

BOARD OF DIRECTORS MEETING

OPEN SESSION

Thursday, September 28, 2023

5:30 pm – La Verendrye General Hospital / Webex

A G E N D A

| Item | Description | Page |
|------|---|------|
| 1. | Call to Order – 5:30 pm – Indigenous Acknowledgment & Reading of the Mission Statement 1.1 Quorum 1.2 Conflict of Interest and Duty | |
| 2. | Consent Agenda 2.1 Board Minutes – June 20, 2023 * Pg 4 2.2 Board Chair & Senior Leadership General Report – J. Ogden, H. Gauthier, J. Loveday, C. Larson, Dr. L. Keffer * Pg 7 2.3 Governance Committee Report – D. Clifford 2.4 Audit & Resources Committee Report – B. Norton * Pg 10 2.5 Quality Safety Risk Committee Report – M. Kitzul * Pg 13 2.6 Auxiliary Reports * Pg 15 | |
| 3. | Motion to Approve the Agenda | |
| 4. | Patient / Resident Safety Moment | |
| 5. | Business Arising - None | |
| 6. | New Business 6.1 Board Member Consolidated Confidentiality, Accountability & Roles & Responsibility Statement – Annual Signing * Pg 21 | |
| 7. | Opportunity for Public Participation | |
| 8. | Move to In-Camera | |
| 9. | Other Motions/Business | |
| 10. | Date and Location of Next Meeting: October 26, 2023 | |
| 11. | Termination | |

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



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

Thursday, September 28, 2023

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

Indigenous Acknowledgment:

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



VISION
Caring, Together

MISSION
Improving The Health of Our Communities

VALUES
Progressive • Integrity • Caring • Accountable

STRATEGIC PILLARS

ONE RIVERSIDE
Supporting a consistent and enabling organizational culture

INVESTING IN THE PEOPLE WHO SERVE
Creating a plan to strategically leverage human resources

TOMORROW'S RIVERSIDE TODAY
Making investments today, to support Riverside tomorrow

STRIVING TO EXCEL IN EQUITY, DIVERSITY & INCLUSION
We will support EDI in all we do

 **Riverside
Health Care**

this type of surgery in Fort Frances made her nervous as she didn't know how it would go however in the end, she was happy to finally get to the bottom of her condition. Surgery day came and she was the first patient in the ward that morning. There was music playing while the nurses were setting things up for their day. The environment was comfortable, and everyone was friendly, and the patients' nerves were settled seeing a few familiar faces. The patient shared she truly felt taken care of before, during and after the surgery. She noted she feels lucky to have been able to have her surgery locally rather than having to travel elsewhere. Her surgery and recovery have been uneventful. The patient shared the only downside was regarding aftercare as her surgeon lives in Thunder Bay and only travels to Fort Frances every few months so if a crisis arose, it would not be an option to be seen by the surgeon which was a bit concerning to the patient. In conclusion, the patient noted her experience was good and she is glad that she chose to have her hysterectomy done in the La Verendrye General Hospital surgical unit.

Joanne thanked Julie for sharing this patient story.

6. BUSINESS ARISING:

There was no business arising.

7. NEW BUSINESS:

There was no new business.

8. OPPORTUNITY FOR PUBLIC PARTICIPATION

There was no public participation.

9. MOVE TO IN-CAMERA:

It was,

MOVED BY: B. Norton

SECONDED BY: D. Clifford

THAT the Board go in-camera at 5:56 pm.

CARRIED.

10. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

11. DATE AND LOCATION OF NEXT MEETING:

September 2023 (date to be determined)

12. TERMINATION:

It was,

MOVED BY: S. Weir

THAT the meeting be terminated at 7:18 pm.

CARRIED.

Chair

Secretary/Treasurer



Board Chair, Chief of Staff & Senior Leadership Report – September 2023
Open Session

