Sandy Hill Community Health Centre
Centre de santé communautaire Côte-de-Sable

Board of Directors Meeting
Réunion du conseil d'administration

June 18 juin 2025

5:30 – 8:00 p.m. / 17 h 30 – 20 h 00

Hybrid Meeting / Réunion hybride

Approved Minutes / Procès-verbal approuvé

PRESENT:	Elizabeth Sanderson – Vice Chair; Karen Capen – Board Secretary; Hubert Paulmer – Treasurer; Chantal Rioux - Francophone Officer, Gaya Jayaraman, Hélène Laperriere, Aynsley Morris, Stéphanie Pelletier, Noor Hameed, and Nives Ilic.
ABSENT WITH REGRETS:	Glen Barber – Board Chair David Clements – Vice-Chair Rodney Stehr – Board Director Sonia Granzer– Board Director
STAFF GUESTS:	Robin McAndrew – Executive Director Jessica Menard and Banks Zero – Staff Representatives Kendra Jones – Director, Quality Improvement and Perf Mngt Michelle Spencer – Director of Corporate Services Katherine Soobrian – Risk Management Coordinator
OTHER GUESTS:	-
MINUTES:	Christiane Farah – Executive Coordinator

The meeting was held in person, in the Board Room, and virtually via Microsoft Teams.

	ITEM	ACTION
1.	**Verification of Quorum / Vérification du quorum** A quorum has been achieved for this meeting. / Le quorum a été atteint pour cette reunion.	**- Elizabeth Sanderson**
2.	**Declaration of Conflict / Déclaration du conflit d'intérêt** No declaration of conflict was made. / Aucune déclaration de conflit n'a été faite.	**- Elizabeth Sanderson**
3.	**Consent to Record/Transcribe the Meeting / Consentement à l'enregistrement/à la transcription de la réunion** - piloting a new feature in Microsoft Teams platform / piloter une nouvelle fonctionnalité sur la plateforme Microsoft Teams **ALL IN FAVOUR – CARRIED / TOUS EN FAVEUR ET LA MOTION EST ADOPTÉE**	**- Elizabeth Sanderson**

4.	**Approval of Agenda / Adoption de l'ordre du jour** **- Elizabeth Sanderson** *It was moved by Karen C. and seconded by Aynsley M. to approve the agenda as presented. / Il a été proposé par Karen C. et appuyé par Aynsley M. d'approuver l'ordre du jour tel que présenté.* **ALL IN FAVOUR – CARRIED / TOUS EN FAVEUR ET LA MOTION EST ADOPTÉE**
5.	**- Kendra Jones** **Client Experience Survey and Feedback / Sondage sur l'expérience client et les commentaires des clients** Kendra Jones offered a presentation on Client Experience Survey and Feedback. The presentation started with a clarification regarding the distinguishing features between the CES and client feedback. Our policy for client feedback (by a client or community member) is to make sure that feedback is responded to. • **Client Experience Survey:** ○ The survey was updated to incorporate more standardized, validated and actionable questions from key trusted sources. This includes questions that OH wants all CHC's to be asking across the province. We have also made significant efforts to expand the response base by making the questions relevant to all clients, regardless of the service they access. Also new to the survey is a link to the client feedback process. ○ Kendra presented the data from the 2024/25 CES. 187 responses for the fiscal year. With more in person completion of the surveys, we saw a more representative French population then in other years. There was a decrease in clients who identified as 2SLGBTIA+ or a gender identity other than male or female. 25% of respondents identified as being part of a racialized group, indigenous clients included. There is a high proportion of longer-term clients, however this year there is a slightly higher proportion of newer clients. ○ Equity deserving includes indigenous, racialized, newcomer to the country, 2SLGBTIA+, disability, substance abuse, low income. ○ 86% of equity deserving clients either agreed or strongly agreed that the services they received were high quality as opposed to 92% of other respondents. 74% of equity deserving respondents strongly agree or agree that they feel safe at the center vs 56% of other respondents. Clients overall feel that SHCHC is inclusive and respectful of various diverse backgrounds. Lower proportion of equity deserving respondents (85%) feel they have involvement surrounding decisions about their care vs other (94%). ○ Equity deserving groups felt they were less able to see their MD/NP (only for primary care clients) then other (67% vs 85%). Notably 25% of equity deserving respondents only marked that they were 'sometimes' able to access their MD and NP. ○ Kendra discussed possible improvements. Clients do not feel safe accessing the centre, wishes for CTS to discontinue, actively looking at long wait times on the phone, online booking and appointment reminders, more fulsome health information. ○ Approach for CES for 2025/26: Firstly, to figure out if we are asking the most relevant questions right. Secondly, do regular surveys throughout the year rather than once a year (pulse checks), which allows us to identify and address issues as they come up. Lastly, we need to figure out how we can capture the experiences of clients from all areas in the centre.

