

BOARD OF DIRECTORS MEETING

OPEN SESSION

Thursday, September 30, 2021

5:30 pm – La Verendrye General Hospital / GoToMeeting

A G E N D A

Item	Description	Page
1.	Call to Order – 5:30 pm – Indigenous Acknowledgment & Reading of the Mission Statement 1.1 Quorum 1.2 Conflict of Interest and Duty	
2.	Consent Agenda 2.1 Board Minutes – June 22, 2021 * Pg 4 2.2 Board Chair & Senior Leadership General Report – J. Ogden, H. Gauthier, J. Loveday, C. Larson, Dr. K. Eltawil* Pg 7 2.3 Governance Committee Report – J. Begg – No Report 2.4 Audit & Resources Committee Report – B. Norton * Pg 9 2.5 Quality Safety Risk Committee Report – S. Weir * Pg 12 2.6 Riverside Foundation for Health Care Report – No Report 2.7 Auxiliary Reports * Pg 14	
3.	Motion to Approve the Agenda	
4.	Patient / Resident Safety Moment	
5.	Business Arising - None	
6.	New Business 6.1 Board Member Consolidated Confidentiality, Accountability & Roles & Responsibility Statement – Annual Signing * Pg 17 6.2 National Day for Truth & Reconciliation and Orange Shirt Day	
7.	Opportunity for Public Participation	
8.	Move to In-Camera	
9.	Other Motions/Business	
10.	Date and Location of Next Meeting: October 28, 2021	
11.	Termination	

* denotes attached in board package / **denotes circulated under separate cover / *** denotes previously distributed



**BOARD OF DIRECTORS MEETING
ANTICIPATED MOTIONS – OPEN SESSION**

Tuesday September 30, 2021

3.	Motion to Approve the Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended
8.	Move to In-Camera	THAT the RHC Board of Directors move to in camera session at (time)
9.	Other Motions/Business	
11.	Termination	THAT the RHC Board of Directors meeting be terminated at (time)

Indigenous Acknowledgment:

Riverside acknowledges that the place we are meeting today is on the traditional lands of the Anishinaabeg people, within the lands of Treaty 3 Territory, as well as the home to many Métis.

Our Mission
Improving the health of every person we serve,
responding to the needs of our communities.

MISSION

VISION *Our Vision*
Innovative, high quality health care - inspired
and delivered by our team and partners.

Our Values **VALUES**
Integrity • Respect • Excellence • Growth

STRATEGIC PILLARS

Quality • Organizational Health • Partnerships • Advocacy

RIVERSIDE HEALTH CARE

**RIVERSIDE HEALTH CARE FACILITIES INC.
MINUTES
OPEN SESSION**

Date of Meeting: June 22, 2021

Time of Meeting: 5:30 pm

Location of Meeting: La Verendrye General Hospital – Board Room/GoToMeeting

PRESENT: H. Gauthier* D. Robinson* J. Ogden* B. Norton*
K. Lampi* Dr. K. Eltawil* C. Steiner* S. Weir*
*via OTN/teleconference/GoToMeeting

STAFF: J. Loveday*, B.Booth*, C. Larson*

REGRETS: J. Begg, G. Copenace, Dr. V. Patel

GUESTS: J. Evans* (Item 4.0), J. Savage* (Item 4.0)

1. CALL TO ORDER:

J. Ogden called the meeting to order at 5:33 pm. B.Booth recorded the minutes of this meeting. J. Ogden read the Indigenous Acknowledgment and the Mission Statement. Joanne welcomed everyone and reminded all of the GoToMeeting etiquette.

1.1 Quorum

Joanne shared there were 2 regrets. Quorum was present.

1.2 Conflict of Interest

No conflict of interest or duty was declared.

2. CONSENT AGENDA

The Chair asked if there were any items to be removed from the consent agenda to be discussed individually. There were no items removed.

3. MOTION TO APPROVE THE AGENDA:

It was,

MOVED BY: D. Robinson

SECONDED BY: B. Norton

THAT the Board approves the Agenda as circulated.

CARRIED.

4. Presentation – Draft Financial Statements – BDO Auditors – Jon Evans and Jeff Savage

Joanne welcomed Jon Evans and Jeff Savage, BDO Auditors, to the meeting who provided a presentation on the draft financial statements. Jon E. shared the statements were presented in detail at the Audit & Resources Committee confirming there have been no changes since that meeting. Jon E. noted the statements will be dated with today's date if approved.

