# BOARD OF DIRECTORS MEETING
## OPEN SESSION

**Thursday, September 27, 2018**
5:30 pm – Hot Buffet Dinner Provided – La Verendrye General Hospital
6:00 pm – La Verendrye General Hospital – Board Room

## AGENDA

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<td>Call to Order – 6:00 pm – Reading of the Mission Statement *&lt;br&gt;1.1 Quorum&lt;br&gt;1.2 Conflict of Interest and Duty</td>
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<td>Presentation – MARSH Risk Consulting Presentation – Michele Cox &amp; Nora Constas *</td>
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<td>12.</td>
<td>Date and Location of Next Meeting: October 25, 2018 – Emo Health Centre</td>
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<td>Adjournment</td>
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* denotes attached in board package<br>**denotes circulated under separate cover<br>*** denotes previously distributed
<table>
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<tr>
<th></th>
<th>Motion to Approve the Agenda</th>
<th>THAT the RHC Board of Directors approve the Agenda as circulated/amended</th>
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<tr>
<td>10.</td>
<td>Move to In-Camera</td>
<td>THAT the RHC Board of Directors move to in camera session at (time)</td>
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<td>11.</td>
<td>Other Motions/Business</td>
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<tr>
<td>13.</td>
<td>Adjournment</td>
<td>THAT the RHC Board of Directors meeting be adjourned at (time)</td>
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Vision
To provide exceptional and compassionate health care, inspired by the people we serve, valued by our communities.

Mission
Riverside Health Care provides a high quality health care experience. We support a safe and healthy work environment where each person is valued, respected and where personal and professional growth is encouraged. Our commitment is to respond to community needs with our health system partners.

Strategic Pillars & Directions

Quality
- Delivering exceptional care
- Improved access to care
- Commitment to continuous improvement

Partnerships
- A culture that supports teamwork: inside & out
- Cooperative partnerships within our communities
- Strategic relationships with regional partners

Organizational Health
- A healthy and engaged contemporary workforce
- Timely communications with internal and external stakeholders
- Responsible use of resources
- Strong governance and leadership capacity

Values

Integrity
We value the honesty of our words and the consistency of our actions.
We are committed to the highest ethical standard in the conduct of business.

Excellence
We are committed to the pursuit of excellence.
We are committed to helping people develop.
We value learning and sharing knowledge with others.

Respect
We believe that every person deserves respect, dignity and compassion.
We value the dedication of our people working together as a team.
We value the expertise of others and opportunities to form alliances.

Growth
We are committed to being the leader and innovator in our field.
We are committed to sustainable growth.

April 2013
Session Objectives

• Review of risk landscape in Canada’s Health Care space
• Understand risk and risk management core concepts
• Discuss challenges in achieving effective ERM programs
• Connecting Strategic and Operational (RiskGap) risks
Examining the Risk Environment
A representative risk profile in the Canadian Health Care Sector

Top 5 Health Care Risks

- Disparate IT systems (internal)
- Asset obsolescence
- Disparate IT systems (external)
- Access to IT
- Harassment
- Discrimination
- Staff training / education
- Intervention
- Workplace Violence & Safety

- Ministry Funding
  - Forecasting
  - Case costing
  - Quality based procedures
  - Variance in practice

- Quality & Safety of Patient/Resident Care
  - Resource availability
    - Equipment availability
  - Staff competency
  - Legislation

- Access to Services
  - Equipment availability
  - Process inefficiency
  - Resource availability
  - Primary care availability
Defining Risk
Risk can be defined as the uncertainty of outcomes against planned objectives

**Risk**
- Event-based
  - Fire
  - Compromised birth
  - Pandemic
- Time Series
  - Attraction and retention of staff
  - Commodity prices

**Consequence**
Consequences can appear in many forms

- Patient Injury
- Reputation
- Regulatory and Legal
- Financial
- Asset Damage
- Environmental
- Continuity of Operations
Challenges in Achieving Effective ERM Programs
Lack of a Proper Plan

*Without the appropriate foundations, an ERM program is destined to fail*

- What are the objectives and desired outcomes of risk management?
- How do we define risk at Riverside Health Care?
- Who are the key stakeholders?
- What is the capability / availability of resources?
- What programs, processes, best practices, capabilities currently exist within the institution?
- How do we create a sustainable program?
- How will we ensure effective communication for risk and risk management?
Challenges in Achieving Effective ERM Programs
Linking risks to strategic objectives is critical

**Common Approaches**

**Scenario 1**
- ERM outside of strategy, no connectivity
- Risks identified, assessed and managed outside of strategic plan

**Scenario 2**
- Risks identified and assessed against strategic plan
- Retroactively linked to strategy (taking RiskGap assessment and linking them to strategic plan)

**Challenges**
- Disconnect between enterprise strategy and ERM
  - Risks not linked to success
  - Risk measures ≠ Success metrics
- Lack of accountability
  - Ownership
  - No linkage to performance

**Opportunities**
- Incorporate risk identification into strategic planning process
- Link risk management to success of strategic plan
- Create accountability at all levels – tie to performance

Risk will mean something different to stakeholders at various levels within an organization but the risks should all be related to one common set of outcomes.
Linking Strategic and Operational Risk
Objectives are different at various levels of the organization

- Risks must all tie back to strategy
- Senior leadership and Board should be aware of but not active in operational risk management
- RiskGap is part of a holistic ERM program but will not capture direct risks to strategy

**Board and Senior Leadership**
- Broad, organizational perspective
- Direct tie to strategy / strategic plan
- Small number of risks (broad categories)

**Operational Focus – RISK GAP**
- Focused perspective, process view
- Project / task based risk
- Large number of risks (detailed)
Challenges in Achieving Effective ERM Programs

Using ERM to support objective decision making – Ranking & Quantification

*We often see…*

Health and Safety

- Likelihood
- Impact

\[
\text{Risk Value} = \text{Likelihood} \times \text{Impact}
\]

**Comprehensive approach**

- Compliance
- Succession
- Attraction and retention
- Absenteeism
- Mental health
- Training and development
- Payroll
- Compensation

- Reliance on subjective analysis
- Ineffective allocation of resource / effort

**Assessed Value**

**Dependency**

**Aggregated risk value**
Challenges in Achieving Effective ERM Programs
Using ERM to support objective decision making

1. Develop Risk Appetite
   - Determine types of risks that the institution is willing to accept, including the amount of risk and consideration of key stakeholders

2. Assess Risk Against Success
   - Utilize the institution’s success measures to measure risk

3. Data Driven Analysis
   - Understand what drives risk and what underlying information exists vs. relying on high-level judgement

4. Utilize Framework for Decisions
   - Utilize elements of appetite, impact to strategy and data-driven analysis to guide decisions

Better Risk Understanding and More Objective Decision Making
- Greater comfort by Senior Leadership and Board that key decisions align with strategy and have been objectively evaluated on a risk-adjusted basis
1. CALL TO ORDER:

J. Beazley called the meeting to order at 6:00 pm. B. Booth recorded the minutes of this meeting. D. McDonald read the Mission Statement. Jan thanked Dr. Kowal for attending. Round table introductions took place.

1.1 Quorum

Jan shared there was 2 regrets. Quorum was present.

1.2 Conflict of Interest

No conflict of interest or duty was declared.

2. Presentation

Deferred to September. Jan noted this was deferred due to the AGM being held this evening as well. Jan noted if at any point people would like to go back to meetings being held on different days, please let her know.

3. Patient / Resident Safety Moment

Ted discussed a safety moment regarding Naloxone kits distributed through the Emergency department for a prevention measure. He shared fulsome discussion took place at the Ethics Committee around this being a public health program and whose mandate it falls under. Ted reported the Ethics Committee recommended supporting the Naloxone program however not becoming a distribution site as this is a preventative program.

4. CONSENT AGENDA

The Chair asked if there were any items to be removed from the consent agenda to be discussed individually. The following was removed:

- Riverside Foundation for Health Care Report

5. MOTION TO APPROVE THE AGENDA:

ADD: 8.3 Riverside Foundation for Health Care Report
6. **BUSINESS ARISING:**

There was no business arising.

7. **Quality, Safety, & Risk Strategic Discussion**

Deferred to September.

8. **NEW BUSINESS:**

8.1 **Audit & Resources Update – Financial Statements**

Craig reviewed the financial statements in detail; noting due to the change in process, Jon Evans from BDO will not be attending the AGM. Craig reported it was the auditor’s opinion that the financial statements present fairly in all material respects, the financial position of Riverside as at March 31, 2018, and the results of operations, changes in net assets and cash flows for the year ended March 31, 2018, in accordance with Canadian public sector accounting standards. Craig shared Jeff Savage led the audit with Jon Evans. The following was highlighted:

- Overall Deficit - $869,294
- Hospital Deficit - $368,402 – primarily due to the increased census (up staffing), OT, and using considerably more materials, all due to the closure to admissions at Rainycrest
- Rainycrest Deficit - $500,892 – primarily due to the closure to admissions, increased OT and sick. Craig explained the accrual accounting process.
- Discussion took place around Emo and Rainy River and Henry confirmed they stayed relatively the same.
- Henry shared La Verendrye typically staffs for 37 beds/patients however we have been staffing for well over 40 and sometimes over 60 beds/patients.
- Craig reported the auditors asked if anyone knew of any fraudulent measures and none were reported.
- Jan shared the Committee had an opportunity to meet with the auditors without management.
- Craig confirmed risk was identified regarding cash flow. Lengthy discussion took place and the Line of Credit was discussed in detail.

It was,

MOVED BY: C. Sanders SECONDED BY: D. Robinson

THAT the Board of Directors approves the 2017-18 audited financial statements, as reviewed and recommended by the Audit & Resources Committee.

CARRIED.

8.2 **Rainycrest Update**

Ted provided an updated, highlighting the following:

- Rainycrest continues to be closed to admissions. There are 35 empty beds at Rainycrest. La Verendrye has approximately 25 patients waiting to be transferred to Rainycrest.
- We requested that the MOH agree to a partial re-opening of beds at Rainycrest however this was denied.
• We are awaiting a compliance re-inspection mid-July 2018.
• The MOH showed up at Rainycrest on June 20, 2018 unannounced to do an inspection. The report is still pending.
• Discussion took place regarding Crisis 1 Designation once Rainycrest is open to admissions.

8.3 Riverside Foundation for Health Care Report

Discussion took place around item 6.10 of the Foundation minutes regarding Physician Recruitment Request specifically clarification was requested around the $34,000 flow through. Ted explained the incentive funds for staffing the emergency department through Tier 1 funding therefore $35k was received towards physician recruitment. Henry confirmed it’s an offset and cancels out. Further discussion took place regarding rental apartments and the “big brown” house owned by RHC and what these were used for. Ted provided clarification noting these are used for locum housing; further reporting we bill locums for these accommodations and they get reimbursed from Health Force Ontario.