Strategic Pillars & Directions

Investing in Those Who Serve - Strategically Leveraging our Human Resources

- **OHT Leadership**
Julie Loveday, EVP & CNE will assume the OHT Leadership role for RHC until our new Quality Assurance Auditor and OHT Executive starts in November 2023. At that time, our EVP & CNE will become RHC's delegate at this table. On September 19, 2023, a ½ day was attributed to a session of the Rainy River District Leadership council followed by a ½ day for the Governance to work collaboratively to advance our current OHT system. We are confident that placement of clinical strength at the OHT Table will assist in moving this model forward most effectively.
- **Senior Director, IST**
Jamie Gleeson, formerly Network Administrator for TBRHSC and SJCG has begun his new role at RHC as Senior Director, IST. Jamie's wealth of knowledge and experience will support RHC as we focus on advancing utilization of technology across our health care service compliment.
- **Scheduling System**
Our project with UKG to implement our new scheduling system continues to progress and will be further supported through the upcoming addition of Dayna Lowey as our new scheduling lead. This project is foundational to our future payroll, human resource and financial systems and is a critical step in enhancing our management, control and utilization of human resources to meet service demand across RHC.
- **Hospitalist**
A meeting will be held September 21, 2023, with the Chief of Staff and President of Medical Staff in order to discuss the needs and service models to implement hospitalist services at LVGH. In addition, we are engaging OHN and TBRHSC to provide assistance in completing the financial analysis for the introduction of this role at LVGH.
- **Capital**
Hospital Infrastructure Renewal Funding (HIRF) - In addition to \$860k currently approved to replace HVAC systems at LVGH an additional \$385k has been approved to replace our generator at the same hospital site. Minister Rickford was at LVGH on September 14, 2023, to announce our new generator funding. A further funding application will be submitted this year through the HIRF Exceptional Circumstances Project (ECP) for an additional generator so that we increase coverage within LVGH during planned and unplanned downtimes.

Investing in Canada Infrastructure Program (ICIP) –our team was also successful in obtaining \$2.6 million in new funding to replace all central building HVAC systems at Rainycrest Long Term Care. The sprinkler system previously funded for Rainycrest under the ICIP program is now fully operational in the Home.
- **Foreign Recruitment**
Continued recruitment under the LMIA foreign recruitment program continues for Rainycrest. Onboarding of these new staff will reduce the adverse financial impact that agency and housing costs are having on Rainycrest and the organization as whole while also stabilizing our workforce accordingly.
- **Harvard Mentor Manager**
In recognition of each leaders' many competing priorities, the deadline for the Harvard Manage Mentor courses has been extended to November 30, 2023. This program is critical to development of both management and leadership skills across our leadership team and we want to ensure they are giving each course the necessary focus.

One Riverside - Promoting a Consistent and Empowering Culture

- **New Web Site**
Our new website will launch on November 24, 2023, after it has undergone a multi-week review and been presented to the Board of Directors on November 30, 2023. We look forward to the many benefits that this new site will provide to our public.
- **Accreditation**
Accreditation will take place October 23-26, 2023, and our teams are working diligently to complete their preparations by ensuring all surveys are complete and required organization practices have been validated.
- **OPP**
A new memorandum of agreement and transfer of care process was introduced recently as a result of extensive engagement both locally and provincially with the OPP. This new process will increase consistency and transparency during patient hand offs and ensure greater alignment between the OPP and RHC staff prior to the local police services exiting the building. Similar agreements are also being established with Treaty 3 Police services.
- **Wellness Committee**
The regenerated Wellness Committee has had four meetings since the start of summer with the next meeting scheduled in November 2023. Currently, there is a Passport Activity initiative in place with a deadline of October 31, 2023, for participating staff to complete the activities outlined. Other initiatives such as holiday themes, yoga instructor, mental

Board Chair, Chief of Staff & Senior Leadership Report – September 2023

Open Session

health first aid, spirit week, decorate your department day, craft activities, and other wellness activities are being considered for the future. A location for a wellness room is also being evaluated across each of our facilities.

Tomorrow's Riverside Today - Investing Today to Support Tomorrow

- **Regional CIO**

On September 5, 2023, the Regional CIO and Regional Transformation leads visited LVGH to tour the facility, gain a greater understanding of our current state and discuss priorities for the region. In addition to Meditech there was considerable engagement regarding the need to advance Business Intelligence models that are timely, sustainable and accurate to assist with decision making.

- **Alternative Level of Care (ALCs) and Complex Continuing Care (CCC)**

OHN is working with all hospitals to complete surveys related to ALC management at the hospital and community level. The hospital survey is due at the end of September and the community survey is due at the end of October. These surveys are intended to assist organizations in implementing ALC Leading Practices.

OHN is also working with Northern hospitals to assess and review management of complex continuing care beds. This initiative is expected to take time to complete in order to ensure that accurate information is shared with the Ministry and that a sustainable CCC model is implemented in smaller hospital locations.

- **BDO Review**

On September 11, 2023, the CEO participated in a review of our BDO local service provider with a company called Amplify.