Jeff provided a high level overview summary of the statements highlighting the following:

- Auditors report was reviewed in detail specifically the Auditors opinion paragraph reporting their opinion is of a clean audit.
- Jeff reviewed the material uncertainty related to the going concern paragraph. He shared the going concern was discussed with management and it was agreed to keep this in the statements.
- Statements of financial position – Jeff reviewed the accounts receivable noting this is primarily due to COVID. The Ministry funding was discussed in detail specifically the uncertainty around

this. Jon E. reported this is not unique to just RHC.

- The Cash position was reviewed; liabilities and net assets.
- Working capital surplus of the organization is approximately \$500k.
- Statement of operations; revenue and expenses and other votes (Rainycrest lands here and is the biggest portion of this) were reviewed. Jeff confirmed the surplus of roughly \$569k is primarily due to COVID.
- Jeff reviewed the going concern note and the COVID-19 Ministry of Health funding note in detail.

Joanne thanked the Auditors for their presentation.

It was,

MOVED BY: D. Robinson

SECONDED BY: K. Lampi

THAT the Board of Directors approves the 2020-21 audited financial statements, as reviewed and recommended by the Audit & Resources Committee.

CARRIED.

Jon E. and Jeff excused themselves from the meeting.

5. Patient / Resident Safety Moment

Julie shared a patient story regarding domestic violence and the lack of help and response from police which resulted in the patient coming into emergency. The patient was very angry and disappointed with the lack of response and not getting the help when needed. Once the patient was in hospital, it was discovered that she was COVID positive and was transferred to TBRHSC. This caused concern with staff; Julie confirmed precautions were taken and PPE was always abided by. When the patient was repatriated she was worried to return home. Julie shared accommodations were found for the patient until her home was put back together. Julie discussed the different supports that were put in place for this patient. After 28 days, the patient was discharged with supports in place. This story exhibits how domestic violence comes in many different ways.

Joanne thanked Julie for sharing this story.

6. BUSINESS ARISING:

There was no business arising.

7. NEW BUSINESS:

There was no new business.

8. OPPORTUNITY FOR PUBLIC PARTICIPATION

There was no public participation.

9. MOVE TO IN-CAMERA:

It was,

MOVED BY: B. Norton

SECONDED BY: K. Lampi

THAT the Board go in-camera at 6:02 pm.

CARRIED.

10. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

11. DATE AND LOCATION OF NEXT MEETING:

September 2021 (date to be determined)

12. TERMINATION:

It was,

MOVED BY: D. Robinson

THAT the meeting be terminated at 6:23 pm.

CARRIED.

Chair

Secretary/Treasurer



Board Chair, Chief of Staff & Senior Leadership Report – September 2021
Open Session

Strategic Pillars & Directions

Quality

• **COVID-19 Update**

As of September 14, 2021 Fort Frances Assessment Centre has processed 20,443 Covid-19 swabs while the Riverside Health Care Facilities lab has processed 29,033 swabs (this includes the Rainy River Assessment Centre and all inpatients at Emo, Rainy River, and LaVerendrye).

- Rapid Antigen test performed:
 - Rainy River/Emo:
 - June-213
 - July-124
 - August-52
 - Fort Frances:
 - June-896
 - July-493
 - August-113

There have been a total of 9 Covid admissions to date.

Screening tools for long term care, outpatient/visitor and staff have been updated to align with new symptoms and screening documents.

The Immunization policy has been revised to include privacy, confidentiality, rapid antigen testing and mandatory vaccination for all new Riverside employees. Staff that choose not to be vaccinated are required to complete mandatory education and every 48 hours rapid antigen testing. All new staff, including agency, will be required to be fully vaccinated.

Vaccinations					
Facilities	LaVerendrye	Rainycrest	Emo	Rainy River	Community
Staff Fully Vaccinated	84.5%	85.5%	77.8%	97.9%	84.7%
Residents Fully Vaccinated	N/A	97.7%	100%	100%	100%
Eligible Residents 3 rd Dose Vaccination	N/A	96.5%	100%	100%	Not Eligible Yet

*** Third dose is recommended five months after the second.

- **Negative Pressure Emergency Department Trauma Room**
Negative pressure has been implemented in our LaVerendrye Emergency Department trauma room, stretcher #1 & #2. This mitigates risk and ensures patient and staff safety. Staff feedback has been positive.
- **Treating United States Citizens**
Confirmation has been received from Insurance (HIROC) and legal (BLG) that Riverside is covered when providing urgent or emergent care to U.S. citizens seeking care at any of our facilities. The Chief of Staff is following up with physicians to ensure they have advanced coverage.