9. OPPORTUNITY FOR PUBLIC PARTICIPATION

There was no public participation.

10. MOVE TO IN-CAMERA:

It was,

MOVED BY: S. Weir                          SECONDED BY: C. Sanders
THAT the Board go in-camera at 6:40 pm.        CARRIED.

11. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

12. DATE AND LOCATION OF NEXT MEETING:

September 2018

13. ADJOURNMENT:

It was,

MOVED BY: D. Robinson
THAT the meeting be adjourned at 8:04 pm.        CARRIED.

_______________________________  ____________________________
Chair                          Secretary/Treasurer
I trust everyone has had a terrific summer -- what great weather we have had and hopefully it will hold as we move into the fall season.

I normally have a more fulsome report; however a number of items will be updated in our In-Camera portion of the meeting under the Chair’s Report. A few other items include:

Rainycrest Update
As you are aware from our most recent public press release, Rainycrest continues to be closed to admissions, and the resignation of our Administrator is certainly a blow to the corporation and the work being done there to deal with this situation. Ted and his team are researching other options since our special meeting of the Board in August, and he will provide more information at our meeting. A summary of the most recent report will be forwarded to you when available.

Board Professional Development Topics
The one carry over topic from this past year is on Financial Literacy. Please be prepared to provide feedback on other topics you would like to see included in this year’s schedule.

Board Resignation
I was sad to receive Donna MacDonald’s resignation from the Board about a month ago. I will be meeting with her on Sept. 27 to discuss and complete an exit interview. The Governance Committee has begun discussions on a replacement.

Small, Rural & Northern Health Council
The next meeting is scheduled for Monday, September 24, 2018. I will provide an update of this teleconference at our upcoming meeting.

Paths to Prosperity - Patient-Centered Health Care
We have attached a copy of an Ontario PC White Paper that was developed in September 2012 to the In-Camera portion. As we are beginning to understand, some of the thinking from this paper may be the policy of the current PC government. I provide this as some background that may help us in our advocacy efforts moving forward.

Riverside Foundation for Health Care Fundraiser
Please note that the Foundation’s fall fundraiser is coming up on October 20, 2018. Ted has booked a table for board and senior management. Please let Brooke know if you are able to attend - we all know how important it is to support our Foundation which provides funding for many of our capital initiatives.

As always, if you have any questions or concerns, please feel free to contact me at any time.

Respectfully submitted,

Jan Beazley
Board Chair
Strategic Pillars & Directions:

Quality

• Rainycrest closure to admissions continues. This is an ongoing crisis for the entire corporation. Acute census, staff and physician frustrations are clearly evident. Engagement with the Inspection Branch of the MOHLTC, the Assistant Deputy Minister for LTC and the North West Local Health integration Network has continued following the resignation of our current Administrator Marva Griffiths. We have been given support by the ADM to seek to obtain interim management to assist in recruitment and management of the home. There is currently 26% vacancy at Rainycrest (43 empty beds) and it continues to be staffed as though there is full occupancy. Clinical staff is currently being trained on a new documentation system called Point Click Care with implementation scheduled for October 1. Compliance Plans of correction that are due/required have been submitted.

Organizational Health

• Strategic Plan advancement has been hampered by competing priorities with the RHC / Rainycrest crisis as well as the uncertainty created by the new government and unknown future role and direction with the NWLHIN. Draft plan to be shared with appropriate stakeholders for feedback as it advances.

Partnerships

• The Rainy River District West Health Hub report was submitted to the NWLHIN. Proposal for Phase 2 advancement was also submitted. As above, there is uncertainty around the provision of future Small Hospital Transformation Fund thus no news on advancement proposal.

• Sub-region Planning Meetings with the NWLHIN have been cancelled in July, August, Sept. Per the sub-region lead:
  o The NWLHIN is currently working to develop the Integrated Health Service Plan (IHSP) V 2019-2022, a three year strategy which guides decisions about health system transformation, health service delivery and funding allocations over a three-year period. The feedback from Sub-region Planning Tables has informed the development of the IHSP V. The North West LHIN is also working to clarify future directions related to the Health Services Blueprint and sub-region planning so that roles, responsibilities and expectations are clear for all system partners.
  o There has been a slowdown in activities related to sub-region planning over the summer months. This has been due to a natural slowdown in activities due to well-deserved vacations, as well as a conscious pause to review activities to date before moving forward.
  o The North West LHIN remains committed to exploring how we can better utilize Sub-region Planning Tables to advance health service planning for the population served in each of the geographic areas. The North West LHIN appreciates the feedback that stakeholders have provided to inform the IHSP V, the Health Services Blueprint and sub-region planning; including what has been working well and what needs improvement. This feedback is helping to shape the way we will do things in the next three years.
  o The North West LHIN remains committed to all current planning and transformation activities, such as Health Links, and is continuing to advance these per original timelines with system partners.
  o A webinar with all Planning Tables will be scheduled post the Board Strategic Planning on September 26; it is anticipated that it will take place the first week of October. The webinar will provide direction to the Sub-region Planning Tables that will support the advancement of further meetings in the Fall.

• Greg Rickford follow-up meeting pending.
• Attended Kenora-RR District Lab program Board of Directors Meeting in Dryden Sept 18.
  o Modernization of Community Testing initiative continues. Await results of Deloitte Report. Opportunities exist for Hospital Labs assist in provision of community testing. Costs per test to be determined and compared to OHIP fee schedule.
  o Provided education on In-Common Laboratories (ICL), a Not-for-Profit company that provides brokerage service for various lab tests. They source specific lab tests across the country. May be opportunity to provide revenue to hospital if point-of-service collections are provided for specific non-covered tests.
• Physician Recruitment and Retention Committee continues to be active.
  o Site Visits in July and August included GP anesthetist Dr. Angeleen McCollum, a married FP couple, and a 2019 GPA Resident.
  o There has been significant stabilization of the GP- A locum pool of physicians over the summer with additions of Dr. Susan Bryan, Dr. Mathew Silvaggio, Dr. Ben Hutten-Czapski. In addition, returnees
Dr. Harold Booy, Dr. JN Armstrong, Dr. Eli Chernick, Dr. Ajda El-Zabet, Dr. Angeleen McCollum, we should have the GPA schedule set through summer of 2019. Recruitment will also continue.

- David Fidler, our CCC third year learner from NOSM, is settled in community from Sept – April 2019.
- Dr. Josh Burley & Dr. Chelsea Botsford (married docs) are settled in Fort Frances as well as Dr. Lucas Keffer. All three began practice in September.
- Our ER continues to utilize approximately 50% locum services.
- We are supporting the GPA and ER Locums with housing and transportation logistics.
- We are recruiting for 3 Family Physicians and 2 GP-A’s in Fort Frances. We are recruiting for 2 Family Physicians in Emo. We have ads posted on HFO jobs for both communities, for permanent and locums.

Respectfully Submitted,

Ted Scholten
President and CEO
Strategic Pillars & Directions:

Quality

- **Pharmacy**
  - Riverside’s pharmacy has been assessed for compliance with the Ontario College of Pharmacists (OCP) and has received the OCP assessment report with required Action Plan. We are currently awaiting final results/recommendations. There are ongoing action items necessary, in order to meet the requirements for sterile and non-sterile compounding, as well as necessary infrastructure renewal to accommodate this and other process changes. Riverside, along with our Northwest counterparts, the NW LHIN, and the Ontario Hospital Association (OHA), are working with OCP to explore opportunities to address the significant capital costs required to meet the said requirements across our respective small and rural northern hospital pharmacies. Additionally, we have recruited NW Telepharmacy and LM Architects to support us in our efforts moving forward.
  
  - Hiring of a part-time Pharmacy Assistant (0.7 FTE). This approval was based on the actual work time equivalency that was being assumed by our only casual employee in the department. Workload over the past few years has continued to escalate, with increased chemotherapy demands, increased patient census, stocking of our automated Med Dispense carts and strengthened standards/requirements that are rigorously outlined and enforced by the Ontario College of Pharmacists (OCP) and associated National Association of Pharmacy Regulatory Authorities (NAPRA) standards.

- **Rainycrest-Clinical**
  - Both the Compliance Branch and the Ministry of Health and Long Term Care have audited physiotherapy services, with a final report of the audit(s), to be forthcoming. Continued collaborative work efforts have been in place to address compliance issues.
  
  - LVGH laboratory staff have attended and drawn blood on the majority of residents, for creatinine levels of (100+ residents). This is necessary to prepare, in the event of an influenza outbreak for those who are eligible to receive Tamiflu.
  
  - The Administrator, Managers of Care (Emo and Rainy River Health Centres) and interim Director of Care have been meeting once again, on programs, and policy and procedure review. Regular meetings to be scheduled on a monthly basis.
  
  - The Nursing Senior Leadership Team has been formally meeting to explore and propose a means by which we can support Rainycrest during its leadership transition(s)/vacancies, for both the short term, and while moving forward toward sustainability, as is appropriate and feasible based on respective and current work load demands.
  
  - Involvement/participation in the implementation of PointClickCare (PCC) in Long Term Care (Rainycrest, Emo and Rainy River). This has involved a review of all assessments and care plans at our three sites. The go live date is scheduled for October 1, 2018. This improved electronic system will replace GoldCare and allow for better access to critical health information, while improving and expediting decision-making. There will be less time spent documenting, which will enable staff to spend more quality time with the residents.
  
  - We were fortunate to have had a summer student through the Northern Ontario School of Medicine (NOSM) program assigned to the rehabilitation department at LVGH. This highly motivated individual proved invaluable to providing activation to our Alternative Level of Care (ALC) patients (21 confirmed to date) who are awaiting admission to a LTC bed at Rainycrest. A request has been submitted for an interim activation worker, until such time we are again reopened to admissions at Rainycrest. Additionally, the LVGH Hospital Auxiliary has been engaging with both Human Resources and Nursing Leadership. The auxiliary are offering their time to offer various activities, including reading to patients, playing piano, just to name a few. We are so fortunate to have these valued and committed volunteers offer their time and services to our patients!

- **Health System Navigator (LVGH)**
  - Development of a Mental Health Collaboration Opportunity group that includes a number of our community partners and stakeholders. Two meetings held to date.
Meeting pending to discuss and review criteria/process/protocol for admissions to the Mino Ayaa Ta Win Healing Centre, Behavioural Health Services (Fort Frances Tribal Area Health Services).

Participation on the Situation Table, Homelessness, and Human Trafficking Committee.