- **Home Care Modernization**

On September 11, 2023, the Minister of Health announced the planned integration of Home Care into a single Ontario Health office with leadership of local needs being incorporated into the OHT model.

- **Ambulatory Care Clinic**

Our EVP & CNE previously submitted a 3rd application for an ambulatory clinic at LVGH. OHN has indicated that our potential for approval has increased in the past few weeks and our team remains hopeful this critical service to support our emergency services may be approved.

- **In-Patient (IP) MH&A Beds**

Our EVP & CNE continues to work with OHN and Mental Health Supports in Kenora to refine the design of an IP MH&A unit of 8 beds to serve populations awaiting transfer to Form 1 Mental Health facilities and those requiring addiction supports while also requiring acute level hospital services.

- **Regional Emergency Room (ER) Table**

The Regional ER Table continues to meet regularly to review ER closure risks for the region. Temporary Locum Funding, critical to sustaining ERs in rural environments, has been extended from September 30, 2023, to March 31, 2024, to ensure ongoing stability of critical ER services.

- **Cyber Threats**

In addition to internal application changes and human engineering testing across our workplace, Ontario Health has setup lead centres to assist the province in providing aligned policies, procedures and practices to enhance protections across the health care system.

- **MRI**

SDI Canada, experts in medical infrastructure, conducted a site visit at LVGH to discuss the potential for implementing a PDC Prefabricated Cassette building to house our new MRI. The PDC Cassette solution can be delivered to a site in 12 weeks, installed in 2 days and ready to receive patients in 3 weeks. This is an ideal solution for using imaging equipment, such as an MRI equipment. This performance-proven solution is factory-machined and transportable.

Meetings will resume this month with London Health Sciences Centre, Meno Ya Win, Riverside Health Care and Ontario Health North to progress the planning and design for new MRIs at the Sioux Lookout and Fort Frances hospital locations.

- **Security**

Our organization continues to provide 24/7 security at LVGH and has begun to advance the 2nd phase of door security at LVGH and the 1st phase at Rainycrest (FOB technology). A new security lead position has been introduced and we continue to focus on identifying a suitable candidate to provide leadership for the broader security requirements for the organization.

- **Sinclair Street Construction**

Contractors for the Town of Fort Frances are continuing to advance the infrastructure and repaving of Sinclair Street adjacent to the hospital with anticipated completion in early October 2023.

- **KRRRLP On-Site Visit**

The Clinical Team from the Kenora Rainy River Lab Program conducted an onsite visit on September 15, 2023, after having led a West Region Lab Conference in Fort Frances to discuss the current and future state of laboratory services in our

region. It was noted during this visit that an initiative led by a member of our lab around the validation of ID NOW devices, has been implemented in 150 hospitals across Quebec.

- **Meditech Fall Site Visit**

The regional Meditech Team will conduct a site visit on September 22, 2023, to continue preparations for implementation of our new Hospital Information System over the next 18-24 months.

- **OHN Visit**

Julia Bailey, OHN designate for the Rainy River District toured our four facilities on September 18, 2023. This tour provided by our Diagnostic & Therapeutic Services Director provided valuable insight for both OHN and this individual.

Striving To Excel in Equity, Diversity & Inclusion (EDI)

- **Ceremonial Space**

The ceremonial space has reached completion in terms of LVGH's redevelopment of the Ground Floor meeting room, including significant investment in appropriate exhaust systems to manage the presence of smoke in the room during ceremonies. The room will be turned over to GHAC shortly in order that the design artwork can be completed in the room and planning for announcement of a new ceremonial space to support our Indigenous communities within LVGH can proceed.

Thank you to the Riverside Team for their submissions, they are invaluable in the preparation of this report.

