Program Rev
YTD Surplus/Deficit	228,561	
	-	Ontario Health
	73,410	Telus (8 months, can defer to next fiscal if necessary)
	40,000	Facilities and Safety (waiting room)
		Vain Locator
	5,000	ED Therapy consulting (J White)
	10,000	Shoes-2H (4,000 remaining from last fiscal)
	7,500	Outreach Supplies (supplies outstanding populations in need) T-Shirts,
	6,000	Mobile Unit Wrapping
	10,000	Adifl Grocery Cards-Social Prescribing-to be processed
	151,910	Total One Time
	76,651	Anticipated Surplus

- **Q3 Staff Report Summary**

- **Core Funding**

Physician Salaries: At the end of Q3, the physician compensation program ran a surplus of \$164,600 due to one physician leaving and a delay in filling the position. We anticipate ending the year in a balanced position.

Non-insured funding: This funding is for diagnostic testing for clients who, for various reasons, do not have access to OHIP. No re-allocation requests will be made as we anticipate this will be utilized due to the increasing number of uninsured clients we are seeing.

Core Operating Expenses: On December 31, 2021, there was a \$37,934 surplus in our General Operating funding. This position will be monitored and planned for to ensure no recovery by the ministry at the end of the year.

- **Designated Funding**

Nurse Practitioner - Eating Disorders: This program is on budget.

Harm Reduction Substance Abuse Program: Has a Q3 surplus of \$20,595 due to reduced operating expenses. There will be \$10,000 spent for grocery store cards and supplies for the clients.

Diabetes Wellness: Has a Q3 surplus of \$61,572. The variance will be realigned into the general budget to prevent any future surplus as the vacant Dietitian position will not be replaced.

Chronic Disease Management: Has a Q3 surplus of \$91, 245 and is functioning within its funding parameters. This is due to a realignment of staffing. If the surplus is not utilized within the program, a reallocation into global operating will be done as permitted.

Hepatitis C Virus Team: Has a Q3 surplus of \$16,000. A one-time request to reallocate \$10,000 to support addition NP hours has been made.

Ontario Diabetes Strategy: has a Q3 surplus of \$44,646 due primarily to savings from not incurring regular venue costs for classes and presentations, as these have transitioned to virtual offerings.

Summary

At the end of Q3, we are at an overall surplus of \$228,561 with firm plans to significantly utilize this surplus by the end of Q4. Surpluses will be directed to direct client care: grocery store cards to address food insecurities for all sites, bus tickets, additional dollars for shoes expanding the current Street Health Program across all sites as this has been identified as a need.

Motion: A Motion was made to accept the Finance Report as presented.

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

6. **Governance Committee (Reported by C. Howitt, Chair)**

- The Committee met February 16, 2022 and will next meet on April 20, 2022. The minutes were included in the Agenda package.
- **Governing for Health Equity – Training (through Alliance):** Registration has been completed and all Board Members should have received their log in credentials through Alliance. No Board Members have been received the log in.
- **Approval of Board Policies:** There were no Board Policies reviewed at the last meeting due to IT issues and inability to access the documents. However, the Board continues to remain on target for renewal of Policies.
- **2021 Board Committee Survey Results:** The results of the Survey were included in the Agenda package (completed by 8 of 10 Committee Members). Overall, the results were very positive and areas for improvement were noted and discussed. All Committee Members were reminded to bring forward any concerns to the Committee Chair. If the preference is, concerns can be brought forward to the Chair of Vice Chair of the Board. There was discussion about changing the survey questions for more of a qualitative than quantitative response. This survey is completed annually.

Motion: A Motion was made to accept the Governance Report as presented.

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

7. **Quality Utilization and Risk Committee (Reported by K. Stewart, Chair)**

- The Committee last met on February 23, 2022 and will next meet on April 27, 2022. The minutes were included in the Agenda Package.
- **The Quality Improvement Plan (QIP):** Memo was received with priorities for the 2022/23 submission. Although the submission is voluntary this year, weCHC will submit a QIP with a focus on:
 - Preventative Screenings: Pap, Mammogram, Colorectal
 - Do patients feel they are involved in their care; and
 - Percentage of non-palliative care patients newly dispensed an opioid within a 6-month reporting period. This is a carry over from previously years.

- **2021 Client Experience Survey Results:**

The summary of the 2021 Client Experience Survey Results was reviewed and discussed. The results were very positive, and four areas of improvement were noted as a quality improvement initiative for the organization.

- Continue to improve preventative care screening practices
- Implement same day access across sites as applicable
- Return to in person visits following Ministry of Health Guidelines
- Continue to monitor wait times for primary care and social work

- **Q3 Quarterly Incident Reports**

This report was unavailable due to the IT issues. There were no undue concerns of the incidents.

- **Q3 Quarterly Compliments and Complaints**

This report was unavailable due to the IT issues. This has been moved to an annual report as per the Accreditation recommendations.

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

Motion: A Motion was made to move In Camera at 6:45 pm.

Moved: Clara Howitt **Seconded:** Helen Bolton No Discussion Carried

Motion: A Motion was made to move Out of Camera at 7:00 pm.

Moved: J. Taylor **Seconded:** J. Dent No Discussion Carried

In Camera Items Discussed: Information sharing.

9. Any Other Business

There was no other business.

10. Adjournment

Motion: A Motion was made to adjourn the meeting at 7:05 pm.

Respectfully Submitted by Lynn Thomson

Approved May 25, 2022 (Electronically signed – meeting via Zoom)

William McClounie - Signed Electronically

W. McClounie, Chair

Clara Howitt - Signed Electronically

Clara Howitt, Secretary



Lynn Thomson, Recorder