- **Client and community feedback:**
  - we had 31 submissions from the 2024/25 fiscal year and the feedback was mostly general requests. 32% of the feedback was information requests, 16% complaints and 6% compliments.
  - The themes regarding the feedback included long phone wait times, information on the website, feelings of un-safeness accessing the centre, expressing frustration around mistakes on our end.

- **Incident and accident reporting:**
  - 363 reports were documented in 2024/25. Of the total reports, 332 of them are incidents and 91% of those were reported by oasis and CTS. Within the incident reports, 152 times a 911 call was required. The highest number of incidents contained verbal aggression from a client.
  - Accidents reported were mostly of the 'other' category. Notably there were a few needle stick injuries and exposure to harmful substances.
  - Kendra mentions the evolution of the incident reporting form which is based on Centertown CHC's. The forms mimics how a paper report form might flow through the building which will be much better at extracting meaningful data. It will be used to capture client feedback as well and make it easier to close the loop.

⇨ It was suggested by Elizabeth S. to compare our numbers to other centres. / Elizabeth S. a suggéré de comparer nos chiffres à ceux des autres centres.

It was moved by Gaya J. and seconded by Karen C. to approve the report as presented. / Gaya J. a proposé, appuyé par Karen C., d'approuver le rapport tel que présenté.

6.

- Kendra Jones

Performance and Accountability Reports / Rapports sur le rendement et la reddition de comptes

Kendra Jones offered a presentation on Performance and Accountability Report.

- MSAA report:
  - We are at or within the target range for all indicators.
  - 99% for panel size. There was a slight drop in SAMI score, but this was consistent throughout the province. Despite the drop in our SAMI score, we ended up serving more clients so it was counterbalanced.
  - 86% for cervical cancer screening a little below, but still good. Kendra mentions there will be a cervical cancer working group that will determine what the cause in the dip is.
  - 83% for colorectal cancer screening, similar to last quarter.
  - 82% for interprofessional diabetes care,

7.

Risk Management Audit and Declaration of Compliance to Ontario Health East / Vérification de la gestion des risques et déclaration de conformité à Ontario Health Est

- Katherine Soobrian

Katherine Soobrian offered a presentation on the Risk Management Audit and Declaration of Compliance to Ontario Health East.

- High risk areas: Uncompetitive, salaries and recruiting and retaining staff.
- New risk: external sustainability risks (CTS extensions) which includes the uncertainty and difficulty planning.