Respectfully Submitted,

Joanne Ogden, Board Chair

Dr. Lucas Keffer, Chief of Staff

Julie Loveday, Executive Vice President, Clinical Services & CNE

Carla Larson, Chief Financial Officer

Henry Gauthier, President & CEO



Audit & Resources Committee Report – September 2023

2.4.1 Financial Report – August 2023 *



Operating Revenue & Expense Summary April 1, 2023 to August 31, 2023

| | | 2022-2023 DRAFT Budget | YTD DRAFT Budget | YTD Actual | YTD Actual Dollars Over(Under) YTD Budget | YTD Actual Percent Over(Under) YTD Budget |
|--|-------------|---------------------------|---------------------|---------------------|---|---|
| Fund Type 1 - LHIN Funded - Hospital Services | | | | | | |
| REVENUE | | | | | | |
| LHIN - Base Funding | A-1 | \$28,680,124 | \$11,950,052 | \$12,207,115 | \$257,063 | 2.15% |
| QBP Funding | A-2 | \$1,078,300 | \$449,292 | \$596,795 | \$147,503 | 32.83% |
| Other Funding (19*) - Hospice, Oncology Drug Reimbursement, Stroke Strategy | A-3 | \$2,291,500 | \$954,792 | \$992,587 | \$37,795 | 3.96% |
| LHIN - One Time Funding | A-4 | \$90,578 | \$37,741 | \$2,364,748 | \$2,327,007 | 6165.75% |
| MOHLTC - One Time Funding | A-5 | \$196,275 | \$81,781 | \$81,787 | \$6 | 0.01% |
| Other Revenue MOHLTC - HOCC | A-6 | \$624,774 | \$260,323 | \$336,033 | \$75,711 | 29.08% |
| Paymaster | A-7 | \$0 | \$0 | \$0 | \$0 | 0% |
| Cancer Care Ontario | A-8 | \$21,788 | \$9,078 | \$957 | -\$8,121 | -89.46% |
| Recoveries & Miscellaneous | A-9 | \$1,855,059 | \$772,941 | \$769,758 | -\$3,183 | -0.41% |
| Amortization of Grants/Donations Equipment | A-10 | \$387,373 | \$161,405 | \$195,634 | \$34,229 | 21.21% |
| OHIP Revenue & Patient Revenue from Other Payors | A-11 | \$1,857,506 | \$773,961 | \$829,669 | \$55,708 | 7.20% |
| Differential & Copayment | A-12 | \$838,001 | \$349,167 | \$332,295 | -\$16,872 | -4.83% |
| TOTAL REVENUE | A-13 | \$37,921,278 | \$15,800,533 | \$18,707,378 | \$2,906,846 | 18.40% |
| Compensation - Salaries & Wages | A-14 | \$21,558,255 | \$9,036,748 | \$9,775,227 | \$738,479 | 8.17% |
| Benefit Contributions | A-15 | \$5,284,232 | \$2,215,034 | \$2,468,037 | \$253,003 | 11.42% |
| Future Benefits | A-16 | \$163,600 | \$68,167 | \$6,103 | (\$62,064) | -91.05% |
| Medical Staff Remuneration | A-17 | \$1,810,900 | \$754,542 | \$1,147,402 | \$392,860 | 52.07% |
| Nurse Practitioner Remuneration | A-18 | \$138,448 | \$57,687 | \$203,388 | \$145,701 | 252.57% |
| Supplies & Other Expenses | A-19 | \$6,622,281 | \$2,759,284 | \$2,892,561 | \$133,277 | 4.83% |
| Amortization of Software Licenses & Fees | A-20 | \$27,831 | \$11,596 | \$7,429 | (\$4,167) | -35.94% |
| Medical/Surgical Supplies | A-21 | \$1,187,613 | \$494,839 | \$589,938 | \$95,099 | 19.22% |
| Drugs & Medical Gases | A-22 | \$2,562,419 | \$1,067,675 | \$1,082,248 | \$14,573 | 1.36% |
| Amortization of Equipment | A-23 | \$813,165 | \$338,819 | \$391,319 | \$52,500 | 15.50% |
| Rental/Lease of Equipment | A-24 | \$158,458 | \$66,024 | \$70,379 | \$4,355 | 6.60% |
| Bad Debts | A-25 | \$82,000 | \$34,167 | \$40,000 | \$5,833 | 17.07% |
| TOTAL EXPENSE | A-26 | \$40,409,202 | \$16,904,580 | \$18,674,031 | \$1,769,450 | 10.47% |
| SURPLUS/(DEFICIT) | A-27 | (\$2,487,924) | -\$1,036,635 | \$33,347 | \$1,069,982 | -103.22% |