Certification in administering both adult and child suicide risk assessments.

Completion of course towards Bachelor of Professional Arts Degree – Human Services Major.


Positive feedback on the value-add of this role across a number of continuums. A stakeholder/partners satisfaction survey has been drafted and will be distributed in the coming weeks, as part of LHIN requirements for reporting.

**Regional Orthopaedics Program**

- Participation in Health Quality Ontario’s (HQO) Idea’s Advanced Learning Program with Hip and knee Bundled Care Project. An identified quality improvement initiative was to conduct an in-depth Patient Satisfaction Survey across the entire patient pathway/continuum. Results that will determine direct future improvements where need(s) have been identified.

- Hip and Knee Bundled Care Working group are implementing patient reported outcome measures, NACRS Lite outpatient rehabilitation data collection, e-Request enhancements to Access to Care (ATC) and case costing.

- Due to increased pressures on nursing health human resources and bed capacity, we have cancelled the last three scheduled orthopaedic surgeries for knees/hips, with October being our latest cancellation. We are taking a deeper dive into our ability to meet our designated volumes for the remainder of the calendar year. This is in the process of being finalized. Currently, cases are being redistributed to Kenora and Dryden.

**Patient Safety**


- Discussion regarding the need/importance of implementing patient safety/quality boards that are visible, comprehensive, regularly updated and available for the public at our RHC sites. This initiative will clearly and visually demonstrate our attention and commitment to quality patient/resident care and the work we are doing, in a transparent approach. Future meetings are pending.

**Organizational Health**

**Staffing – Update**

- Patient census over the summer months continued to present significant challenges in our ability to adequately staff our acute care beds, including the specialty areas, at La Verendrye General Hospital (LVGH). It is imperative to note that our current staffing model is for 28 beds. July census averaged 38-56 patients on both first and second floor nursing units, combined. Census for August ranged from 39-54 patients again, combined. September 1st-17th has averaged 34-56 patients.

- As previously recorded in Board minutes, a Business Plan has been submitted to propose and request a new staffing model to ensure that there is adequate staffing coverage in both the emergency department and inpatient units at LVGH to accommodate our patient population and care demands. Nursing management and administration have worked tirelessly to ensure daily coverage in the emergency department and on the nursing units. Senior Leadership is currently vetting the Business Plan.

- moreOb Module 6 launch on September 18, 19, 20, 2018. This valuable “TEAM” approach to best practice and quality care in obstetrics has now extended to all nursing areas, including surgical services and the emergency department at LVGH.

- A new physiotherapist has been hired for RHC and we are awaiting confirmation of a start date in early October 2018. This position will complement both our inpatient acute and LTC population requirements.

- We are finally at full staffing complement of staff at Riverside Community Counselling Services. It is intended to divert staffing resources in some capacity to Emo, with only one full time staff member available to manage an ever-increasing caseload at this location.
• **Infection Prevention and Control (IPAC)**
  - Collaborating with Staff Health and distributing a survey for staff regarding our upcoming Flu Vaccine campaign and setting up flu clinics.
  - Working on an outbreak “Tool Kit” for all sites.
  - Review of pandemic supplies and storage.
  - All Infection, Prevention and Control (IPAC) policies and procedures have been updated.

**Partnerships**

• **Health Services - Inclusive**
  - Regional Orthopaedics Steering Committee
  - Riverside has entered into an interim contractual agreement with Atikokan General Hospital for laboratory management services.
  - Fort Frances Tribal Area Health Services (FFTAHS) contract for reprocessing that has been expanded to include dental instruments
  - Contract renewal with the Northwest Catholic Separate School Board for Speech/Language Pathology (SLP) services.
  - Discussions with Cancer Care Ontario (CCO) regarding oral chemotherapy administration, as this is currently unfunded for hospitals. Future meeting(s) pending to advance this conversation.
  - Monies received for offloading devices through NW LHIN initiative
  - Communications to the NW LHIN regarding status of proposals for base funded, Assess and Restore funding and one time Transitional funding, to assist with admissions to Rainycrest, once reopened to admissions.
  - Meeting with Gizzy regarding an opportunity to partner in regard to Sexual Assault services and support(s).
  - Palliative Care Committee meeting held and Journey Mapping completed with community partners.
  - Collaboration with the NW Public Health Unit regarding communicable disease surveillance, outbreak and reportable disease follow up (i.e. Group A Strep, and STD’s).
  - Meeting with counterpart in Atikokan to discuss opportunities for collaboration and support of our respective hospitals.
  - Conference call with Crisis Response Services to review process/protocols for mandates, referrals and follow up.

Thank you to the entire Health Services team for their hard work every day, and valuable input in the preparation of this report.

Respectfully submitted,

Lori Maki  
Vice President, Health Services and CNE
Update provided for July and August 2018

**Strategic Pillars & Directions:**

**Quality**
- MOH&LTC inspection in July - follow up to previous orders. Reissued 4 follow up orders, and 1 new order related to Financial, and 1 to CIS reporting. Of the 4 follow up orders, some components of the orders were met. In most instances only one item was not completely met. Reissues were due to observations of lifts and transfers, treatments, toileting routines. A revised action plan was completed, and follow up is in progress. There are several compliance dates between the period of September and November 1, 2018. The home remains closed to admissions.
- Unadjusted CIHI CMI scores for the first quarter (April to June 2018) is 1.1926. If we continue on this trend, our base funding will increase in our 2019 year.
- Implementation of Point Click Care is in progress with a “Go Live” date of October 1st, 2018.
- Current occupancy is 121 beds; from 164 (43 beds unoccupied).

**Organizational Health**

2018 Occupancy Report for the month of July:
- Rainycrest: MTD YTD
  - Basic Beds: 87.69% 80.05.06% (Occupancy Target: 97%)
  - Interim Beds: 97.25% 83.33% (Occupancy Target: 90%)
  - Convalescent Beds: 26.30% 00.00% (Occupancy Target: 80%)
  - Respite Beds: 14.76% 00.00% (Occupancy Target: 50%)

Occupancy target significantly reduced due to closure of admissions as per Director’s Orders. Overall occupancy YTD- 85.72%.
- Staff recruitment ongoing for HCA’s, RN’s, RPN’s, Housekeeping, Activation, and Dietary.
- Nurse Practitioner hired effective August 2018.
- DOC, ADOC resigned August 2018.
- Acting DOC is in place.

**Partnerships**
- In partnership with Confederation College our “Living PSW Classroom” will commence September 5th, 2018. 11 Students participating in program.
- Women’s Auxiliary has approved purchase of 2 Sara Flex Sit to Stand lifts for the home. Currently in place.

Thanks to the management team for providing information on their departments for this report.

Respectfully Submitted,

Marva Griffiths
Administrator
Chief of Staff Report:

Hospital Inpatients
Summer was busy from a hospital perspective. We continue to struggle with the number of inpatients and the number of medical staff available to care for them. Holiday time in the summer compounds this problem. Although physicians try to space out their holiday time, there continues to be a high volume of inpatients for those who are trying to maintain their own case load, plus cover for others. This creates “pockets” of time when we are balancing on the cusp of crisis situations. This summer we anticipated times when inpatient caseloads would be exceptionally high for physicians based on scheduled holiday time. Some physicians were able to adjust their clinics in advance to allow for this. Despite this, it was reported to me on several occasions that some physicians were “maxed out” and unable to accommodate any further admissions. Dr. Algie has officially resigned from inpatients and Dr. Moorhouse is expected to do so as of Dec. 2018. We have recruited 3 new physicians who will be doing inpatients: Josh Burley, Chelsea Botsford and Lucas Keffer. It is my estimate that we will end up status quo as both Dr. Algie and Dr. Moorhouse usually carry high inpatient loads. Dr. Algie has indicated that he will continue to do some MRP weekend coverage and Dr. Moorhouse has offered to help with inpatient loads when we are in crisis situations.

Rainycrest LTC
Our LTC crisis situation continues with the Rainycrest ongoing closure. There are currently estimated to be 43 empty beds at Rainycrest and over 20 patients admitted to LaVerendrye Hospital waiting for beds at Rainycrest. This is taxing all of our staff from housekeeping to nursing care to physician coverage. There is growing concern among medical staff regarding resolution of the current problem. CEO, Ted Scholten debriefed the medical staff to keep them informed at our last MAC meeting on Sept. 11, 2018. There was some concern brought forward by physicians regarding a lack of contingency plan when the crisis worsens. Heading into flu season, it is anticipated that the current situation with beds and staff will significantly worsen over the next few months. Physicians would like a plan in place for when this occurs so we can be prepared and properly divert patients. It was proposed that we start looking at options such as having applications extend to other LTC facilities in the surrounding region. It was generally agreed upon at the MAC meeting that keeping our ER department flowing was of utmost importance, especially with anticipated flu outbreaks.

Emergency Room
Our ER Department continued to rely on high locum coverage during the summer months. We anticipate this will improve with the addition of 2 new physicians who are doing ER here in Fort Frances (Josh Burley and Lucas Keffer). The majority of our complaints continue to be generated through the ER department. There are likely several factors contributing to this, including high locum coverage, high ER volumes causing longer wait times, increasing complexity of cases and higher number of admissions and transfers.

Orthopedics
Orthopedic surgeries have been cancelled during the duration of the summer and continue on into the Fall. This is in response to lack of hospital beds and staffing to support this program during our current bed crisis with Rainycrest LTC’s continued closure. Cancellation of this program on an indefinite basis is detrimental to both the hospital and our community. Having visiting specialists in our community increases our ability to provide enhanced local care for our residents. Our local surgeons have indicated that they have worked out a system so that they can still function with smaller cases (scopes) while orthopedics is here. Unfortunately we have not had an opportunity to put this to the test yet as orthopedics remains cancelled at this time. It has also been noted that staffing would potentially be an issue if all surgery suites were in use at the same time. Anesthesia would also be a potential issue. Dr. Nugent indicates that the regular anesthesia schedule is full with complete coverage until January 2019.

Diagnostic Imaging
It has been discussed that we are losing one of our long time Ultrasound technicians this month. We are not exactly sure on the details of this but we anticipate this to be a great loss to the department, especially considering that one of the other Ultrasound technicians is currently on maternity leave. Medical staff have commented on the increased wait times for ultrasound and are uneasy about how this will affect inpatient and ER care.