Organizational Health

- **Health Human Resources**
Significant health human resource shortages have become critical across the health care system at local, provincial and national levels. Currently, we are utilizing twenty one agencies to address resource challenges at all sites; these resources are coming at a cost 50+% above staffing rates. Our team at Riverside is also identifying additional rental locations that will facilitate onboarding of new agency staff to our district for an interim period. Agency staff is an interim solution, and we continue to work on more long term solutions, such as mass national advertising of job postings with the potential to advance these efforts, if unsuccessful, to foreign recruitment.
- **Managing Our Risk in Long Term Care (MoreLTC)**
Managing Obstetrical Risks Efficiently (MoreOB) has proven to be successful within Riverside. Our long term care sector team is looking to mimic this program for the long term care continuum. The first meeting of this group will occur the week of September 27, 2021.
- **Foundation Capital Campaign**
Riverside Foundation for Health Care launched the "Picture This" \$1.5 million dollar campaign to raise funds for new Diagnostic Imaging equipment for the Rainy River District. The "DI Dash" occurred on Sunday, September 12, 2021 and was well attended by 50+ participants. We have achieved 90% of our fundraising goal with only \$139,000

remaining. A special Thank You to the Foundation, Donors, and the Picture This Campaign Committee for their continued support.

Partnerships

- **GHAC**
Indigenous Care Coordinators have been on site at LaVerendrye General Hospital since June 2021 and are proving to be a valuable resource in the delivery of care. Meetings have occurred with GHAC staff and Elders regarding identifying a ceremonial space, including an invitation for Riverside representatives to attend an Elders Council meeting. The ground floor meeting room has been selected as the preferred site, and our team will continue to work with GHAC and our Indigenous communities to ensure the ceremonial space comes to fruition.
- **Surgical Program**
Regional program is progressing with urology surgical services being planned at Riverside for minor procedures. Through regional proposal submissions, funding has been secured to purchase some of the urology equipment.
- **Ontario Hospital Association Small, Rural & Northern Provincial Leadership Council**
On September 22, 2021 the Ontario Hospital Association Small, Rural & Northern Provincial Leadership Council held its fall meeting with health human resource challenges, Covid vaccine policies, long term care direct care hour increases and Covid expenses included on the agenda for discussion.

Thank you to the Clinical Services leaders for their submissions that prove to be invaluable in the preparation of this report.

