



Kingston Community
Health Centres

Centres de santé
communautaire de Kingston

**KINGSTON COMMUNITY HEALTH CENTRES
BOARD MEETING**
Tuesday, August 26, 2025
Boardroom and virtual meeting, 263 Weller Ave.
4:30 p.m.

Present: Marc Goudie (President), Joëlle Gingras (Vice President), Alec Ross (Treasurer), Pamela Paterson (Secretary), Raymonde Degbey, Maha Othman, Anna Johnson, Michael Judd, MarieJo Cleghorn, Radha Pooran, Natalie Zhang, Catherine Isaacs, Marie-Line Jobin, Ben Gooch (CEO)

Regrets: N/A

Staff: Amanda Brown (Executive Assistant)

| | Discussion | Motion/Action |
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| 1. | Call to Order The meeting was called to order at 4:30 p.m. Marc acknowledged the Anishinaabe and Haudenosaunee First Nations Peoples, and their traditional land that KCHC is situated on. Raymonde also delivered the land acknowledgment in French. | |
| 2. | Consent Agenda & Previous Meeting Minutes Consent documents included in meeting package: 2025/08/26 Board Meeting Agenda 2025/06/17 Board Meeting Minutes The minutes for the June 17, 2025 meeting were approved as presented and signed by Pamela Paterson. Maha and Marie Jo attended the meeting at 4:32pm. | Moved by: Alec Seconded by: Anna To accept the consent agenda and June 17, 2025 meeting minutes. CARRIED |
| 3. | Conflict of Interest There were no conflicts of interest declared. | |
| 4. | Treasurer's Report Alec confirmed that all payments/remittances/bank statements for June 2025 and July 2025 are up to date, in order, and on file with the finance department. | Moved by: Alec Seconded by: Marie Jo To accept the Treasurer's report as presented. CARRIED |



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| 5. | <p><u>CEO Report</u></p> <p>Natalie attended the meeting at 4:35pm.</p> <p><u>Q1 Financial Report:</u></p> <p>The surplus presented to the Board was initially overstated because it did not fully reflect outstanding OHRDP spending commitments. After adjusting for these commitments, the actual surplus is \$399K (or 3%), which is distributed across 67 cost centres.</p> <p>There are 18 cost centres reporting deficits. All individual deficits are under \$10,000 with 7 of those being less than \$1,000.</p> <p>The CEO reported the organization's total current assets as \$15.1 million. The total current liabilities are \$6 million, resulting in a current ratio of approximately 2.51.</p> <p><u>Q1 Quality Improvement Plan: ECFAA/MSAA Report</u></p> <p>The Quality Improvement Plan (QIP) is a public commitment to improving quality, safety, and the overall experience for both clients and providers, as required under the Excellent Care for All Act (ECFAA). While submission of the QIP is mandatory, KCHC retains the flexibility to select its own performance indicators.</p> <p>For the 2025-2026 Q1 report, the selected indicators included panel size, cervical cancer screening rates, and colorectal cancer screening rates. All three indicators are currently performing within their expected corridors.</p> <p>Discussions are ongoing with Ontario Health regarding how panel size is reported. The current figures may be understated, as they exclude clients who receive care from a Nurse Practitioner in a youth shelter and children accessing the infant program (birth to age three) through "access" care. These individuals are not formally rostered and therefore are not reflected in the overall panel size.</p> | Moved by: Joëlle Seconded by: Michael To approve the 2025-2026 Q1 Financial Report as presented. CARRIED |



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| | <p>Both cervical and colorectal cancer screening rates saw a decline in 2025. This is largely due to newly rostered clients who had not previously been receiving care—and thus were not up to date with screenings. As these clients continue to receive ongoing, proactive care, screening rates are expected to improve.</p> <p><u>Annual Plan Q1 Update</u></p> <p>The CEO presented the Q1 progress update on the 13 initiatives outlined in the organization's 2025–2026 Annual Plan. A summary of these initiatives were included in the board package and shared with staff.</p> <p>Overall, the Board appreciated the clear and structured presentation. Recommendations for improvement included implementation of a traffic light colour-coded system with accompanying definitions to clearly indicate progress toward each initiative's target.</p> <p>The Board highlighted that the brief narrative outlining key activities undertaken to support each of the initiatives was helpful.</p> <p>These recommendations will be integrated into the Q2 update to better support the Board's oversight of the organization's Annual Plan implementation.</p> <p><u>Strategic Plan Update</u></p> <p>The CEO reported that the Strategic Planning process is progressing, though summer scheduling and staff vacations had presented some challenges. The next phase will involve engaging staff to gather feedback on the proposed strategic priorities.</p> <p>While the draft strategies and objectives remain largely aligned with the current Strategic Plan, one notable addition emphasizes strengthening KCHC's internal capacity to respond to emerging needs. This</p> | <p>Moved by: Marie-Line Seconded by: Joëlle To approve the Q1 2025-2026 Organizational Annual Plan as presented. CARRIED</p> |