Medical Learners
We have had a steady flow of medical learners over the summer, including medical students from all years and residents. All medical staff have been working hard to enhance learner’s experiences in Fort Frances. This seems to be paying off with lots of learners returning to FT for further rotations and electives. Recently we have been successful in recruiting several physicians from this area who had done rotations/electives here in Fort Frances during their training. Dr. Ruppenstein has been working hard to ensure that we make it clear across the region that Fort Frances is a learning hub for medical students and residents and flexible to accommodating schedules and learning objectives.
Respectfully submitted,
Dr. M. Kowal
Chief of Staff

President of the Joint Medical Staff Report:

The Joint Medical Staff met on September 17, 2018. We welcomed 3 new physicians to Fort Frances: Dr. Chelsea Botsford, Dr. Joshua Burley, and Dr. Lucas Keffer. Their arrival is very timely with the complete retirement of Dr. Algie and the anticipated closure of the private practice of Dr. Cam Moorhouse.

The medical staff is extremely concerned about the lack of progress in regards to ongoing closure of Rainycrest LTC and the continuing burden of ALC patients awaiting placement in LTC. This situation is contributing to work stress (burnout) in the front line staff, especially nursing. As the board is aware, 3 Orthopedic weeks have been cancelled due to lack of beds/staff due to the overflow on the second floor of LVGH. This has resulted in lost revenue to the corporation as well as additional costs to the patients who had to travel to other communities for their surgery, which could have happened in Fort Frances. Today (Sept 18, 2018) there were 3 admitted patients in the Emergency Room waiting for a bed on the Acute Care ward. We have just gone through the summer, which typically has a low census, but winter is coming with influenza, and generally a higher burden of disease. We have nowhere to put these patients.

The excessive number of ALC patients on the Acute Care Ward is also a deterrent to recruiting of physicians and may lead to the earlier departure of those that are here.

Pressure has to be put on people who have the power to resolve this issue. In the meantime, one option would be to have every patient waiting for LTC to apply to a bed elsewhere in the province or quite frankly, wait at home with support from their family. Accepting applications to Rainycrest is futile.

We will be forwarding these same concerns to the NW LHIN, directly to the Ministry Of Health and our MPP.

Respectfully submitted,
Dr. L. Jenks
President of the Joint Medical Staff
4.8.1 Terms of Reference *

4.8.2 Governance Committee Work plan *

4.8.3 Governance Policy Review Schedule *

4.8.4 2017-2018 Board Professional Development Update *

4.8.5 Board Role, Responsibility & Accountability Consolidated Statement *

4.8.6 FIPPA Delegation of Authority *
MANDATE:
To ensure the continued accountability of the Board Directors. This will be achieved through designing and recommending policy to the Board on matters relating to Board effectiveness: Board development; Board structures; Board recruitment, Board Self-evaluation and retention policies and governance practices to continually improve Board performance. The committee shall serve as an executive committee in matters of Board urgency - exercising the full powers of the Board and reporting its actions at the next meeting of the Board.

TERMS OF REFERENCE:
The role of the Board Governance Committee is to ensure the continued accountability of the Board of Directors. Key elements include:

- Board Structure
- Board Effectiveness
- Board Development and Education
- Governance Procedures
- Board Evaluations
  - Board Committees
  - Board Chair

POLICY AGENDA:

Board Structure
- Board process & meeting format - openness to public/media
- Advisory Committees to the Board (community, employee, professional)
- Corporation members on standing hospital committees
- Conjoint meetings with hospital management and staff - planning/information
- Review and make recommendations to the Board concerning board composition, board size, board structure, governance policies, and by-law amendments.

Board Effectiveness
- Outline of Roles / Expectations for Board Chair, Board Members
- Powers of Committees versus powers of the Board
- Definition of management versus governance
- Process and development of Board Workplan and recommend to the Board
- Establish and implement an Evaluation framework to monitor and measure success of individual board members, the board as a whole, Board Chair, Board
Committees and Committee Chairs

- Exit Interviews
- Governing Body Standards & Philosophy
- Risk Management - To address such items as: Items respecting public trust and legal proceedings, insurance, & reputational risk
- Executive Management
- Quarterly Accreditation Update
- Quarterly Risk Management Reports - focus on demonstrating public trust
- Monitor the Board of Directors performance as it relates to expectations of government, public, and Accreditation bodies
- Establish Board Evaluation Protocol and Metrics to conduct on-going evaluations of the Board's effectiveness as it relates to its structure, attendance, processes, and goal attainment

Board Development

- Orientation process for new board members
- Budget for board professional development activities
- Process for identifying information requirements
- Continuous Quality Improvement of board processes
- Oversee board education to ensure board receives periodic education on governance, industry issues and the organization's operations
- Methods to attract and identify board member skills and characteristics
- Board member recruitment and selection methods
- Nominations
- Recommend for approval Board orientation and development plans
- Organize, with the input of the CEO and Chair, the Board's annual retreat.

Governance Procedures

- Ensure a strategic planning process is undertaken with Board involvement and eventual approval by the board
- Manage the budget assigned to the Board of Directors
- Review and recommend revisions to the Corporate By-Laws at regular intervals
- Recommend to the Board strategies to deal with intra-hospital and other Board-to-Board relationships across the community
- Liaise with the Local Health Integration Network (LHIN)
- Develop a process to oversee performance & compensation of President & Chief Executive Officer and Chief of Staff, and report to the Board
- Oversee Chief Executive Officer recruitment, selection and succession planning
- Review and recommend to the Board, the CEO's annual objectives
- Provide advice and support to the Chair, CEO and Committee Chairs as required

Board Chair

- Ensure succession planning for the office of board chair
- Oversee and implement the Board's process for selecting a board chair and recommend an individual for election by the board as Chair; and
- Make recommendations to the board for Vice-Chairs and other board officers
Board Committees

- Ensure periodic review and evaluation of committee performance and terms of reference, and make recommendations to the board as required, and
- Recommend to the Board, with the input of the Chair, nominees for all board committees and committee chairs.

Administrative Lead
Chief Executive Officer

Administrative Support
Senior Management member as required.

Meetings
Quarterly and as required

Committee Composition
Board Chair
Board Vice-Chair
Board Secretary-Treasurer
Chief of Staff
Three (3) directors to ensure composition includes a representative from each catchment area, wherever possible

Reviewed: 09/03; 07/06; 09/09; 11/15, 09/16, 09/17, 09/18
Revised: 05/08, 09/16
# Annual Reporting Schedule - Workplan for 2018-19

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# Governance Policy Review Schedule

As at August 2018

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<td>Section 2: Workplace of Choice</td>
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<tr>
<td>Vik Nowak</td>
<td>North West Local Health Integration Network (NW LHIN) Update</td>
<td>LVGH</td>
</tr>
<tr>
<td>07-May-18</td>
<td>Doug Robinson Rural &amp; Northern Health Care Leadership OHA Conference</td>
<td>Toronto</td>
</tr>
<tr>
<td></td>
<td>Joanne Ogden Rural &amp; Northern Health Care Leadership OHA Conference</td>
<td>Toronto</td>
</tr>
<tr>
<td>10-May-18</td>
<td>Joanne Ogden Advanced Board Program for Health Care Sector</td>
<td>Toronto</td>
</tr>
<tr>
<td></td>
<td>Cindy McKinnon Advanced Board Program for Health Care Sector</td>
<td>Toronto</td>
</tr>
</tbody>
</table>
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, member of the medical and dental and employee of the Corporation shall respect the confidentiality of matters brought before the Board, keeping in mind that unauthorized statements could adversely affect the interests of the Corporation."

Board Administration Policy BA-I-80 - Confidentiality:

“Patient/client

The Corporation recognizes the individual's right to privacy in relation to health information.

All employees who handle and have direct or indirect access to health information and records related to an identified individual must keep that information in the strictest confidence.

Corporate

The affairs of the Corporation and its employees are confidential and any information coming to the attention of individuals either through their work or by chance must not be discussed with or released to unauthorized individuals.

Breach of confidentiality is considered a serious offence and will result in disciplinary action with possible suspension or dismissal from employment.

Specific guidelines relating to release of health information to authorized individuals are documented in the respective Administrative and Departmental Policies.”

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 hospitals 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 |

Board of Directors - Open Session

September 27, 2018

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<table>
<thead>
<tr>
<th>Recipient</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Ministry of Health &amp; Long-Term Care</td>
<td>For expenditure management compliance with policies and regulations, data quality and performance management</td>
</tr>
<tr>
<td>To Local Health Integration Network</td>
<td>For compliance to accountability agreements and other applicable components of the <em>Local Health System Integration Act</em></td>
</tr>
<tr>
<td>To the Foundation</td>
<td>For donor stewardship and support</td>
</tr>
<tr>
<td>To Staff, Volunteers and Medical Staff</td>
<td>For transparent processes and CEO, Chief of Staff and Medical Advisory Committee evaluation</td>
</tr>
<tr>
<td>To Partners</td>
<td>For collaboration</td>
</tr>
<tr>
<td>To Communities We Serve</td>
<td>For advocacy, communication and expectation management</td>
</tr>
</tbody>
</table>

**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 hospital 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 hospital 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 hospital 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. confidentiality policy and accountability statement.

______________________________   ____________________________
Signature                           Date

Original: 09/08
Reviewed: 09/11; 01/18
Revised: 05/14
BRIEFING NOTE

TO: RHC Governance Committee

FROM: Ted Scholten

DATE: September 6, 2018

RE: Freedom of Information and Protection of Privacy Act (FIPPA) Delegation of Authority

SUMMARY

- Pursuant to FIPPA, the Board Chair of a public hospital is accountable for most of the hospital's decisions under the Act. The Board Chair also bears the responsibility for overseeing the administration of FIPPA within that hospital. While the Board Chair is ultimately accountable, FIPPA permits the Board Chair to delegate (a) the authority to exercise his or her powers under FIPPA, and (b) the responsibility for carrying out the duties imposed on the Board Chair by FIPPA.

- Delegation means empowering an officer so that he or she has control over how a duty is carried out or whether and how a power is exercised. Delegation can be made to one or more officers of the hospital. Once delegated, the Board Chair need not be involved in any later decision to exercise a delegated power or undertake a delegated duty. The main compliance activity under FIPPA focuses on the annual report RHC submits to the Office of the Information and Privacy Commissioner of Ontario. This activity is identified in the annual Governance Work Plan.

- Noteworthy is that this is an exception with regards to the statement “the CEO is the Board’s only employee.”

RECOMMENDATION

THAT the Governance Committee recommend to the Riverside Health Care Board of Directors approval of the delegation of authority from the Board Chair to the Quality Safety Risk Management & Privacy Coordinator for fiscal year 2018-19.