Respectfully Submitted,

Joanne Ogden, Board Chair

Dr. Karim El-Tawil, Chief of Staff

Julie Loveday, Executive Vice President, Clinical Services & CNE

Carla Larson, Chief Financial Officer

Henry Gauthier, President & CEO



Audit & Resources Committee Report – September 2021

2.4.1 Financial Report – July 2021 *



Operating Revenue & Expense Summary April 1, 2021 to July 31, 2021

		2021/2022 Annual Budget	YTD Budget	YTD Actual	YTD Actual Dollars Over(Under) YTD Budget	YTD Actual Percent Over(Under) YTD Budget
Fund Type 1 - LHIN Funded - Hospital Services						
REVENUE						
LHIN - Base Funding	A-1	\$27,196,296	\$9,065,432	\$8,993,854	(\$71,578)	-0.79%
Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement	A-2	\$1,624,458	\$541,486	\$590,877	\$49,391	9.12%
LHIN - One Time Funding	A-3	\$0	\$0	\$583,179	\$583,179	0%
MOHLTC - One Time Funding	A-4	\$222,275	\$74,092	\$74,096	\$4	0.01%
Other Revenue MOHLTC - HOCC	A-5	\$508,405	\$169,468	\$169,459	(\$9)	-0.01%
Paymaster	A-6	\$0	\$0	\$0	\$0	0%
Cancer Care Ontario	A-7	\$21,788	\$7,263	\$6,713	(\$550)	-7.57%
Recoveries & Miscellaneous	A-8	\$1,485,678	\$495,226	\$590,298	\$95,072	19.20%
Amortization of Grants/Donations Equipment	A-9	\$322,327	\$107,442	\$106,378	(\$1,064)	-0.99%
OHIP Revenue & Patient Revenue from Other Payors	A-10	\$1,725,505	\$575,168	\$491,825	(\$83,343)	-14.49%
Differential & Copayment	A-11	\$970,001	\$323,334	\$271,335	(\$51,999)	-16.08%
TOTAL REVENUE	A-12	\$34,076,733	\$11,358,911	\$11,878,013	\$519,102	4.57%
Compensation - Salaries & Wages	A-13	\$18,722,471	\$6,257,922	\$6,584,841	\$326,919	5.22%
Benefit Contributions	A-14	\$5,069,685	\$1,694,525	\$1,742,988	\$48,463	2.86%
Future Benefits	A-15	\$170,100	\$56,700	\$66,367	\$9,667	17.05%
Medical Staff Remuneration	A-16	\$1,537,900	\$512,633	\$542,432	\$29,799	5.81%
Nurse Practitioner Remuneration	A-17	\$137,077	\$45,692	\$45,695	\$3	0.01%
Supplies & Other Expenses	A-18	\$5,263,114	\$1,754,371	\$1,829,951	\$75,579	4.31%
Amortization of Software Licenses & Fees	A-19	\$74,608	\$24,869	\$11,629	(\$13,240)	-53.24%
Medical/Surgical Supplies	A-20	\$735,307	\$245,102	\$323,024	\$77,922	31.79%
Drugs & Medical Gases	A-21	\$1,340,607	\$446,869	\$464,598	\$17,729	3.97%
Amortization of Equipment	A-22	\$772,441	\$257,480	\$247,645	(\$9,835)	-3.82%
Rental/Lease of Equipment	A-23	\$150,197	\$50,066	\$48,309	(\$1,757)	-3.51%
Bad Debts	A-24	\$82,000	\$27,333	\$30,000	\$2,667	9.76%
TOTAL EXPENSE	A-25	\$34,055,507	\$11,373,564	\$11,937,478	\$563,915	4.96%
SURPLUS/(DEFICIT)	A-26	\$21,226	\$7,075	(\$59,465)	(\$66,540)	-940.46%