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| | <p>includes a focus on enhancing organizational culture, increasing resources, and a focus on staff experience.</p> <p>Staff will be invited to contribute their insights and identify any gaps to ensure the updated plan reflects the needs and priorities of the organization moving forward.</p> <p>Board Education Workshop</p> <p>The Board engaged in a discussion regarding their preferences and expectations for future Board education. A survey will be distributed to gather input on topics of interest, preferred timing, and other relevant considerations. The results will help inform the planning of a tailored Board session that aligns with members' needs and priorities.</p> <p>Review of Community Engagement Event Feedback</p> <p>A summary of the feedback gathered during the June Community Engagement event was included in the Board package. The Board reviewed the findings and noted that many of the themes reflected input received in previous engagement efforts, with no substantially new insights emerging.</p> <p>The Board discussed opportunities to enhance future engagement by integrating activities into existing community events (such as movie nights or beach outings) to foster more organic participation and feedback.</p> <p>An operational plan for broader community engagement initiatives was previously presented to the board. The Board will receive regular updates as this work progresses.</p> <p>OHT Primary Care Attachment Proposal Update</p> <p>In May 2025, the OHT Primary Care Action Team issued a call for proposals focused on improving primary care attachment in specific postal code areas. In response, KCHC submitted a proposal</p> | |



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| | <p>requesting funding for additional Nurse Practitioners and a Medical Secretary, with the aim of rostering approximately 1,600 patients, with a primary focus on refugee and newcomer health.</p> <p>FLA OHT supported Maple Family Health Team to act as the lead agency for the region's EOI. Maple Family Health Team will serve as the fund holder and will be responsible for managing partnership agreements and reporting requirements.</p> <p>Of the \$11.09 million requested across the region, \$1.45 million was approved, representing approximately 10% of the original funding request. This outcome is consistent with the experience of other OHTs across the province.</p> <p>The regional attachment target is set at 3,250 to 3,575 patients over a 12-month period, with a focus on prioritizing individuals currently on the Health Care Connect waitlist.</p> <p>To support collaborative leadership the Primary Care Network and Maple Family Health Team are currently working to establish integrated care agreements to advance primary care attachment.</p> <p>SharePoint</p> <p>A dedicated SharePoint site has been created to facilitate more efficient communication and document sharing between KCHC staff and Board members. Board members are to share their preferred email address for accessing the SharePoint platform. Moving forward, this site will serve as the central location for accessing Board packages and related documents.</p> | |
| 6. | <p><u>In Camera</u></p> <p>The Board moved in-camera at 5:49 p.m. No motions were made during the in-camera session. The Board returned to the regular meeting at 6:01 p.m.</p> | |
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| 7. | <p><u>Planning & Decision Items</u></p> <p><u>2025-2026 Calendar</u> The 2025–2026 Board meeting dates were presented. The Board agreed to hold the December meeting on December 16, 2025, to avoid meeting during the holiday period.</p> <p><u>2025-2026 Workplan</u> The Board was presented with a draft of the 2025–2026 Annual Workplan, including amendments completed by Catherine. The Board approved the Workplan as amended.</p> <p><u>Program Presentations</u> A list of potential programs and presentation topics for the 2025–2026 year will be included in a survey to be distributed to the Board for feedback.</p> | Moved by: Marie-Line Seconded by: Alec To approve the 2025-2026 Annual Board Workplan as amended. CARRIED Amanda will distribute a survey to obtain feedback regarding both the organization site visits and staff presentations for 2025-2026. |
| 8. | <p>Mission Moment: Completed</p> | |
| 9. | <p>ISKA & Midtown Site Visits: Tuesday September 23, 2025 - 2:45pm ISKA / 3:30pm Midtown</p> <p>Next Board Meeting: Tuesday, September 23, 2025 - 4:30 pm</p> | |
| 10. | <p>Adjournment The meeting was adjourned by Alec at 6:11pm.</p> | Moved by Alec to close the meeting at 6:11pm. |

Signature

September 23, 2025

Date