Ted Scholten
4.9.1 August Financial Report *
## Operating Revenue & Expense Summary
### April 1, 2018 to August 31, 2018

### Fund Type 1 - LHIN Funded - Hospital Services

<table>
<thead>
<tr>
<th>Revenue/Expense Category</th>
<th>2017/2018 Annual Budget</th>
<th>YTD Budget</th>
<th>YTD Actual</th>
<th>YTD Actual Dollars Over(Under) YTD Budget</th>
<th>YTD Actual Percent Over(Under) YTD Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>LHIN - Base Funding A-1</td>
<td>$25,278,648</td>
<td>$10,532,770</td>
<td>$10,415,393</td>
<td>($117,377)</td>
<td>-1.11%</td>
</tr>
<tr>
<td>QB Funding A-2</td>
<td>$590,413</td>
<td>$246,005</td>
<td>$91,992</td>
<td>($154,013)</td>
<td>-62.61%</td>
</tr>
<tr>
<td>LHIN - One Time Funding A-3</td>
<td>$108,000</td>
<td>$45,000</td>
<td>$115,034</td>
<td>$70,034</td>
<td>155.63%</td>
</tr>
<tr>
<td>MOHLTC - One Time Funding A-4</td>
<td>$222,275</td>
<td>$92,615</td>
<td>$92,618</td>
<td>$3</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other Revenue MOHLTC - HOCC A-5</td>
<td>$488,505</td>
<td>$203,544</td>
<td>$203,542</td>
<td>($2)</td>
<td>0.00%</td>
</tr>
<tr>
<td>Paymaster A-6</td>
<td>$459,880</td>
<td>$191,617</td>
<td>$199,469</td>
<td>$7,853</td>
<td>4.10%</td>
</tr>
<tr>
<td>Cancer Care Ontario A-7</td>
<td>$11,225</td>
<td>$4,677</td>
<td>$5,193</td>
<td>$516</td>
<td>11.03%</td>
</tr>
<tr>
<td>Recoveries &amp; Miscellaneous A-8</td>
<td>$1,140,005</td>
<td>$475,002</td>
<td>$561,072</td>
<td>$86,070</td>
<td>18.12%</td>
</tr>
<tr>
<td>Amortization of Grants/Donations Equipment A-9</td>
<td>$340,000</td>
<td>$148,069</td>
<td>$6,402</td>
<td>$7,853</td>
<td>4.10%</td>
</tr>
<tr>
<td>OHIP Revenue &amp; Patient Revenue from Other Payors A-10</td>
<td>$1,640,505</td>
<td>$683,544</td>
<td>$676,282</td>
<td>($7,262)</td>
<td>-1.06%</td>
</tr>
<tr>
<td>Differential &amp; Copayment A-11</td>
<td>$365,840</td>
<td>$362,743</td>
<td>$196,903</td>
<td>$196,903</td>
<td>53.82%</td>
</tr>
<tr>
<td>TOTAL REVENUE A-12</td>
<td>$31,157,471</td>
<td>$12,982,280</td>
<td>$13,071,407</td>
<td>$89,128</td>
<td>0.69%</td>
</tr>
<tr>
<td>Compensation - Salaries &amp; Wages A-12</td>
<td>$17,309,543</td>
<td>$7,255,781</td>
<td>$7,262,832</td>
<td>$371,051</td>
<td>5.11%</td>
</tr>
<tr>
<td>Benefit Contributions A-13</td>
<td>$4,976,480</td>
<td>$2,086,031</td>
<td>$2,162,036</td>
<td>$76,005</td>
<td>3.64%</td>
</tr>
<tr>
<td>Future Benefits A-14</td>
<td>$163,200</td>
<td>$68,000</td>
<td>$61,750</td>
<td>($6,250)</td>
<td>-9.19%</td>
</tr>
<tr>
<td>Medical Staff Remuneration A-15</td>
<td>$1,383,525</td>
<td>$576,469</td>
<td>$589,947</td>
<td>$13,478</td>
<td>2.34%</td>
</tr>
<tr>
<td>Nurse Practitioner Remuneration A-16</td>
<td>$1,222,800</td>
<td>$511,617</td>
<td>$511,615</td>
<td>$448</td>
<td>0.88%</td>
</tr>
<tr>
<td>Supplies &amp; Other Expenses A-17</td>
<td>$4,725,897</td>
<td>$1,899,957</td>
<td>$2,105,700</td>
<td>$115,743</td>
<td>5.82%</td>
</tr>
<tr>
<td>Amortization of Software Licenses &amp; Fees A-18</td>
<td>$340,000</td>
<td>$148,069</td>
<td>$6,402</td>
<td>$7,853</td>
<td>4.10%</td>
</tr>
<tr>
<td>Medical/Surgical Supplies A-19</td>
<td>$762,404</td>
<td>$317,688</td>
<td>$235,334</td>
<td>($82,334)</td>
<td>-25.92%</td>
</tr>
<tr>
<td>Drugs &amp; Medical Gases A-20</td>
<td>$765,929</td>
<td>$319,137</td>
<td>$411,708</td>
<td>$92,571</td>
<td>29.01%</td>
</tr>
<tr>
<td>Amortization of Equipment A-21</td>
<td>$878,015</td>
<td>$365,840</td>
<td>$362,743</td>
<td>$196,903</td>
<td>53.82%</td>
</tr>
<tr>
<td>Rental/Lease of Equipment A-22</td>
<td>$878,015</td>
<td>$365,840</td>
<td>$362,743</td>
<td>$196,903</td>
<td>53.82%</td>
</tr>
<tr>
<td>Bad Debts A-23</td>
<td>$4,725,897</td>
<td>$1,899,957</td>
<td>$2,105,700</td>
<td>$115,743</td>
<td>5.82%</td>
</tr>
<tr>
<td>TOTAL EXPENSE A-24</td>
<td>$31,295,446</td>
<td>$12,982,280</td>
<td>$13,071,407</td>
<td>$89,128</td>
<td>0.69%</td>
</tr>
<tr>
<td>SURPLUS/(DEFICIT) A-25</td>
<td>($137,975)</td>
<td>($57,490)</td>
<td>($550,515)</td>
<td>($493,025)</td>
<td>857.59%</td>
</tr>
</tbody>
</table>
### Operating Revenue & Expense Summary
**April 1, 2018 to August 31, 2018**

<table>
<thead>
<tr>
<th>2017/2018 Annual Budget</th>
<th>YTD Budget</th>
<th>YTD Actual Dollars</th>
<th>Over(Under) YTD Budget</th>
<th>YTD Actual Percent Over(Under) YTD Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-1</td>
<td>$1,490,772</td>
<td>$621,155</td>
<td>$624,740</td>
<td>$3,585</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-2</td>
<td>$1,490,772</td>
<td>$621,155</td>
<td>$599,369</td>
<td>($21,786)</td>
</tr>
<tr>
<td><strong>SURPLUS/(DEFICIT) - DUE To LHIN</strong></td>
<td>B-3</td>
<td>$0</td>
<td>$0</td>
<td>$25,371</td>
</tr>
</tbody>
</table>

### Fund Type 2 - LHIN Funded - Counselling & Non Profit Housing Programs
#### Mental Health - Case Management - Housing - Addictions - Problem Gambling

| **TOTAL REVENUE**        | B-1 | $1,490,772 | $621,155 | $624,740 | $3,585 | 0.58% |
| **TOTAL EXPENSE**        | B-2 | $1,490,772 | $621,155 | $599,369 | ($21,786) | -3.51% |
| **SURPLUS/(DEFICIT) - DUE To LHIN** | B-3 | $0 | $0 | $25,371 | $25,371 | 0.00% |

### Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services
**Partner Assault Response - Family Violence**

| **TOTAL REVENUE**        | C-1 | $191,238 | $79,683 | $81,911 | $2,228 | 2.80% |
| **TOTAL EXPENSE**        | C-2 | $191,238 | $79,683 | $72,580 | ($7,103) | -3.51% |
| **SURPLUS/(DEFICIT) - DUE To Other** | C-3 | $0 | $0 | $9,331 | $9,331 | 0.00% |

### Fund Type 2 - LHIN Funded - RainyCrest Community Support Services
**Home Support, Assisted Living, Adult Day, Meals on Wheels**

| **TOTAL REVENUE**        | D-1 | $1,180,532 | $491,888 | $522,525 | $30,637 | 6.23% |
| **TOTAL EXPENSE**        | D-2 | $1,180,532 | $491,888 | $524,462 | $32,574 | 6.62% |
| **SURPLUS/(DEFICIT) - DUE To LHIN** | D-3 | $0 | $0 | $9,331 | $9,331 | 0.00% |

### Fund Type 2 - LHIN Funded - RainyCrest
**Long Term Care**

| **TOTAL REVENUE**        | E-1 | $12,297,668 | $5,124,028 | $4,018,152 | ($1,105,876) | -21.58% |
| Compensation & Benefits  | E-2 | $10,660,770 | $4,468,761 | $4,483,396 | $14,635 | 0.33% |
| Supplies                 | E-3 | $1,323,525 | $551,469 | $502,001 | ($49,468) | -9.79% |
| Service Recipient Specific Supplies | E-4 | $0 | $0 | $0 | ($0) | 0% |
| Sundry                   | E-5 | $180,937 | $75,390 | $72,455 | ($2,936) | -3.89% |
| Equipment                | E-6 | $95,000 | $39,583 | $47,855 | $8,272 | 20.90% |
| Contracted Out           | E-7 | $7,140 | $3,975 | $2,972 | $912 | 23.09% |
| Building & Grounds       | E-8 | $25,834 | $10,764 | $19,746 | 663.73% |
| **TOTAL EXPENSE**        | E-9 | $12,293,206 | $5,148,943 | $5,132,916 | ($16,026) | -0.31% |
| **SURPLUS/(DEFICIT) including unfunded liabilities** | E-10 | $4,462 | ($249,191) | ($1,114,184) | ($1,089,850) | -374.32% |
| Less: Unfunded Future Benefits | E-11 | $0 | $0 | $0 | ($0) | 0% |
| Less: Unfunded Amortization Expense | E-13 | $0 | $0 | $3,258 | $3,258 | 0% |
| **SURPLUS/(DEFICIT) excluding unfunded liabilities** | E-14 | $4,462 | ($249,191) | ($1,052,547) | ($1,027,633) | 412.64% |

### Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY

| **Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY** | $(133,513) | $(82,404) | $(1,603,062) |
| Total Operating Margin - Hospitals & Long Term Care ONLY | -0.31% | -0.46% | -9.38% |
4.10.1 Patient Declaration of Values *

4.10.2 Board QSR Policy *

4.10.3 QSR Committee Work Plan Schedule *

4.10.4 QSR Accreditation Update *
Patient Declaration of Rights & Responsibilities

Your Rights

You have the right to:

• Be treated with respect, dignity and compassion without discrimination.

• Expect your health care team will share important information with each other.

• Ask for and receive information in a way you will understand.

