

Agenda  
Reach Board Meeting  
Wednesday January 11<sup>th</sup>, 2017  
Location: Britannia Community Services Centre: Dinner is at 5:45PM

Mike Ma – manjit sidhu rep

Jane – introduced Henry Yuen as the financial coordinator  
Everyone did an intro to henry real quick

1. Approval of Agenda

Approved as amended

2. Review of Minutes

- Board of Directors, December 7<sup>th</sup>, 2016

Correction – sandis celebration\*\*\*

approved as amended

3. Business Arising

- Board of Directors Retreat; Agenda

colleen – there is some that cant make it – can we change the date?

jane – 9-4 on feb 11? Nope

Feb 25<sup>th</sup> ?? – just jills

Vicki farrley cant do the 18<sup>th</sup>

But if she can the 25<sup>th</sup> then yes we will change the date?

Jane - Revisiting the mission statement – and looking at a couple of different working groups

- CRU Sub Committee Report

Colleen – we met on the 4<sup>th</sup>, it was a good meeting and we put together a good plan... we agreed on the mandate which was research the issue of the PCH and report. We still tried to make it meet our mission statement,. The proposal is something that the sub committee support and try to mitigate what some of those risks would be. It was our first meeting and we are just trying to decide how to move forward. We did not look at the FFS model bc it is already well developed however the PCH needs a lot of work in order to with stand. We know we need to have a multi prong statement –

We identified 2 ideas – 1400sq to put a safe injection site and the other one was a deprescribing clinic

We also talked about inviting people to talk to the sub committee – Michael styebrook and hes familiar with PCH, the other person Vicki farrley who is a former board member of reach.

We also identified a number of other people – one is steven grey – we are trying to talkl to people about their knowledge in health care and hopefully advising us.

\*We might want to set up an advisory committee\*

Jill asked what is the best way to fund a primary care home? We also need to make sure whatever model we go with is cost effective.

Colleen was uncormfortable with the safe injection site, and I asked my sister, she said do you think it's a good idea with the environment that's around there, lots of kids around and etc...

I phoned jane and we started to brainstorm and what kind of things we would bring to the table 1. A deprescribing clinic, or really going into focus with health with a sharper look at aboriginal youth, and chronic disease management.

Jill – q- one of the things we talked about... wants to open up health care to a broader community

Colleen – at the end.. that the board will look and FFS and PCH better

Karen – time frame for the work your doing?

Colleen – we need to develop a timeline

Lloyd – wat is the best way t0o fund a PCH, we already consider ourselves a PCH.. its what we see ourselves doing. We hope that it would be a PCH... is there any situation that a FFS wouldn't be a PCH

Colleen – we have only been talking about how to fund doctors and not reach itself.... We want to be able to do more than hire doctors. And we have spoken a lot in regards to where is the ministry is in regards to the PCH... the ministry wants an indterdiciplarany status.. they haven't been able to do both things in the model.

Lloyd - do you know if the document called visioning engagement report - it was a huge survey to ask doctors... how they want to be funded...there will be a huge shakeup apparently... he will send the documents around

Ruth - are you or the collegeaus engagemend in the division

Lloyd – rita sent around some meeting where

Jim – itd be good if before the retreat there was a discussion with the ministry

Barry – why is called a “home”

Ckarend – what is driving us to make a quick decision.. is the switch between loan and mortgage etc..

Would it work if we have another sub committee to discuss the funding and financial aspects??

Solutions through vancity for better develop

Ruth – thinks that’s a great idea, we need a sub committee to the sub committee.ISS director and I had a conversation and he gave me ideas about financing...

Barb – its best monitored by the sub committee – and perhaps delegate work to this sub committee

**CRU Sub Committee appoint sub hawk and create a small group too liaison with and report to the sub committee. M/s/c**

**Karen, ruth, Barbara,**

Penny – I don’t think this is only about the CRU, its about reach as a whole.. I think there should a sub committee to just deal with a short term.

Jill – it could make your lenders anxious

Geoff – I just thought the finance committee should be doing this

Jane – a small group that lisian and report to the sub committee of short term funding

Barb – sub committee should be developing n a brief on what the proposal is and put it out to everyone

Scott - 19<sup>th</sup> we will organizing a group to go over the crisis that happening in the city

Bill – staff give advice on the 2 proposals - a meeting be held so they can advise

Colleen – doctors who is elected as the staff, come to the sub committee meeting.

Jane – upon the completeion of the report that a meeting be held with the staff to listen to their thoughts – jill – it should include all the departments. Bill – his concern is we don’t want to make a decision and

- Before or at the completiton of the report of the sub that a meeting be held direction between the \*

Barb – that the reach board delegate the sub committee

Jim – its fine with the frame work but we don't want to delegate to finish the project

Karen – if we are actually talking about making a primary care home and its all inclusive to talk about ALL of REACH. Whats the mandate of the sub committee.

Barb – it says through POSSIBLE implementation

Colleen – if there is any other board members that want to help or take some things off the sub committees hands

Jill – motion to support the direction the committee going –

Karen – proposed a sub motion

\* the board endorse the direction of the sub committee in exploring a comprehensive proposal for primary care home\* ??? barb – no

Geoff – are you wanting a business plan?