Operating Revenue & Expense Summary April 1, 2021 to July 31, 2021

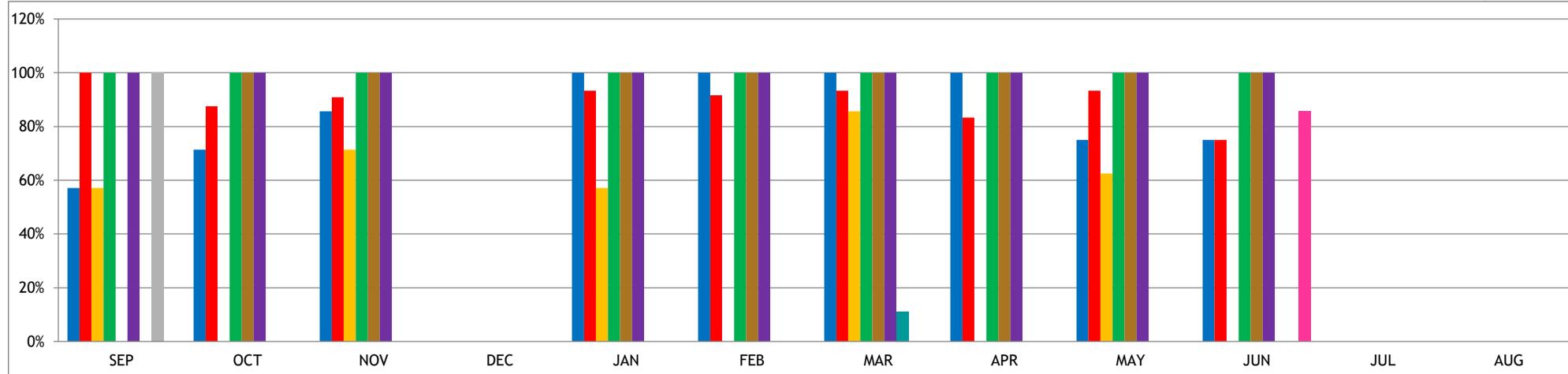
		2021/2022 Annual Budget	YTD Budget	YTD Actual	YTD Actual Dollars Over(Under) YTD Budget	YTD Actual Percent Over(Under) YTD Budget
Fund Type 2 - LHIN Funded - Counselling & Non Profit Housing Programs Mental Health - Case Management - Housing - Addictions - Problem Gambling						
TOTAL REVENUE	B-1	\$1,523,053	\$507,684	\$537,894	\$30,210	5.95%
TOTAL EXPENSE	B-2	\$1,523,053	\$507,684	\$547,582	\$39,898	7.86%
SURPLUS/(DEFICIT) - DUE To LHIN	B-3	\$0	\$0	(\$9,688)	(\$9,688)	0.00%
Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services Partner Assault Response - Family Violence						
TOTAL REVENUE	C-1	\$203,436	\$67,812	\$67,086	(\$726)	-1.07%
TOTAL EXPENSE	C-2	\$203,436	\$67,812	\$67,086	(\$726)	-1.07%
SURPLUS/(DEFICIT) - DUE To Other	C-3	\$0	\$0	\$0	\$0	0.00%
Fund Type 2 - LHIN Funded - RainyCrest Community Support Services (Home Support, Assisted Living, Adult Day, Meals on Wheels)						
TOTAL REVENUE	D-1	\$1,612,382	\$537,461	\$449,755	(\$87,706)	-16.32%
TOTAL EXPENSE	D-2	\$1,612,382	\$537,461	\$519,339	(\$18,121)	-3.37%
SURPLUS/(DEFICIT) - DUE To LHIN	D-3	\$0	\$0	(\$69,585)	(\$69,585)	0.00%
Fund Type 2 - LHIN Funded - RainyCrest Long Term Care						
TOTAL REVENUE	E-1	\$12,936,227	\$4,312,076	\$4,520,717	\$208,641	4.84%
Compensation & Benefit Contributions	E-2	\$10,604,568	\$3,544,541	\$3,582,815	\$38,274	1.08%
Supplies	E-3	\$1,259,987	\$419,996	\$468,822	\$48,826	11.63%
Service Recipient Specific Supplies	E-4	\$0	\$0	\$0	\$0	0.00%
Sundry	E-5	\$926,709	\$308,903	\$398,309	\$89,406	28.94%
Equipment	E-6	\$252,989	\$84,330	\$131,576	\$47,246	56.03%
Contracted Out	E-7	\$113,883	\$37,961	\$26,334	(\$11,627)	-30.63%
Building & Grounds	E-8	\$27,415	\$9,138	\$16,314	\$7,176	78.53%
TOTAL EXPENSE	E-9	\$13,185,551	\$4,404,868	\$4,624,170	\$219,302	4.98%
SURPLUS/(DEFICIT) including unfunded liabilities	E-10	(\$249,324)	(\$92,793)	(\$103,453)	(\$10,660)	11.49%
Less: Unfunded Future Benefits	E-11	\$0	\$0	\$51,367	\$51,367	0%
Less: Unfunded Amortization Expense	E-12	\$0	\$0	\$135	\$135	0%
SURPLUS/(DEFICIT) excluding unfunded liabilities	E-13	(\$249,324)	(\$92,793)	(\$51,951)	\$40,842	-44.01%
Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY						
		(\$228,098)	(\$85,717)	(\$111,416)		
Total Operating Margin - Hospitals & Long Term Care ONLY						
		-0.49%	-0.55%	-0.68%		



Quality, Safety, Risk Committee Report – September 2021

2.5.1 Board Quality Metrics *

BOARD OF DIRECTORS - QUALITY METRICS - 2020-2021



INDICATORS:

1. **Participation A** - # of voting board members attending board meetings monthly.
2. **Participation B** - # of voting board members attending committee meetings monthly.
3. **Reflection A** - # of completed board meeting evaluation surveys bi-monthly.
4. **Reflection B** - # of members that complete the board self-assessment questionnaire annually (June).
5. **Decision Making** - # of board decisions made by detailed briefing notes/supporting documentation done monthly.
6. **Education A** - # of education sessions at board meetings monthly.
7. **Education B** - # of board meeting agenda items related to integration, quality or strategy monthly.
8. **Composition** - # of categories in the skills based board matrix met annually (March).
9. **Compliance** - # of new directors that attend board orientation annually (Sept).