• Take part in your plan of care, including:
  • treatment (s) and test (s) and be told about their benefits and risks
  • other ways to treat your illness
  • discharge plans.

• Refuse care, to the extent allowed by law and your capacity, and to be told of the risks and benefits of that decision.

• Know the names and roles of people caring for you.

• Know the name of the healthcare team member in charge of your treatment.

• Receive care in a place that is safe & healthy.

• Expect that all information about your health care will be kept private and confidential according to the law.

• Tell us your concerns and receive a prompt answer to your questions.

• Be told of fees not covered by OHIP that you or your family will have to pay.
Your Responsibilities

You or your representative have the responsibility to:

- Be aware that the needs of other patients and families may sometimes be more urgent than your own.

- Respect health care facility property and policy (rules).

- Act in a safe and responsible way and if you see a safety issue or have a safety concern, inform a staff member.

- Understand and be responsible for all fees not covered by OHIP or private insurance during your stay.

- Ask for an explanation if you do not fully understand something.

- Offer to the best of your knowledge, correct and complete information about your health, to help us to care for you, including religious or cultural needs.

- Give your health care team the name of the person who will represent you if you cannot make decisions or communicate yourself.

- Be actively involved in your care, treatment and discharge plans.

- Be courteous and respectful of other patients, visitors and members of your health care team.

- Respect the confidentiality and privacy of others who are being treated in the health care facility.

- Help to control the number of people visiting you and ask friends and family not to visit if they are sick or have been exposed to a contagious disease.
1.0 Policy

Riverside Health Care (RHC) is committed to providing high quality patient services, enhancing the safety of patients, visitors and staff while identifying and mitigating risks to the organization. To support these objectives, the Board shall ensure RHC has established a coordinated QSR plan and related reporting processes.

2.0 Scope

All members of the Board of Directors of Riverside Health Care

3.0 Purpose

3.01 This policy provides guidance to support the establishment of performance measurement and reporting in alignment with achieving and maintaining Accreditation Canada standards, Long Term Care Homes Act and compliance standards, the QSR Plan and strategic goals and objectives. This includes promotion of learning from results, making informed decisions and ongoing quality improvement for RHC and Board.

3.02 The Quality Safety Risk (QSR) Committee is created pursuant to the Excellent Care for All Act, 2010 (ECFAA) and will contribute to the alignment of Riverside Health Care's mission, vision and values.

4.0 Responsibility

The President and CEO is responsible to the Board to ensure a QSR Plan is in place that incorporates risk, utilization management, performance measurement, including monitoring of strategic goals and objectives, patient and family centred care, patient safety, and quality improvement.

5.0 Definitions

In this policy “Patient” means the patient, family members or substitute decision maker where applicable, and also encompasses terms such as client or resident.

6.0 Supporting Documents

6.01 Integrated QSR Plan
6.02 QSR Committee Terms of Reference
6.03 QSR Working Group Terms of Reference

7.0 References

7.01 ECFAA 2010
7.02 OHA Toolkit
7.03 Accreditation Canada Governance Standards
<table>
<thead>
<tr>
<th>September</th>
<th>October</th>
<th>November</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terms of Reference Review. Review Board Quality Policy.</td>
<td>Review reports on overall quality/quality indicators as per schedule.</td>
<td>Review reports on overall quality/quality indicators as per schedule.</td>
</tr>
<tr>
<td>QSR Board Committee Workplan/schedule. Patient Safety Data Trends (Q1 results).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QSR Accreditation Update. IPAC - Outbreaks</td>
<td></td>
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</tr>
<tr>
<td>January</td>
<td>February</td>
<td>March</td>
</tr>
<tr>
<td>Review Patient Declaration of Values.</td>
<td>Review reports on overall quality/quality indicators as per schedule.</td>
<td>Review Patient Relations Experience.</td>
</tr>
<tr>
<td>Review reports on overall quality/quality indicators as per schedule.</td>
<td>Review of Patient Complaints. Review results of satisfaction surveys (Staff)</td>
<td>Review reports on overall quality/quality indicators as per schedule.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>May</td>
<td>June</td>
</tr>
<tr>
<td>Review reports on overall quality/quality indicators as per schedule.</td>
<td>Update Risk Governance processes/policies.</td>
<td>Review reports on overall quality/quality indicators as per schedule.</td>
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</tbody>
</table>
Thank you to everyone who completed the Accreditation self-assessments!

We had 85 individual and group self-assessments completed. The self-assessments provide valuable information for developing our action plans as we prepare for the 2019 Accreditation.

Next Steps:
- Each of the Organizational Leads has received the self-assessment results.
- Each lead will meet with their Organizational Team to review the results and begin developing an action plan
- Each team should plan to meet at minimum monthly to work on the action plans
- Each team will submit a quarterly report by October 15, 2018 to QSRP

Our Accreditation Organizational Teams:

<table>
<thead>
<tr>
<th>Organizational Teams (Standard Section)</th>
<th>Locations</th>
<th>Team Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Primer Team</td>
<td>All</td>
<td>Simone LeBlanc</td>
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<tr>
<td>Acute Care Medicine (Inpatient Services)</td>
<td>EHC, RRHC, LVGH</td>
<td>Julie Loveday</td>
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<td>Ambulatory Care (Ambulatory Care Services)</td>
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<td>Glenna Morand</td>
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<tr>
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<td>Community Counseling</td>
<td>Lisa Belluz</td>
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<tr>
<td>Diagnostic Imaging (Diagnostic Imaging Services)</td>
<td>LVGH</td>
<td>Bernie Rittau</td>
</tr>
<tr>
<td>Emergency Services (Emergency Department)</td>
<td>EHC, RRHC, LVGH</td>
<td>Julie Loveday</td>
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<tr>
<td>Governance (Governance)</td>
<td>All</td>
<td>Janice Beazley</td>
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<td>Infection Prevention &amp; Control (Infection Prevention and Control Standards)</td>
<td>All</td>
<td>Jodi Jewell</td>
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<tr>
<td>Laboratory – Biomedical (Biomedical Laboratory Services)</td>
<td>LVGH</td>
<td>Toni Benning</td>
</tr>
<tr>
<td>Laboratory – Point of Care Testing (Point-of-Care Testing)</td>
<td>LVGH</td>
<td>Toni Benning</td>
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<td>Laboratory – Transfusion Services (Transfusion Services)</td>
<td>LVGH</td>
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<tr>
<td>Leadership (Leadership)</td>
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<td>Ted Scholten</td>
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<tr>
<td>Long Term Care (Long Term Care Services)</td>
<td>EHC, RRHC, RC</td>
<td>Marva Griffiths</td>
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<td>Medication Management (Medication Management Standards)</td>
<td>LVGH, EHC, RRHC, RC</td>
<td>Helena Guertin</td>
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<td>Obstetrics Services (Obstetrics Services)</td>
<td>LVGH</td>
<td>Julie Loveday</td>
</tr>
<tr>
<td>Perioperative Services (Perioperative Services and Invasive Procedures)</td>
<td>LVGH</td>
<td>Cindy Cole</td>
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<tr>
<td>Telehealth (Telehealth)</td>
<td>LVGH</td>
<td>Glenna Morand</td>
</tr>
<tr>
<td>Sterile Processing &amp; Delivery (Reprocessing of Reusable Medical Devices)</td>
<td>LVGH</td>
<td>Cindy Cole</td>
</tr>
</tbody>
</table>
RIVERSIDE FOUNDATION FOR HEALTH CARE

MINUTES OF MEETING

Name of Meeting: Annual Meeting of Riverside Foundation for Health Care

Date of Meeting: September 10, 2018 Time of Meeting: 11:30 am

Location: La Verendrye Hospital – Board Room

PRESENT: Rob Georgeson Deane Cunningham
Bill Gushulak Paul Brunetta
Carlene Steiner Kim Jo Bliss
Allison Cox Bev Langner
Livia Lundon Delaine McLeod
Tammy Kellar Carla Larson

1. CALL TO ORDER:

Bill Gushulak called the meeting to order at 11:45 a.m. He welcomed the new Board Members Paul and Carlene and everyone introduced themselves. S. Beadle recorded the minutes of this meeting.

2. ADOPTION OF AGENDA:

It was, 

MOVED BY: Kim Jo Bliss SECONDED BY: Deane Cunningham
THAT the agenda be approved as circulated.

CARRIED.

3. CONFLICT OF INTEREST:

No conflict of interest was declared.

4. APPROVAL OF 2017 ANNUAL MEETING MINUTES:

It was, 

MOVED BY: Bev Langner SECONDED BY: Livia Lundon
THAT the minutes of the September 25, 2017 Annual Meeting be amended to reflect attendance of Lindsay Payne, not Lindsay Strickland.

CARRIED.
5. REPORTS:

5.1 Report of the Chair of the Board: Bill Gushulak

Bill Gushulak gave a report and also referred to the Annual Report that was part of the Riverside Health Care Annual Report.

It was,

MOVED BY: Deane Cunningham SECONDED BY: Rob Georgeson

THAT the report of the Chair be accepted.

CARRIED.

5.2 Financial Report: BDO Canada LLP

Deferred

5.3 Finance Committee Report

Deferred

5.4 Nominations Committee Report

- Bill Gushulak has agreed to let his name stand as Chair.
- Delaine McLeod has agreed to let his name stand as Vice-Chair.
- Livia Lundon to be re-appointed for another 3 year term ending June 2021.
- Bev Langner to be re-appointed for another 1 year term ending June 2019 as the Rainy River Auxiliary rep.
- ________________ to be appointed for a 1 year term ending June 2019 as the Emo Auxiliary rep.
- June Keddie to be re-appointed for a 1 year term ending June 2019 as the LaVerendrye and Rainycrest Auxiliary rep.
- Carlene Steiner to be appointed for a 1 year term ending June 2019, as representative from Riverside Health Care’s Board of Directors.
- We recommend that Paul Brunetta be nominated for the open director position.

<table>
<thead>
<tr>
<th>Riverside Foundation Board Members/Position</th>
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<tbody>
<tr>
<td><strong>Position</strong></td>
</tr>
<tr>
<td>Chair</td>
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<tr>
<td>Vice-Char</td>
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<tr>
<td>Rainy River Auxiliary Representative</td>
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<tr>
<td>Bev Langner</td>
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<tr>
<td>Emo Auxiliary Representative</td>
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It was,

MOVED BY: Deane Cunningham  SECONDED BY: Tammy Kellar

THAT the Nomination Report be accepted as amended, and nominations be closed.

CARRIED.

6.  APPOINTMENT OF INCOMING DIRECTORS

It was,

MOVED BY: Kim Jo Bliss  SECONDED BY: Bev Langner

THAT Livia Lundon be re-appointed to the Board of Directors for a 3-year term ending June 2021.