	The presentation was well received by the board. / La présentation a été bien accueillie par le conseil d'administration. *It was moved by Helene L. and seconded by Karen C. to approve the report as presented.*
8.	**Consent Agenda / Résolutions en bloc** **- Elizabeth Sanderson** The Consent Agenda included the following items: 8.1. Approval of minutes from May 21, 2025 / Approbation du procès-verbal du 21 mai 2025 8.2. Board policies review / Revue des politiques du conseil : - Performance Evaluation of the Executive Director / Évaluation du rendement du directeur général 8.3. Board Slate for the AGM / Liste des membres du conseil d'administration pour l'assemblée générale annuelle 8.4. FY2024-2025 Q4 budget / Budget du quatrième trimestre de l'exercice financier 2024-2025 – BRF25-025-M/B 8.5. FY2024-2025 Unaudited Financial Statements / États financiers non vérifiés de l'exercice 2024-2025– BRF25-026-M/B 8.6. Auditors for FY2025-2026 and their fees / Auditeurs pour l'exercice 2025-2026 et leurs honoraires – BRF25-032 8.7. FY2024-2025 MOH ARR – BRF25-028-B 8.8. FY2024-2025 AIDS ARR – BRF25-029-B 8.9. FY2024-2025 CTS ARR – BRF25-030-B 8.10. FY2024-2025 Ministry of Health – Child and Youth Mental Health (MOH CYMH) Contract Agreement / Contrat de service du ministère de la Santé et des Services sociaux pour la santé mentale des enfants et des jeunes (MSSJ) pour l'exercice 2024-2025 8.11. Membership application / Demande d'adhésion : Harmon Pope *It was moved by Aynsley M. and seconded by Stephanie P. to approve the Consent Agenda, as presented. / Il a été proposé par Aynsley M. et appuyé par Stephanie P. d'approuver les Résolutions en bloc tels que présentés.* **ALL IN FAVOUR – CARRIED / TOUS EN FAVEUR ET LA MOTION EST ADOPTÉE**
9.	**Board Committees Reports / Business Items** 9.1. **Audit and Finance Committee (AFC) / Comité d'audit et des finances (CAF)** - Michelle Spencer briefed the board about the findings of the Auditor regarding the FY2024-2025 Audited Financial Statements (BRF25-027-B). *It was moved by Hubert P. and seconded by Aynsley M. to approve the 2024-2025 Financial Statements and Auditor's report as presented. / Il a été proposé par Hubert P. et appuyé par Aynsley M. d'approuver les états financiers 2024-2025 et le rapport du vérificateur tels que présentés.* 9.2. **Nominations and Governance Committee (NGC) / Comité des nominations et de la gouvernance (CNG)** - Board succession planning - Executive Officers succession planning: o Helene L. expressed interest in becoming Vice Chair without participating in a specific committee. o Final decision about succession planning will be taken at the special board meeting that will be held right after the AGM.

	- Additional participation on Board Committees – recommendation / - Participation supplémentaire aux comités du conseil d'administration – recommandation – BRF25-034-B: *it was moved by Karen C. and seconded by Stephanie P to approve providing clarification with regards to additional participation by community representatives on Board Committees, and amending the section on "Membership" on each Board Committee's Terms of Reference / Il a été proposé par Karen C. et appuyé par Stephanie P d'approuver la fourniture de précisions concernant la participation supplémentaire des représentants de la communauté aux comités du conseil et la modification de la section sur « Adhésion » dans le mandat de chaque comité du conseil.* 9.3. **Emerging Issues Committee (EIC) / Comité des questions émergentes (CQE)** - BRF25-039-B-Bill No. 6 / Projet de loi n° 6 – June / juin 2025: *it was moved by Chantal R. and seconded by Karen C. to approve endorsing the letter crafted by the City for All Women Initiative asking the Mayor to take action at the municipal level to protect the rights, dignity, and safety of all Ottawa residents. / il a été proposé par Chantal R. et appuyé par Karen C. d'approuver l'approbation de la lettre rédigée par l'Initiative Une ville pour toutes les femmes demandant au maire de prendre des mesures au niveau municipal pour protéger les droits, la dignité et la sécurité de tous les résidents d'Ottawa.* 9.4. **Quality and Performance Committee (QPC) / Comité de la qualité et du rendement (CQR)** Report from the Alliance Conference and AGM: - Karen C. provided a report on her attendance to the Alliance Conference **ALL IN FAVOUR – CARRIED / TOUS EN FAVEUR ET LA MOTION EST ADOPTÉE**
10.	**New Business / Nouvelles affaires** 10.1. Resignation of Board Director / Démission du membre du conseil d'administration – Rodney Stehr: The Board Chair reported that he received the resignation note of Rodney Stehr. / Le président du conseil d'administration a indiqué qu'il avait reçu la note de démission de Rodney Stehr. *It was moved by Stephanie P. and seconded by Helene L. to approve Rodney Stehr's resignation./ Il a été proposé par Stephanie P. et appuyé par Helene L. d'approuver la démission de Rodney Stehr.*
11.	**Executive Director's Report / Rapport de la directrice générale - Robin McAndrew** The Executive Director offered updates on the Centre's activities for the past month. - Exemption update: • Health Canada has extended our federal exemption under the Controlled Drugs and Substances Act, allowing the CTS to continue operating until November 30, 2025. • In its decision, Health Canada highlighted the critical public health services provided by SHCHC as well as the operational improvements we have made in response to community concerns, including increased security, expanded drop-in hours, and stronger outreach coordination. These changes have been implemented with a focus on balancing the needs of service users with the well-being of the broader community and have made meaningful impacts across the board. ○ Initial communication about the exemption renewal was issued the day following the decision. Recipients included: elected officials, the Community Liaison Committee, Action Sandy Hill, Community partners and our provincial associations (The Alliance

