

BOARD OF DIRECTORS MEETING

OPEN SESSION

Thursday, September 29, 2022

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 – July 13, 2022 * Pg 4 2.2 Board Chair & Senior Leadership General Report – J. Ogden, H. Gauthier, J. Loveday, C. Larson, Dr. K. Eltawil* Pg 7 2.3 Governance Committee Report – J. Begg 2.4 Audit & Resources Committee Report – B. Norton * Pg 10 2.5 Quality Safety Risk Committee Report – D. Clifford * Pg 13 2.6 Riverside Foundation for Health Care Report – No Report 2.7 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 19 | |
| 7. | Opportunity for Public Participation | |
| 8. | Move to In-Camera | |
| 9. | Other Motions/Business | |
| 10. | Date and Location of Next Meeting: October 27, 2022 | |
| 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 29, 2022

| | | |
|-----|------------------------------|--|
| 3. | Motion to Approve the Agenda | THAT the RHC Board of Directors approve the Agenda as circulated/amended |
| 9. | Move to In-Camera | THAT the RHC Board of Directors move to in camera session at (time) |
| 10. | Other Motions/Business | |
| 12. | Termination | THAT the RHC Board of Directors meeting be terminated at (time) |

Indigenous Acknowledgment:

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

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

MISSION

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

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

STRATEGIC PILLARS

Quality • Organizational Health • Partnerships • Advocacy

RIVERSIDE HEALTH CARE

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

Date of Meeting: July 13, 2022

Time of Meeting: 5:30 pm

Location of Meeting: Webex/LaVerendrye General Hospital – Board Room

PRESENT: H. Gauthier B. Norton* J. Begg J. Ogden
K. Lampi* D. Clifford B. Calder M. Kitzul
*via Webex

STAFF: J. Loveday, B.Booth

REGRETS: Dr. V. Patel, Dr. K. Eltawil, C. Steiner, S. Weir, C. Larson

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

1. CALL TO ORDER:

J. Ogden called the meeting to order at 5:31 pm. B.Booth recorded the minutes of this meeting. J. Ogden read the Indigenous Acknowledgment and J. Begg read the Mission Statement. Joanne welcomed everyone and reminded all of the virtual meeting etiquette. Joanne welcomed Marianne Kitzul to the Board of Directors. J. Ogden shared she laid tobacco for guidance for the meeting today.

1.1 Quorum

Joanne shared there were 2 regrets. Quorum was present.

1.2 Conflict of Interest

No conflict of interest or duty was declared.

2. CONSENT AGENDA

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

3. MOTION TO APPROVE THE AGENDA:

It was,

MOVED BY: D. Clifford

SECONDED BY: J. Begg

THAT the Board approves the Agenda as circulated.

CARRIED.

4. PRESENTATION: Draft Financial Statements – BDO Auditors – J. Evans & J. Savage

Joanne welcomed Jon Evans and Jeff Savage, BDO Auditors to the meeting who provided an overview on the financial statements. The following was highlighted:

- Jon E. shared an in-depth presentation was provided to the Audit & Resources Committee previously therefore this presentation will be a high-level overview.
- Jeff noted the audit includes all work up to today and shared they are comfortable with what was presented to the Audit & Resources Committee and no changes were necessary. Jeff reported their opinion is that of a clean audit and that the financial statements present fairly, in all material respects, the financial position of the Organization as at March 1, 2022, and its results of operations, changes in net assets (debt) and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.
- There are some positive results this year; cash bank balance has increased due to Ministry

capital funding and an increase in accounts payable. The net working capital surplus position is approximately \$1 million which is good news; this is partially due to operational surplus. Hospital operations were roughly \$1.2 million surplus. Rainycrest is in a deficit position primarily due to the beds in abeyance.

- Jeff shared discussion occurred with management, and he confirmed the going concern note was removed.
- There will be a change in the audit process next year and how Riverside will be impacted was discussed. The auditors are waiting on further information from the Ministry as well. Jon E. noted the auditors are part of a working group on how this will impact hospitals moving forward.
- The Auditors are ready to issue the statements next week once approved as well as other deliverables.
- Jeff thanked Carla and her Finance team for all their hard work in completion of the audit.
- Joanne thanked the Auditors and team for all their work as well.
- Jon E. confirmed the audit report date will be today.