CARRIED

It was,

MOVED BY: Tammy Kellar  SECONDED BY: Kim Jo Bliss

THAT Paul Brunetta be appointed to the Board of Directors for a 3-year term ending June 2021.

CARRIED
It was,
MOVED BY: Tammy Kellar        SECONDED BY: Delaine McLeod
THAT June Keddie and Bev Langer be appointed to the Board of Directors as the Auxiliary Representatives for a one year term ending June 2019.
CARRIED

It was,
MOVED BY: Bev Langner        SECONDED BY: Kim Jo Bliss
THAT Carlene Steiner be appointed to the Board of Directors for a 1-year term ending June 2019, as representative from Riverside Health Care’s Board of Directors.
CARRIED

7. RECOGNITION OF BOARD MEMBERS LEAVING THE BOARD
Appreciation was expressed to John McTaggart and to Donna McDonald who served on the Board for several terms. Allison will draft a letter of thanks to each of them.

8. APPOINTMENT OF AUDITORS
Deferred.

9. ADJOURNMENT:
It was,
MOVED BY: Tammy Kellar
THAT the meeting be adjourned at 12:01 pm.
CARRIED.

Chair
/sb
14/09/2018
1. Call to Order

Bill Gushulak called the meeting to order at 12:02 p.m. Sandra Beadle recorded the minutes of this meeting.

2. Adoption of Agenda

IT was,

MOVED BY: Livia Lundon SECONDED BY: Tammy Kellar

THAT the Agenda be accepted as circulated.

CARRIED.

3. Conflict of Interest

There was no conflict of interest.

4. Approval of Minutes

IT was,

MOVED BY: Deane Cunningham SECONDED BY: Delaine McLeod

THAT the Minutes from the Previous Meeting, June 18, 2018 be approved as circulated.

CARRIED.

5. Correspondence

Allison read letters from the Riverside board and the Physician Recruitment and
Retention Committee.

6. Nomination of Chair

IT was,

MOVED BY: Kim Jo Bliss SECONDED BY: Tammy Kellar

THAT Bill Gushulak be nominated for the position of Chair.

CARRIED.

Bill accepted the nomination as chair.

Nominations were called 3 times.

IT was,

MOVED BY: Bev Langner SECONDED BY: Rob Georgeson

THAT nominations for the position of Chair be closed.

CARRIED.

Bill Gushulak is acclaimed as Chair of the Riverside Foundation for Health Care Board.

Nomination of Vice Chair

IT was,

MOVED BY: Tammy Kellar SECONDED BY: Kim Jo Bliss

THAT Delaine McLeod be nominated for the position of Vice-Chair.

CARRIED.

Delaine accepted the nomination as Vice-Chair.

Nominations were called 3 times.

IT was,

MOVED BY: Deane Cunningham SECONDED BY: Tammy Kellar

THAT nominations for the position of Vice-Chair be closed.

CARRIED.
Delaine McLeod is acclaimed as Vice-Chair of the Riverside Foundation for Health Care Board. Carla will start the process to change the signing authorities.

7. **On-Going Business**

7.1 **Board Vacancy – Emo Auxiliary Representative**

Allison will be attending the first meeting of the Emo auxiliary on September 13th and she will try to encourage them to appoint a representative.

7.2 **Planned Giving Launch**

Allison will reach out to John to wrap up any outstanding items on the Planned Giving. Paul agreed to help with this in the future.

7.3 **New Office Space**

Livia expressed concern about the office space not being easily accessible. She suggested that an outside contractor be engaged for an estimate. Bill will meet with Henry and Ed to discuss possibilities.

7.4 **Palliative Care Cart – Rainy River**

This item will be removed from the agenda and if Bev would like to engage the Board again, she will.

7.5 **Mammography Commitment**

Carla to update at the next meeting.

7.6 **Canada Day Cash Lottery**

Ticket sales went really well this year considering that they got started late. We sold all but 100 tickets, including $12,355 worth in the final week. 
Net Income 2018 = $17,146.35

Net income was used to purchase the 2 portable ultrasound machines, with the balance being funded through the general funds. The lottery license is complete but not yet closed as Allison is waiting for the bank requisitions that show the transfer of funds for the POS machine sales. Thank you to everyone that helped to sell tickets. Next year Allison will work on having a sign for the parade, maybe some t-shirts to identify the ticket sellers.

7.7 **Other**

None
8. New Business

8.1 2017/2018 Foundation Approved Purchases

We need to pass and formally approve the 2017/2018 Foundation Approved Purchases. An email was sent out during the summer on July 30th asking Board Members to approve the current year grand total of $194,019.59. A reminder that these purchases were all already approved and this was a motion to pay RHC for them. This should have been completed at the May meeting but was overlooked.

It was,

MOVED BY: Kim Jo Bliss SECONDED BY: Livia Lundon

THAT the amount of $194,019.51 be transferred to Riverside Health Care for the cost of Equipment Purchases and Other Expenses

CARRIED.

8.2 2018/2019 Budget

Allison met with Finance to review the budget and it needs to be formally approved. The budget has not been approved since 2015-2016. The Budget was reviewed.

It was,

MOVED BY: Deane Cunningham SECONDED BY: Bev Langner

THAT the 2018/2019 Budget be accepted as presented.

CARRIED.

8.3 Capital Requests

The Lion’s Club donates a cheque to VDEC (Valley Diabetes Education Centre) each year and there is currently $3,430.00 allocated to that fund. Glenna has requested use of the funds to send 2 employees to the Diabetes Canada Professional Conference in Halifax from October 10th-14th. This is an education conference and both employees have been approved to attend. No one from VDEC has attended in a couple years and one of the employees being sent is new to her position with VDEC so she could definitely use the training.

The monies would go towards:
Cost of registration - $425.00 each
Hotel rooms - $600.00
Flights - $1,350.00 each
Total: $3,725.00
She is requesting all the monies that are in the VDEC fund for this. There was discussion and it was decided that the entire cost would be covered by the Foundation.

It was,

MOVED BY: Tammy Kellar SECONDED BY: Kim Jo Bliss

THAT Riverside Foundation use the remaining VDEC Funds, $3,430.00 as well as the additional amount to cover all costs to send Jody Tessier and Trisha Wood to the Diabetes Canada Professional Conference in Halifax from October 10-14, 2018.

CARRIED.

There is a new information system being implemented in LTC (Long Term Care) that is intended to improve care plan management and reduce time spent by staff in completing paperwork so that they can redirect their time to residents. This is Point Click Care software that runs a Point of Care module and a Skin and Wound module on tablets. Henry has requested that the Foundation support the purchase of tablets for this implementation. He received the following estimates:

44 tablets - $21,505
44 Tablet Cases - $1,771
4 Charging Cabinets - $6,440
Total - $29,716

It was,

MOVED BY: Tammy Kellar SECONDED BY: Bev Langner

THAT Riverside Foundation approve the purchase of equipment for the successful implementation of the new Point Click Care software for Rainycrest, Emo and Rainy River at $29,716.00.

CARRIED.

Carla will report at the next meeting where the funds will come from. Some suggestions were reserves for Emo, Rainy River and Rainycrest, memorial funds or Credit Union amount, this would be based on beds at each facility. The Foundation would also like some press regarding this donation.

9. Outstanding Reports

9.1 Finance Report

Carla presented the Revenue & Expense summary from April 1, 2018 to July 31, 2018, she pointed out that this is not audited and may change. The surplus shown is due to the Director position being vacant for a portion of the time. The deficit is just timing with
the Foundation Gala etc. coming up there shouldn’t be any issues. Line A19 (Foundation Approved Purchases) was changed to $200,000 to represent the trending from past years and is based on past history.

It was,

MOVED BY: Rob Georgeson SECONDED BY: Kim Jo Bliss

THAT the Finance Report be accepted.

CARRIED.

9.2 Special Event Committee Report

Livia reported that plans are coming along for the Fall Fiesta. They are excited and have distributed posters and have uploaded the poster to face book. The tickets are $55 each. The event is being held at the arena and funds will go towards the Fetal Monitor and an Operating Room Monitor. Any donations for the penny table or the auctions can be left with Allison or with Livia. Livia gave a shout out to June Keddie for being the first donor of $1,000. Livia is going to pay June a visit. If anyone would like tickets please see Allison Cox. The event is being held on October 20th.

IT was,

MOVED BY: Bev Langner SECONDED BY: Delaine McLeod

THAT the Foundation Special Events Committee Report be accepted.

CARRIED.

9.3 Hospital Auxiliaries Update

Bev Langner reported that the Sit-To-Stand lift is on site but training has not been completed so it is not being used. The Auxiliary would like to present the cheque and have a photo taken when the lift is being used. They gave a Bursary to a student that is interested in the Health Care field. They received a large donation from the Kellner family as well, this donation will be flowed through the Foundation and will be used for the Tanberg unit. Allison is waiting for the amount of the donation and will proceed accordingly. The Rainy River Auxiliary will be at the Rainy River Walleye Tournament with their pull tabs at the big tent and they will also have a bake table. Their Christmas Bazaar is at the Legion this year and is on Sunday December 2nd. The Rainy River Auxiliary has donated to the Pumpkin Festival once again. They will be sending two members to the HAAO conference this year. Funding had been approved in a motion from last year, Allison will look into and forward the funding to the auxiliary. Apparently the HAAO is disbanding so this will be the last year for members to attend.

There was no report for the Emo, LaVerendrye and Rainycrest Auxiliaries.
9.4 Foundation Director Report

Allison reported that with the help of some ladies on the Special Events Committee, they got the storage room completely cleaned out and organized over the summer. They got rid of 3 laundry bins worth of junk. In cleaning it she found all the newspaper clippings from when Teresa was the Director and she has started organizing them all into a scrapbook. She has completed up to 2015 and will keep plugging away at it.

We are in full swing of organizing for the Fall Gala. Funds will be going towards the purchase of a new Operating Room Monitor and a Fetal Monitor with remote capabilities. Tickets are now on sale.

The Approved Capital Equipment list was received in July and had been circulated to the Auxiliaries. Allison attended the LVGH meeting and they are in the process of choosing their item to pledge. She will be attending the next RC, RR and Emo meetings and anticipate that they will have their pledge items decided. There are still some outstanding capital items and in order to remain as up to date as possible, Allison has made arrangements to have a monthly meeting with Leo to go over all Foundation and Auxiliary approved purchases.

The decals on the courier van are in place and look great. We have arranged for a photo shoot today at 1:45pm and would like some Board Members present for it if possible.