INDICATOR	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	YTD Actual	Target	Variance	Notes
1. Participation A	57%	71%	86%	#DIV/0!	100%	100%	100%	100%	75%	75%	#DIV/0!	#DIV/0!	85%	75%	10%	
2. Participation B	100%	88%	91%	#DIV/0!	93%	92%	93%	83%	93%	75%	#DIV/0!	#DIV/0!	90%	75%	15%	
3. Reflection A	57%	#DIV/0!	71%	#DIV/0!	57%	#DIV/0!	86%	#DIV/0!	63%	#DIV/0!	#DIV/0!	#DIV/0!	67%	100%	-33%	
4. Reflection B										86%			86%	100%	-14%	
5. Decision Making	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	100%	90%	10%	
6. Education A	0%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	100%	100%	0%	min of 1 session/mtg
7. Education B	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	100%	1	#DIV/0!	#DIV/0!	100%	100%	0%	min of 2 items/mtg
8. Composition							11%						11%	89%	-78%	16/18 skills to meet (**LOW DUE TO BOARD VACANCY)
9. Compliance	100%												100%	90%	10%	



Auxiliary Report – September 2021

Emo

The Emo Auxiliary held its September meeting in the cafeteria. A number of items were discussed. We are asking if the big chair and the over bed tables have arrived as we paid \$15,000 for them in June. We are not having a meeting in October as there is little to discuss.

La Verendrye General Hospital

See Attached.

Rainycrest

No Report.

Rainy River

No Report.

LaVerendrye General Hospital

Executive Minutes

Monday September 13th, 2021

ATTENDANCE VIA VIRTUAL MEETING: Holly Angus, Diane Glowasky, Susan Sieders, Marianne Kitzul, Marnie Cummings, and Cindy Noble

REGRETS: Judy Webster, Jan Beazley, Brenda Cox, Linda Plumridge, Donna Penny, Joy Lockman, Margie Gibson and Brenda Cox

Meeting was called to order at 1:05 pm. Auxiliary pledge was read by Diane Glowasky.

AGENDA: Accepted as distributed with correction of a name spelling error, Under new business

7- People not coming to meetings, 8- Picture This Campaign, 9- Square up

No conflict of interest declared

MINUTES OF PREVIOUS MEETING: Accepted as distributed.

TREASURERS REPORT: Accepted as distributed

CORRESPONDENCE: Included Invoices from Old Dutch and Webbs, HST rebate, Thank you letters from bursary recipients.

NEW BUSINESS:

1 Letter of Resignation of President: Linda Booth's letter of resignation was read and a nomination committee will be formed to fill this position.

2 Letter of Resignation of Past President: Judy Webster's letter of resignation for Past President was read but she will stay on as Patient Services and look after the baby hats.

3 Special Events Diane will check with Ruth Brockie about the new vaccine rules at the United Church. All events are on hold until we hear back.

4 Date of Monthly Executive Meetings: We will try changing our Executive meeting to the first Tuesday of the month at 6:30pm.

5 Quarter Century Recipient Recognition: Henry Gauthier has sent a letter stating that the Quarter Century Recipient Recognition Program has been cancelled indefinitely but Riverside will continue to give awards and recognize participants for 25-30 and 40 years of service.

6 Resumption of Quarterly Luncheons: Diane will report back

7 Non-Attending Members: Members will be encouraged to try to attend more meetings.

8 Picture This Campaign: Discussed how much we should donate, Diane will apply to the Trillium Fund, seeing as we have not had any fundraising events for last year and one half.

9 Square up: Will ask Linda to bring recommendations to next meeting.

OLD BUSINESS:

Facebook/Website: Holly will make sure everything is up to date.

Bursary Recipients: Marnie Cummings and Jan Beazley formed the Bursary Committee. The bursary winners for 2020-2021 are Hannah McDirmid and Ashley Payne. Congratulations to them both.

DONATION TO FOUNDATION: \$1000.00 donation to be made to the foundation in honour of Delores Fraser's years of service to the LVGHA.

MOTION: TO DONATE \$1000.00 TO THE FOUNDATION ON BEHALF OF DELORES FRASER FOR HER MANY YEARS OF SERVICE TO THE LAVERENDRY HOSPITAL AUXILIARY.

MOVED BY: MARNIE CUMMINGS SECONDED BY: HOLLY ANGUS CARRIED

LOBBY LOTTERY CHAIR: Carried over to next month

DIRECTOR AND COMMITTEE REPORTS:

Memberships and phoning: Marnie will send out Emails and letters to people to re-new their memberships for October 1st and the campaign for new members will start mid October.

Patient Services: Judy said things were going well.

Gift Shop: Susan has new products coming in and some new volunteers.