Operating Revenue & Expense Summary April 1, 2023 to August 31, 2023

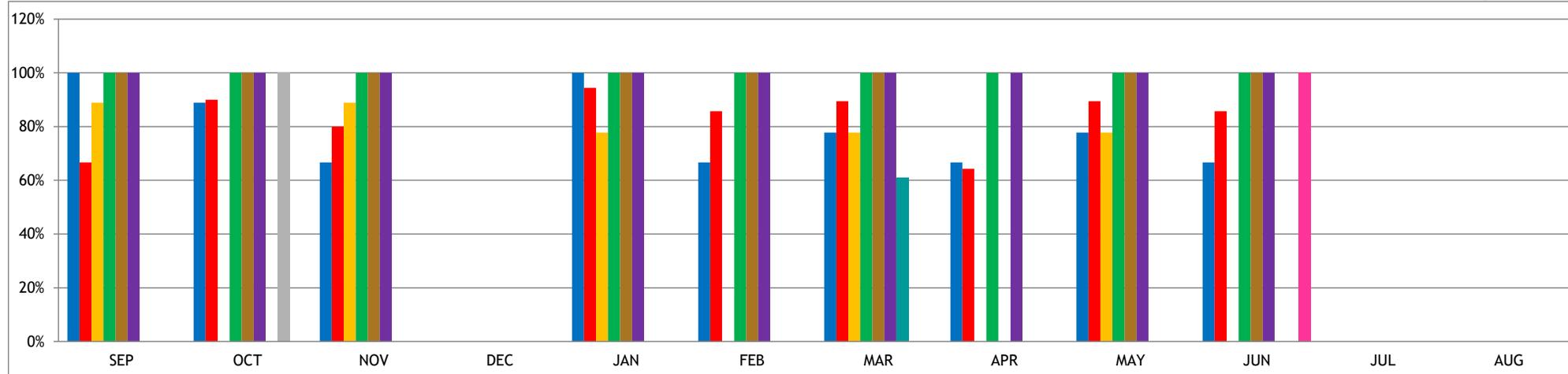
| | | 2022-2023 DRAFT Budget | YTD DRAFT Budget | YTD Actual | YTD Actual Dollars Over(Under) YTD Budget | YTD Actual Percent Over(Under) YTD Budget |
|--|------|---------------------------|------------------|---------------|---|---|
| Fund Type 2 - LHIN Funded - Counselling & Non Profit Housing Programs Mental Health - Case Management - Housing - Addictions - Problem Gambling | | | | | | |
| TOTAL REVENUE | B-1 | \$2,273,720 | \$947,383 | \$957,962 | \$10,579 | 1.12% |
| TOTAL EXPENSE | B-2 | \$2,273,720 | \$947,383 | \$971,722 | \$24,339 | 2.57% |
| SURPLUS/(DEFICIT) - DUE To LHIN | B-3 | \$0 | \$0 | (\$13,760) | (\$13,760) | 0.00% |
| Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services Partner Assault Response - Family Violence | | | | | | |
| TOTAL REVENUE | C-1 | \$203,436 | \$84,765 | \$64,028 | (\$20,737) | -24.46% |
| TOTAL EXPENSE | C-2 | \$203,436 | \$84,765 | \$67,354 | (\$17,411) | -20.54% |
| SURPLUS/(DEFICIT) - DUE To Other | C-3 | \$0 | \$0 | (\$3,326) | (\$3,326) | 0.00% |
| Fund Type 2 - LHIN Funded - RainyCrest Community Support Services (Home Support, Assisted Living, Adult Day, Meals on Wheels) | | | | | | |
| TOTAL REVENUE | D-1 | \$1,993,453 | \$830,605 | \$740,095 | (\$90,510) | -10.90% |
| TOTAL EXPENSE | D-2 | \$1,993,453 | \$830,605 | \$740,095 | (\$90,510) | -10.90% |
| SURPLUS/(DEFICIT) - DUE To LHIN | D-3 | \$0 | \$0 | \$0 | \$0 | 0.00% |
| Fund Type 2 - LHIN Funded - RainyCrest Long Term Care | | | | | | |
| TOTAL REVENUE | E-1 | \$18,162,119 | \$7,567,550 | \$5,187,307 | (\$2,380,242) | -31.45% |
| Compensation & Benefit Contributions | E-2 | \$16,151,048 | \$6,770,165 | \$5,991,999 | (\$778,166) | -11.49% |
| Supplies | E-3 | \$1,462,549 | \$609,395 | \$465,855 | (\$143,541) | -23.55% |
| Service Recipient Specific Supplies | E-4 | \$0 | \$0 | \$0 | \$0 | 0.00% |
| Sundry | E-5 | \$1,595,281 | \$664,700 | \$580,173 | (\$84,527) | -12.72% |
| Equipment | E-6 | \$434,898 | \$181,208 | \$19,273 | (\$161,935) | -89.36% |
| Contracted Out | E-7 | \$113,883 | \$47,451 | \$34,312 | (\$13,140) | -27.69% |
| Building & Grounds | E-8 | \$509,334 | \$212,223 | \$149,219 | (\$63,003) | -29.69% |
| TOTAL EXPENSE | E-9 | \$20,266,993 | \$8,485,142 | \$7,240,830 | (\$1,244,312) | -14.66% |
| SURPLUS/(DEFICIT) including unfunded liabilities | E-10 | (\$2,104,874) | (\$917,593) | (\$2,053,523) | (\$1,135,930) | 123.79% |
| Less: Unfunded Future Benefits | E-11 | \$0 | \$0 | (\$26,838) | (\$26,838) | 0% |
| Less: Unfunded Amortization Expense | E-12 | \$0 | \$0 | \$0 | \$0 | 0% |
| SURPLUS/(DEFICIT) excluding unfunded liabilities | E-13 | (\$2,104,874) | (\$917,593) | (\$2,080,360) | (\$1,162,768) | 126.72% |
| Operating Surplus(Deficit) - Corporate - Hospital and Other Funds | | (\$4,592,798) | (\$1,954,228) | (\$2,064,099) | | |
| Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY | | (\$4,592,798) | (\$1,954,228) | (\$2,047,013) | | |
| Total Operating Margin - Hospitals & Long Term Care ONLY | | -8.19% | -8.36% | -8.57% | | |