Application packages for the staff Bursary are now available and are due back by October 5th. Allison has distributed 4 applications and Sandy has given out two to date. We need a foundation Board Member to sit on the Selection Committee as well as a community member if there are any suggestions. Tammy volunteered to be the Board Member on the Committee.

Allison hopes to have the next e-newsletter out by the end of this month but she is still waiting on the Patient Privacy Form to be completed. If you haven’t sent Allison your Bio yet, please do so. She will upload all the Bios at the same time.

Allison passed around the New Contact Sheet, and asked everyone to update their information and for the new members to add their information. She will circulate it when complete.
IT was,

MOVED BY: Kim Jo Bliss        SECONDED BY: Paul Brunetta

THAT the Foundation Director Update be accepted.

CARRIED.

9.5 Riverside Corporate Report

There was no report.

9.6 Other

Physician Recruitment

Deane is now a member of the Physician Recruitment and Retention Committee and he provided a verbal report and the good news that 3 new doctors have started Dr. Chelsey Botsford, Dr. Josh Burley and Dr. Lucas Keffer. Allison will add Physician Recruitment and Retention on to the Standing Reports and Deane will update at each meeting. He also reported that Dr. Whatley will be fully retiring from Emo soon and they will be starting to recruit for Emo.

10. Next Meeting

The next regular meeting will be on Monday, October 29th, 2018 at 11:30 a.m. in the Board Room at LVGH.

Allison will notify everyone when the continuation of the AGM will be when the audited statements are available and when BDO can attend.

11. Adjournment

It was,

MOVED BY: Deane Cunningham

THAT the meeting be adjourned at 1:24 p.m.

CARRIED.

______________________________
Bill Gushulak, Chair
14/09/2018
/sb
Emo

Emo and District Hospital Auxiliary held its September meeting. They pledged to purchase a geriatric chair for the shower and an access button for the door leading to the deck and gazebo and continue to wait for privacy curtains for the single long term care rooms. Plans were made for the Fall Tea and Bazaar to be held October 12 at the Emo Legion.

La Verendrye General Hospital

See Attached.

Rainycrest

No Report.

Rainy River

Meeting was opened at 1:00 p.m. starting with the Auxiliary Prayer. There were thirteen members present. We will have a bake table set up at the Walleye tent on Saturday September 21 and will also be selling pull tabs Friday and Saturday. Our Christmas Bazaar has been set for December 2, 2018 and will be held at the Royal Canadian Legion, Branch #54. Next meeting date is October 2 at 1:00 pm. If you wish to join feel free to attend this meeting.
The meeting was called to order at 1:00 p.m. in the 2nd Floor Conference Room with the reading of the Auxiliary pledge.

Attending: Judy Webster, Shirley Scofield, Irene Laing, Janet Lambert, Marnie Cumming, Diane Glowasky, Joy Lockman, Dolores Fraser, Sandra Robertson,

Regrets: June Keddie, Sandra Pruys. Donna Penny, Dixie Badiuk

The Chair approved the agenda with no additions. There were no conflict of interest.

The Chair accepted the minutes.

TREASURER'S REPORT was approved.

BUSINESS ARISING FROM MINUTES:

Strawberry Social: Joy Lockman advised that the social went like clock work. There were 250 shortcakes sold on the hospital grounds and 660 take-outs delivered. Joy thanked Bev Bond for all her help as well as Audrey Forster who helped at the ticket table as well as Gayle Arpin who did a last minute cover for June Keddie.

Spirit of Christmas: Janet Lambert is convening the event at the Copper River Inn, and they will provide free coffee and tea. Diane Gibson and Linda Hamilton, Monica Sus and Diane and George Glowasky and Shirley Scofield will help with this event on December 2, 2018.

CORRESPONDENCE – E-blast from HAAO advising that it is dissolving.
2. A “thank-you” from the Foundation for our donation to the fundraiser “Mama Needs to Relax”. 3. An invitation to the fundraiser for the Foundation to attend the “Fiesta” To be held on October 20, 2018.
4. A “thank-you” from Fort Frances High School for our donation of $1000.00 for a graduating student.
5. A “thank-you” from the Fort Frances Lions Club.

DIRECTOR AND COMMITTEE REPORTS:

Shop - Marnie C spoke to us regarding the shop survey.

Membership – Marnie C – we need at least 3 more phoners.

Social- Diane G advised that the luncheon is on Mon September 12/18 at Knox United church. Menu is set and Janet Lambert and Marnie Cumming will be the guest speakers.

Communications, Advertising and Promotion – Janet advertised the luncheon in “Fort Frances about town”. The Fall Tea has been set for October 13 at New Beginnings Church.

Newsletter is produced in October, February and April.
Foundation – Allison Cox, Foundation Director, advised that the Foundation fundraiser is a Mexican Fiesta dinner.

Sick and Visiting – Donna Penney – 2 get well cards and 1 sympathy card were sent.

Historian – Joy L. - albums are up to date and she is working on a donor board.

Patient Services – no report

Phoning – Marnie C advised that she needs to find more people to phone.

Lobby Lottery – Helen Cone - A new license was received along with tickets on August 2. Jim McQuarrie has asked to be taken off the bank account. Amount of money in the account is $22,985.00 plus $940.00 that has not been deposited.

**MOTION** by Irene Laing and seconded by Shirley Scofield that Jim McQuarrie be removed as a signer on the “Lobby Lottery” bank account and that Judy Webster be a signer on the account along with Helene Cone and Dolores Fraser.

Patient Services – Anna McNay is doing kits for patients.

**NEW BUSINESS**

We received the capital list for 2018 -2019 We will be donating money at the fall tea on October 13 between 2 and 4 p.m.

Irene L. brought up the fact that perhaps as an auxiliary we could volunteer in the CCU department. Alisson C will look into whether we would be allowed to do this.

The meeting adjourned at 3:30 p.m. The next meeting is October 2, 2018.

______________________ _____________________  
Judy Webster, Chairperson    Shirley Scofield, Secretary
# Board of Trustees
2016-18 Quality Metrics

## 2018/Q1 (Jan - March)

### Indicator 1: Participation
- **Objective:**
  - Attendance (Sept 2016 – June 2017)
  - % of voting trustees attending board meetings annually
  - % of voting trustees attending committee meetings annually

- **Measure:**
  - Attendance
  - % of voting trustees attending board meetings annually
  - % of voting trustees attending committee meetings annually

- **Actual:**
  - Attendance: 81%
  - % of voting trustees attending board meetings annually: 79%

- **Target:**
  - > 75%
  - > 75%

- **Outcome:**
  - Participation: 100%

### Indicator 2: Reflection
- **Objective:**
  - Evaluation (Sept 2016 – June 2017)
  - % of completed board meeting evaluation surveys
  - % of trustees that complete the board self-assessment questionnaire

- **Measure:**
  - % of completed board meeting evaluation surveys
  - % of trustees that complete the board self-assessment questionnaire

- **Actual:**
  - % of completed board meeting evaluation surveys: 78%
  - % of trustees that complete the board self-assessment questionnaire: 100%

- **Target:**
  - > 90%
  - > 90%

### Indicator 3: Compliance
- **Objective:**
  - Board Orientation
  - % of new trustees that attend board orientation

- **Measure:**
  - Board Orientation
  - % of new trustees that attend board orientation

- **Actual:**
  - % of new trustees that attend board orientation: 100%

- **Target:**
  - > 90%

- **Outcome:**
  - Compliance: OVERALL 100%

### Indicator 4: Decision Making
- **Objective:**
  - Decisions with documented briefing notes/other material
  - % of board decisions made accompanied by detailed briefing notes per quarter

- **Measure:**
  - Decisions with documented briefing notes/other material
  - % of board decisions made accompanied by detailed briefing notes per quarter

- **Actual:**
  - % of board decisions made accompanied by detailed briefing notes per quarter: 100%

- **Target:**
  - > 90%

### Indicator 5: Education
- **Objective:**
  - Agenda Items
  - % of education sessions at board meetings
  - % of agenda items at each board meeting related to strategy, integration or quality services

- **Measure:**
  - Agenda Items
  - % of education sessions at board meetings

- **Actual:**
  - % of education sessions at board meetings: 78%

- **Target:**
  - 78%

- **Outcome:**
  - Education: Reviewed in May 2017

### Indicator 6: Composition
- **Objective:**
  - Skills-based board (annual)
  - Number of categories in skills-based board matrix in ‘green’ zone (x=18)

- **Measure:**
  - Skills-based board (annual)
  - Number of categories in skills-based board matrix in ‘green’ zone (x=18)

- **Actual:**
  - Number of categories in skills-based board matrix in ‘green’ zone: 12/18 categories were in the green zone

- **Target:**
  - 16

### January 2017

Modified from *Improving Corporate Governance with the Balanced Scorecard* (Kaplan & Nagel, 2004).
<table>
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<th>SEP</th>
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<th>FEB</th>
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NOTES:
- Participation 1* - # of board members attending regular board meetings.
- Participation 2* - # of board members attending board committee meetings.
- Reflection 1* - # of completed board meeting evaluation surveys.
- Decision Making - % of board decisions made by detailed briefing notes/supporting documentation.
- Education 1 - # of education sessions at board meetings.
- Education 2 - # of agenda items related to integration, quality or strategy.
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* T = Total number
Board Professional Development Topics
2018-19

- Risk Presentation – What is done internally/operationally and how this is being monitored – target September 2018.
- Financial Literacy (possibly bring in the auditors to provide presentation or Henry could do)
- Mandate of PC Government (once we know)
- Expectations of Accreditation – Questions for the Board
Dear Mr. Scholten,

RE: Long Term Care Patients at La Verendrye General Hospital

Our local Physician Recruitment and Retention Committee works very hard to attract and retain much needed Family Physicians and General Surgeons to our community. One of the attractive recruitment tools at our disposal is our hospital and staff at La Verendrye. Visiting Family Physicians and General Surgeons are always complimentary regarding the up to date facility and friendly, professional staff. It is definitely the cornerstone of our recruitment and retention efforts.

On a recent site visit a Family Physician couple asked why our inpatient care wards were so busy with apparent Long Term Care (LTC) patients. They also asked if we had a LTC home in Fort Frances or was this the normal activity/volume of LTC patients at LVGH. We explained that currently there is backlog of LTC patients waiting for beds at Rainycrest, our LTC facility.

Rainycrest has not had an intake for quite some time and some 40 beds are basically empty. Regardless the reasons for the current situation, it is negatively impacting our ability to attract new Family Physicians. It was a definite deterrent for the two visiting Family Physicians considering practicing here in Fort Frances.

Thank you,

Dr. John Nelson
Fort Frances Physician Recruitment and Retention Committee Chair