Social: Report given

Advertising: No report

Newsletter: No report

Lobby Lottery: No report

Historian: No report

Sick/Visiting: No report

Foundation: No report

ADJURNMENT:

Next meeting date Tentatively : Tuesday October 5th at 6:30pm



BOARD MEMBER CONSOLIDATED CONFIDENTIALITY, ACCOUNTABILITY AND ROLES AND RESPONSIBILITIES STATEMENT

BOARD MEMBER CONFIDENTIALITY STATEMENT

Riverside Health Care Facilities Inc. By-laws - Article 16:

"Every Director, Officer, Board committee member, member of the Medical Staff and Dental Staff and employee of the Corporation shall respect the confidentiality of matters brought before the Board, before any Board committee, or dealt with in the course of the Medical Staff or Dental Staff member's or employee's activities in connection with the Corporation, keeping in mind that unauthorized statements could adversely affect the interests of the Corporation."

Board Governance Policy GOV-I-20 – RHC Board Confidentiality Policy:

The directors owe to the corporation a duty of confidence not to disclose or discuss with another person or entity, or to use for their own purpose, confidential information concerning the business and affairs of the corporation received in their capacity as directors unless otherwise authorized by the board.

Responsibility

Every director shall ensure that no statement not authorized by the board is made by him or her to the press or public.

Confidential Matters

All matters that are the subject of closed sessions of the board are confidential until disclosed in a session of the board that is open to the public.

All matters that are before a committee or task force of the board are confidential unless they have been determined not to be confidential by the chair of the relevant committee or task force.

All matters that are the subject of a session of the board that is open to the public are not confidential.

Public/Media Statement

Notwithstanding that information disclosed or matters dealt with in a session of the board that was open to the public are not confidential, no director shall make any statement to the press or the public in his or her capacity as a director unless such statement has been authorized by the board.

BOARD MEMBER ACCOUNTABILITY STATEMENT

The Riverside Health Care Facilities Inc. Board of Directors is accountable to members of the Corporation for acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs healthcare organizations and the achievement of its mission and vision. The Directors exercise the power vested in them in good faith and honesty in order to further the purposes for which the corporation was created. They act in what they consider to be the best interests of the organization, each exercising his or her unfettered discretion in decision making; ex-officio directors fulfill the same duty to the corporation. Directors do not place themselves in a position where their personal interests conflict with those of the Corporation.

The Directors establish objectives that are within the capacity of the Corporation’s plant and resources. The board strives to maintain a balance within its medical and other staff to ensure a broad base of expertise while attaining the most efficient utilization of the facilities and resources of the Corporation.

In choosing between competing demands on scarce resources, the Board of Directors has established the following accountabilities.

To Members of the Corporation	For acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs corporations and the achievement of its mission and vision
To Patients/Clients/Residents	For safe, family-centred care and best practices
To Ministry of Health & Long-Term Care	For expenditure management compliance with policies and regulations, data quality and performance management
To Local Health Integration Network	For compliance to accountability agreements and other applicable components of the <i>Local Health System Integration Act</i>
To the Foundation	For donor stewardship and support
To Staff, Volunteers and Medical Staff	For transparent processes and CEO, Chief of Staff and Medical Advisory Committee evaluation
To Partners	For collaboration
To Communities We Serve	For advocacy, communication and expectation management

BOARD MEMBER CODE OF CONDUCT

Directors are required to engage one another and both staff and physicians in accordance with Riverside Health Care’s Vision, Mission and Values. More specifically, Directors are expected to:

1. Treat everyone with respect, compassion, dignity and fairness.
2. Respect confidentiality and privacy of all individuals and Riverside Health Care.
3. Promote inclusion by respecting different backgrounds, cultures, religions, abilities and opinions.
4. Demonstrate responsibility toward yourself, one another and the organization.
5. Communicate clearly and speak both appropriately and respectfully to each other - what and how it is said.
6. Recognize and address real, potential or perceived conflicts of interest.
7. Be aware and considerate of the time of others.
8. Do not commit or condone illegal acts.
9. Act ethically and uphold professional standards.
10. Uphold our culture of safety by reporting any concerns or violations.

WORKPLACE BULLYING, HARRASSMENT AND VIOLENCE – ORG-HRM-ERL-701

Riverside Health Care (RHC) recognizes the dignity and worth of everyone in our organization. We are committed to ensuring a work environment that is healthy, safe, secure and respectful of each individual. Each Director is subject to the Workplace Bullying, Harassment, and Violence Policy of the organization.

BOARD MEMBER ROLES & RESPONSIBILITIES STATEMENT

Responsibility of the Board:

The board is responsible for the overall governance of the affairs of Riverside Health Care Facilities Inc.