Colleen – whats your intent? All actions necessary

Barb – motion m/s/c- moved that the reach board delegate the sub commit - to fully implement all actions necessary including financial considerations to prepare a comprehensive plan for possible implementation that the board deicso of a PCH WITH ALL SPEED

#### 4. Committee Reports

- Executive and Governance: Minutes  
**Accept resignation with regret and thanks m/s/c**  
Resignation of caroline brunt – polly is the only one being in contact  
**Sandi Witherspoon get horary membership – m/s/c**  
**transition to the society act.m/s/c**

#### 8<sup>th</sup> February for next BOARD MEETING

- Outreach: Minutes  
Collen - recommend that the board mandate or arrange a forum on January 26 <sup>- withdrawn,</sup>  
looking at something in feb/march – would like a diff means of communication to members to let them know we are following through with the AGM.

- New Building: Report  
went over the move in date – went over the contingency it was 330k – **recommend to move the contingency by 260k ..**

Geoff – early to mid decemeber there was a water incident . flashing was removed .  
Sent the aritchet and project maanger take photos.. no damage..  
Trying to get a hold of the lawyer –  
Contractors took **some** responsibility over delays

Bill – was it the replacements who ordered these changes – is this the new person that came and said that...

Jim – it was the team..

Geoff - building delays have been well documented, it wasn't the individual it's the contractor...

Responsibility and communication and the info we are getting has dramatically improved. Theres a number of different weather conditions that happened  
bill – we shouldn't be liable to all these delays

Jane – raise the contingency by 260k - not in minutes

Jill – we talked about this before.. we didn't want it in the minutes

Colleen – it seems in a short period of time the budget for the building doubled. We as a board need to get a better hold of all these increase..can someone paint a picture of the increases...

Barb – at the building meetin – we asked to come together and get the contruction summary

Jill – there still hasn't changed – theres still minor changes that add to the total but the totals are the same.

Jill – nothing really has changed for the budget since we've been getting serious about this.

Barb – the actual CRU infrastructure cost – and the contingency increase.. I thought it would be helpful to have the summary before and this new one with the changes.

Jill – all this stuff will go to the finance committee

Ruth - got a change order – 194,0000 of changes there were made at somee point – asbestos? Why are eating these costs? Why wasn't it added to the beginning .. wants to look at the contract..these changing aren't our fault.

Geoff - we need to deal with these facts - and the summary changes will come forward after finance looks at it.

Contractors will come forward with the delays that are their fault.

Jane – go to the new building committee meeting and get answers to your questions.

Geoff – MMM will hopefully come to the meeting.

Penny- the costing out was poorly done in the beginning.

Karen – additional asbestos raises some flags.. some of the change orders are some are obvious.. a brief explanation of each change order would be good.. so we know the trust worthy..

Geoff – we have those documents.. and none of the change orders are just midly given a yes through.. goes through diff companies

Barb – difficulties we are facing – I think people under budgeted for things.. why did we not full on 10% contingency when its standard..

Motion about the contingency – nothing on paper

- Finance: No Report
- Human Resources: No Report
- Program Planning and Evaluation: No Report

#### 5. Executive Director's Report

Mike ma – detox facility ? our arrangement isn't going so well?pg.4

GT - The doctors are facing some uphill work to become ORT doctors.. one of the conditions is we stabilize patients.. start taking patients with the definition of “stabilize”

Karen – talking about the new physicians - pause on finding new employee so HR can go over the criteria of new physicians

Bill – corr on andy day –

Colleen – one of the screening questions we have had in the past for doctors – position on abortion.. and maybe add assisted dying? Can we tlak about it?

Arrangement with Live Care – the use of telehealth is great.. don't know anything about this company .. why are we using them? Why we contracted them? What other companies are out there?

JANE – NEXT MEETING - ASSISTED DYING? IT WILL Go through the appropriate committee

GT- explains Oscar –

Lloyd – we aren't using it only pam toor..

Ruth – **can we get more information on liveCare**

Karen – I have a problem that what im reading is diff than whats on the paper

Barb – complexities numbers Q3 – trouble believing that soe of the patients is q4..

GT – they enter the data and that data does the report on complexities

Jill – the numbers are weird..

Barb – Q2 is weird.. the avg quad is 3.9

Jill – double check the calcutlation

Ruth – candidate for new hire and negotiations are ongoing ?

GT – are interview process. Its done by counselor.. doctor... ED

Colleen – do you send a notification of – have a page up with CHC

Bill – andy day letter – think seriously about andy day, its clear in black in white what hes saying.

Barb – read this letter with deep concern – this is why I wanted to know the complexities numbers. It risks the patients of REACH that may be kicked out.

Ruth – motion - **referring this to the executive meeting m/s/c**

Jane – Danielle martin **11am- 2:45pm**- doug kelly

## 6. New Business

- Announcements

Booth – announcement - Friday – 11:00AM ... more of a community gathering at 3pm – 6pm

- Sandi Witherspoon update\*  
Still reluctant – its celebration

7. Adjournment

8. In Camera Session