	and AMHO) ○ In the initial communications we emphasized that the scope of the crisis extends well beyond any single organization and calls for coordinated, system-wide responses. Consumption and treatment sites play an important role in harm reduction and public health and are just one part of a much larger continuum of care that needs continued improvement and coordination. We also expressed our appreciation for the collaborative spirit of the broader community in bringing forward constructive ideas to address shared challenges and recognition of the importance of open dialogue and are committed to listening closely to community feedback. Strengthening safety, health, and inclusion in our neighbourhood requires ongoing collaboration and shared effort – foundations of a responsive and connected community. • We are currently engaging Health Canada (the issuer of the exemption) and the Ministry of Health (the funder and accountability) to understand the current policy environment and what it will mean for our program • A follow-up meeting with Health Canada was requested to better understand expectations for sustainability and community engagement. In that meeting Health Canada advised that to secure future exemptions, the program must address funding sustainability and improve relations with the surrounding community. • A significant gap exists between current funding and the program's operational demands, as identified in an internal review. Options under consideration include reducing service hours, reorganizing services, and forming partnerships (e.g., with Inner City Health). • Initial discussions with the Ministry of Health have been positively received, with openness to creative, collaborative approaches. - Outreach Program Development: • Program development saw a delay due to uncertainty about the CTS exemption status, but is now progressing as expected • The program framework and policies are in their final stages of development. • Employees, partners and the Community Liaison Committee will be engaged for input on the territory covered and frequency of patrols (identification of hotspots, greater territory / less frequent patrols or vice versa, etc.) • A shift lead has been hired and will lead a soft launch in late June - Interprofessional Primary Care Team (IPCT) Expansion – Call for Proposals: • Indications at the time of application were that the government planned funding announcements such that work could begin in the summer. • No updates have been received to date.
12.	**Information Items / Éléments d'information** **12.1. Board Workplan – review of completion status** Elizabeth S. reviewed the 2024-2025 Board of Directors' Workplan, noting that all items scheduled for 2024-2025 have been completed and the rest are on track. **12.2. Acknowledgement of departing Board Directors and Employee Representative: Glen Barber, Dave Clements, Hubert Paulmer, Rodney Stehr, Jessica Menard** Elizabeth S. acknowledged the work of outgoing Chair Glen Barber, Directors Dave Clements, Hubert Paulmer, Rodney Stehr, and Staff Representative Jessica Menard, and thanked them

	for their contribution during their tenure.

Adjournment / Ajournement: 8:00 p.m. / 20 h 00

NEXT MEETING / Prochaine reunion – September 17 septembre 2025

Signed by: **Elizabeth Sanderson** **Position:** **Board Chair**

Signature: **Date:** **September 17, 2025**