Quality, Safety, Risk Committee Report – September 2023

2.5.1 Board Quality Metrics *

BOARD OF DIRECTORS - QUALITY METRICS - 2022-2023



INDICATORS:

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

| INDICATOR | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | YTD Actual | Target | Variance | Notes |
|--------------------|---------|---------|---------|---------|------|---------|------|---------|------|---------|---------|---------|------------|--------|----------|--|
| 1. Participation A | 100% | 89% | 67% | #DIV/0! | 100% | 67% | 78% | 67% | 78% | 67% | #DIV/0! | #DIV/0! | 79% | 75% | 4% | |
| 2. Participation B | 67% | 90% | 80% | #DIV/0! | 94% | 86% | 89% | 64% | 89% | 86% | #DIV/0! | #DIV/0! | 83% | 75% | 8% | |
| 3. Reflection A | 89% | #DIV/0! | 89% | #DIV/0! | 78% | #DIV/0! | 78% | #DIV/0! | 78% | #DIV/0! | #DIV/0! | #DIV/0! | 82% | 100% | -18% | |
| 4. Reflection B | | | | | | | | | | 100% | | | 100% | 100% | 0% | |
| 5. Decision Making | 100% | 100% | 100% | #DIV/0! | 100% | 100% | 100% | 100% | 100% | 1 | #DIV/0! | #DIV/0! | 100% | 90% | 10% | |
| 6. Education A | 100% | 100% | 100% | #DIV/0! | 100% | 100% | 100% | 0% | 100% | 1 | #DIV/0! | #DIV/0! | 100% | 100% | 0% | min of 1 session/mtg |
| 7. Education B | 100% | 100% | 100% | #DIV/0! | 100% | 100% | 100% | 100% | 100% | 1 | #DIV/0! | #DIV/0! | 100% | 100% | 0% | min of 2 items/mtg |
| 8. Composition | | | | | | | 61% | | | | | | 61% | 89% | -28% | 11/18 skills met |
| 9. Compliance | #DIV/0! | 100% | #DIV/0! | | | | | | | | | | #DIV/0! | 90% | #DIV/0! | Board Orientation took place in October 2022 |



Auxiliary Report – September 2023

Emo

No Report.

La Verendrye General Hospital

See attached report.

Rainycrest

No Report.

Rainy River

Our auxiliary met for the first meeting after summer break. After discussion, it was decided to move our meeting time to 2:00 in order to accommodate more members and other commitments.

Upon reviewing our financial report, and the need for more funds for the ultrasound campaign, it was decided to commit \$20,000.00 to the fundraising efforts. This, coupled with Allison's attendance at various council meetings and mailouts to organizations and businesses, will hopefully kickstart the fall giving season.

We committed to working a table at the annual Rainy River Walleye Tournament. Nevada tickets were sold, and tuck shop items were for sale as well.

Our laptop is fifteen years old, so it was decided to replace it. At this point, we are considering our options.

Norma-Jean Johnston is hosting a Buddies and Partners appreciation event in January and is asking for each organization to nominate a volunteer to be recognized. We will nominate a recipient at the next meeting.