Each Director is responsible to act honestly, in good faith and in the best interests of the organization and in so doing, to support the organization in fulfilling its mission and discharging its accountabilities.

Strategic Planning and Mission, Vision and Values:

- The board participates in the formulation and adoption of the organization's mission, vision and values.
- The board ensures that the organization develops and adopts a strategic plan that is consistent with the organization's mission and values, which will enable the organization to realize its vision. The board participates in the development of, and ultimately approves the strategic plan.
- The board oversees organization operations for consistency with the strategic plan and strategic directions.
- The board receives regular briefings or progress reports on implementation of strategic directions and initiatives.
- The board ensures that its decisions are consistent with the strategic plan and the organization's mission, vision and values.
- The board annually conducts a review of the strategic plan as part of a regular annual planning cycle.

Quality and Performance Measurement and Monitoring:

- The board is responsible for establishing a process and a schedule for monitoring and assessing performance in areas of board responsibility including:
 - Fulfillment of the strategic directions in a manner consistent with the mission, vision and values
 - Oversight of management performance
 - Quality of patient care and organizational services
 - Financial conditions
 - External relations
 - Board's own effectiveness
- The board ensures that management has identified appropriate measures of performance.
- The board monitors organization and board performance against board-approved performance standards and indicators.
- The board ensures that management has plans in place to address variances from performance standards indicators, and the board oversees implementation of remediation plans.

Financial Oversight:

- The board is responsible for stewardship of financial resources including ensuring availability of, and overseeing allocation of, financial resources.
- The board approves policies for financial planning and approves the annual operating and capital budget.
- The board monitors financial performance against budget.
- The board approves investment policies and monitors compliance.
- The board ensures the accuracy of financial information through oversight of management and approval of annual audited financial statements.

- The board ensures management has put measures in place to ensure the integrity of internal controls.

Oversight of Management including Selection, Supervision and Succession Planning for the CEO and Chief of Staff:

- The board recruits and supervises the CEO by:
 - Developing and approving the CEO job description
 - Undertaking a CEO Recruitment process and selecting the CEO
 - Reviewing and approving the CEO's annual performance goals
 - Reviewing CEO performance and determining CEO compensation
- The board ensures succession planning is in place for the CEO and senior management.
- The board exercises oversight of the CEO's supervision of senior management as part of the CEO's annual review.
- The board develops a process for selection and review of the Chief of Staff and ensures the process is implemented and followed.
- The board reviews Chief of Staff performance and sets Chief of Staff compensation.
- The board develops, implements and maintains a process for the selection of department chiefs and other medical leadership positions as required under the Corporation by-laws or the Public Hospitals Act.

Risk Identification and Oversight:

- The board is responsible to be knowledgeable about risks inherent in the organizations operations and ensure that appropriate risk analysis is performed as part of board decision-making.
- The board oversees management's risk management program.
- The board ensures the appropriate programs and processes are in place to protect against risk.
- The board is responsible for identifying unusual risks to the organization for ensuring that there are plans in place to prevent and manage such risks.

Stakeholder Communication and Accountability:

- The board identifies organizational stakeholders and understands stakeholder accountability.
- The board ensures the organization appropriately communicates with stakeholders in a manner consistent with accountability to stakeholders.
- The board contributes to the maintenance of strong stakeholder relationships.
- The board performs advocacy on behalf of the organization with stakeholders where required in support of the mission, vision and values and strategic directions of the hospital.

Governance:

- The board is responsible for the quality of its own governance.
- The board establishes governance structures to facilitate the performance of the board's role and enhance individual director performance.
- The board is responsible for the recruitment of a skilled, experienced and qualified board.
- The board ensures ongoing board training and education.
- The board periodically assesses and reviews its governance through periodically evaluating board structures including board recruitment processes and board composition and size, number of committees and their Terms of Reference, processes for appointment of committee chairs, processes for appointment of board officers and other governance processes and structures.

Legal Compliance:

- The board ensures that appropriate processes are in place to ensure compliance with legal requirements.

Amendment:

- This statement may be amended by the board.

I, _____, agree to comply with the Riverside Health Care Facilities Inc. Board Confidentiality Policy, code of conduct and accountability statement.

Signature

Date

Original: 09/08
Reviewed: 09/11; 01/18, 09/18, 05/19, 09/20
Revised: 05/14, 09/18, 05/19, 10/20