LaVerendrye General Hospital Auxiliary
Executive Minutes
September 5th 2023

1. Call to Order: The meeting was called to order at 1:35 p.m.
Attendance: Marnie Cumming, Linda Booth, Diane Glowasky, Linda Plumridge, Irene Lainge, Maureen Ross, Donna Penney, Jan Beazley, Susan Sieders.
Regrets: Margie Gibson, Linda Beadow, Karen Silander, and Janice Mundle.

2. Auxiliary Pledge was recited by all.

3. Declaration of conflict of interest: There was none.

4. Approval of Agenda: Accepted as circulated.

5. Minutes of September 5th 2023 Meeting: Accepted with one minor correction date of September to October for Stitches event.

6. Treasurer's Report: Information accepted as circulated. A monthly report for July and August was included. General account balance to August 31st was \$39,264.54. Raffle account (\$1439.43) and Lobby Lottery account (\$3237.32) remained unchanged.

7. Correspondence:

RHCF Annual Report 2022 - of note, 166 babies born in 2022
Foundation Thank you for \$35,000 for IV pumps.

8. Directors Reports:

a) Foundation Representative (Acting-Marnie)

No meetings were held over the summer months of July and August.
Allison agreed to allocate silent auction monies to the Auxiliary from the sale of the Beyak Quilt at the Foundation Gala in October.

b) Gift Shop: (Jan/Sue) Shop sales did very well in the months of June, July and August but there is always room for ideas on how to increase sales. It

was mentioned that perhaps an intercom announcement could be made when the shop opens.

Presently there are 20 shop volunteers with 3 additional shop members who will receive training in October. The vending machines are nicely stocked but sales are a bit down, maybe due to price increases and/or perhaps the location of the machines. Caron Electric was going to be approached about the cost of moving the vending machines to a different area. There will be no flowers or ice cream sales considered, due to profit margins. Pharmasave has been approached about getting some of their display shelves to better display shop merchandise. Overall there is good representation of a variety of donated goods that are selling well including knitted items and baby sweater sets.

c) Communications: (Vacant)

A brief news article was submitted to the Fort Frances Times about the upcoming *Coffee and Conversation* event taking place at the Senior Centre on September 11th.

d) Membership (Marnie)

The LVGHA policy is if membership has not been paid after 2 years then unpaid members are removed from the active list. The updated list for 2023-24 has 183 active members including 2 life members plus 17 at Rainycrest including 4 life members. No fees are collected from those at Rainycrest or life members.

New membership forms and return envelopes will be available and handed out for distribution at the *Coffee and Conversation* event on September 11th.

Phoning and Courtesies (Donna)

5 Sympathy Cards were sent on behalf of Penny McComb's husband's passing, Marilyn Brown's family, Robin Dennis' family, to Ethel Lowey on the passing of her daughter Donna Calder, to June Parnell on her daughter's passing and Jose Balcewich.

e) Social Activities (Diane)

The Fall Auxiliary luncheon has been dropped due to lack of member attendance. In its place will be a casual afternoon event called *Coffee and Conversation* to be held at the Senior Centre on September 11th with refreshment of coffee/tea and a cinnamon bun. 5 dozen buns through hospital dietary have been ordered for this event at the cost of \$100.

The Agenda at this occasion will be socialising, meeting the new LVGHA Executive, with speaker David Black, Director of Community Services of LVGH who will speak on outreach health topics for 20 minutes. Also planned are short table discussions for members to give ideas on this format, changes, speakers, staff appreciation and a focus on women's wellness. Irene suggested that, in addition to emails, members be contacted directly to attend this event through phone calls. Phoning lists distributed.

g) Special Events:(Vacant)

h) Directors at Large: (Maureen, Margie, Karen, Linda, Janice)

No report

Patient Services: Judy is looking for people to knit baby hats or preferably provide items such as jersey hats, crinkle toys.

9. Unfinished Business:

a) Strawberry Social: No invoice has yet been received from the Hospital for the food supplies. Report tabled pending receipt of financial information.

b) LVGHA brochure: Tabled

10. New Business:

a) *Stitches*: Our fall fundraiser in association with Cabin Country Quilt Guild is to be held Friday October 13th, 5 - 8 p.m and Saturday October 14th, 10 am - 4 pm at the Zion Lutheran Church. Members will be approached at *Coffee and Conversation* to volunteer at *Stitches*.

Joyce McCormick is overseeing the ticket sales. 100 books have been printed at \$5.00 per ticket. 1st prize, a quilt donated by Country Cabin Quilt Guild, 2nd prize, a sewing machine donated by Betty's, 3rd prize of \$100 gift certificate with a bottle of wine from Flint House.

Along with showcasing many beautiful handmade quilts there will be a Tea, along with a Penny Table, Bake Sale and Tuck shop items set up for sale. Penny table tickets will be \$10.00 per sheet or 3 sheets for \$20.00. Admission is \$6.00.

- b) 50/50 Raffle was discussed for either Christmas or Valentines. Ideas will be sought at *Coffee and Conversation*. Will discuss further at the October Executive meeting.
- c) Volunteer Appreciation: As the Riverside Quarter Century Club does not exist as it had previously, the Foundation is looking at new ways to recognize volunteers. Each Auxiliary was asked to discuss with its members new ideas. The group thought a 1 year acknowledgement of a card and a 5 year acknowledgement with a certificate or appropriate small gift (eg mug) would be suitable. Recognition could continue every 5 years with perhaps special recognition at 10, 20, 30 etc. Mixed feelings regarding recognition items. Some felt certificates were fine and others felt some type of public milestone recognition (eg names in newsletters, AGM report) was sufficient. If recognition of 'extra mile' contributions was created, clear criteria would be needed.

11. Adjourned at 3:20 p.m

Next meeting: Tuesday October 3rd at 1:30 p.m 3rd floor meeting room.

Future meetings:

Exec - Tuesday, November 7th

Exec - Tuesday, December 5th

- All members - Monday, December 11th

Exec - Tuesday, February 6th

Exec - Tuesday, March 5th

- All members - Monday, March 11th

Exec - Tuesday, April 2nd

Exec - Tuesday, May 7th

Exec - Tuesday, June 4th

- AGM - Monday, June 10
- Strawberry Social tentative - Thursday, June 13th



BOARD MEMBER CONSOLIDATED CONFIDENTIALITY, ACCOUNTABILITY AND ROLES AND RESPONSIBILITIES STATEMENT

BOARD MEMBER CONFIDENTIALITY STATEMENT

Riverside Health Care Facilities Inc. By-laws - Article 10:

" Every Director, officer, Medical and Dental Staff member, Board committee member, and employee of the Corporation shall respect the confidentiality of matters:

- a) brought before the Board or any Board committee; or*
- b) dealt with in the course of the employee's employment, or Medical or Dental Staff member's activities in connection with the Corporation, keeping in mind that unauthorized statements could adversely affect the interests of the Corporation."*

Board Governance Policy GOV-G&S-020 – RHC Board Confidentiality Policy:

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

Responsibility

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

Confidential Matters

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

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

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

Public/Media Statement

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

BOARD MEMBER ACCOUNTABILITY STATEMENT

The Riverside Health Care (RHC) Board of Directors is accountable to members of the Corporation for acting consistently with the Articles of Incorporation, the By-laws, applicable legislation, the common law as it governs healthcare organizations and the achievement of its mission and vision. The Directors exercise the power vested in them in good faith and honesty in order to further the purposes for which the corporation was created. They act in what they consider to be the best interests of the organization, each exercising his or her unfettered discretion in decision making; ex-officio directors fulfill the same duty to the corporation. Directors

do not place themselves in a position where their personal interests conflict with those of the Corporation.

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

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

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

BOARD MEMBER CODE OF CONDUCT

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

Riverside Health Care PRINCIPLES OF CONDUCT

| | | |
|---|---|---|
| <p>CARE</p> <ul style="list-style-type: none"> Treat others as you would like to be treated Uphold Privacy and Confidentiality Know your clients’ needs Communicate openly and effectively Support a learning journey | <p>COMPASSION</p> <ul style="list-style-type: none"> Be courteous Be empathetic Be attentive Be open-minded Be kind Ensure a supportive, safe, and comfortable environment | <p>COMMITMENT</p> <ul style="list-style-type: none"> Work as a team Build relationships and trust Understand your role and responsibilities Take responsibility for your actions and for yourself Making Learning your attitude |
|---|---|---|

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

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

BOARD MEMBER ROLES & RESPONSIBILITIES STATEMENT

Responsibility of the Board:

The board is responsible for the overall governance of the affairs of Riverside Health Care (RHC).

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 President & CEO and Chief of Staff:

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

Risk Identification and Oversight:

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

Stakeholder Communication and Accountability:

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

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 (RHC) Board Confidentiality Policy, code of conduct and accountability statement.

Signature

Date

Original: 09/08
 Reviewed: 09/11; 01/18, 09/18, 05/19, 09/20, 09/21, 09/22, 09/23
 Revised: 05/14, 09/18, 05/19, 10/20, 09/23