It was,

MOVED BY: B. Norton

SECONDED BY: K. Lampi

THAT the RHC Board of Directors approves the 2021-22 audited financial statements, as reviewed and recommended by the Audit & Resources Committee.

CARRIED.

5. **Patient / Resident Safety Moment**

Julie shared a story regarding Riverside Health Care's Diabetes Education Program (DEP) that has been participating in a Remote Care Monitoring (RCM) program for Diabetes patients as part of a pilot since January 2022. The pilot program has proven successful on several fronts and has been expanding beyond the Rainy River District to include partners in the Kenora, Sudbury, and Cochrane regions. Riverside has submitted an expression of interest in response to new provincial funding streams that focus on virtual care initiatives. Julie shared 4 patient experience stories that highlight some of the successes:

- From a Registered Nurse (RN) perspective:
43-year-old patient diagnosed with Type 2 Diabetes didn't feel diabetes education was easily accessible during the pandemic. The patient joined the remote care monitoring program (RCM) as close monitoring was needed for this patient for several reasons. Through the RCM program as well as food photos sent through email, the client worked closely with the RN to monitor diabetes and dietary questions which the RN flowed through the Registered Dietician. This patient was able to receive care and counselling from both care providers in a way that did not disrupt the patients schedule and was viewed as safe by the client with the use of remote care management.
- From a Registered Dietician (RD) perspective:
58-year-old patient messaged in the remote care monitoring app that they were concerned with discolouration of the foot. The Diabetes Education team was able to book the client for an in-office appointment at which time the RD performed a foot check and took more thorough history of the concern and was able to determine this was not a concerning change. She was able to refer the patient back to the foot care program at Tribal Health. The quick action kept the patient out of the emergency department and the clinic as well as led to the referral to the foot care program which minimized the risk of future complications all due to the client's participation in the RCM for Diabetes program. Follow up occurred through messaging in the app to ensure there remained no concern.
- From the RCM Program Monitor Client perspective:
37-year-old patient living in a remote First Nations community who typically would receive care through GHAC however had been a client of ours as well. The patient met the criteria of the RCM program due to existing barriers this client experienced in receiving adequate diabetes

education/care. Through the RCM monitoring program, the client was able to connect with the RN about medications and fears. The RN was able to seamlessly connect the patient with her MD about appropriate medication changes. From there we were able to transfer care at the patients request, to the Diabetes program at Tribal Health to be more closely monitored both remotely through our partnership and through community visits. The patient actively participates in the RCM program and reports appreciation for the way the program is delivered as it's safe and accessible.

- From 3 Users Providing Services perspective:
61-year-old, 53-year-old and 36-year-old; the RCM questions include queries on mental well-being and pathways have been established that will give RCM users options to seek assistance for mood disorders. We have had 3 clients successfully referred to counseling services appropriate to them. All 3 of these clients had been experiencing symptoms for greater than 6 months and it is presumed that without using RCM, they would not have sought help to deal with their feelings of depression.

Henry shared this program is being looked at as a model for others as well. Joanne thanked Julie for sharing these stories. Julie acknowledged David Black, Director Community Services and his team for their work.

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: J. Begg

SECONDED BY: B. Calder

THAT the Board go in-camera at 5:51 pm.

CARRIED.

10. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

11. DATE AND LOCATION OF NEXT MEETING:

September 2022 – Date to be determined.

12. TERMINATION:

It was,

MOVED BY: B. Calder

THAT the meeting be terminated at 7:33 pm.

CARRIED.

Chair

Secretary/Treasurer



Board Chair, Chief of Staff & Senior Leadership – September 2022

Open Session

Strategic Pillars & Directions

Quality

- **COVID-19**
COVID-19 isolation plastic barriers have been removed. This allows improved workflow for staff while an increased comfort and decreased stigma for patients with confirmed or suspect COVID-19. For the Inpatient Unit there is still a designated area consisting of private rooms with rope type barriers, if required. Within this area there is a negative pressure room. For the Emergency Department, the waiting rooms have been separated by name with signage. The Blue Waiting Room is for patients that have failed their screening while the Orange Waiting Room is for patients that have passed their screening and do not require isolation or COVID-19 precautions. All triage occurs in the triage room with cleaning between patients.
- **Kiosks**
Kiosks have been implemented at LaVerendrye General Hospital, Rainy River Health Centre, Emo Health Centre, and Rainycrest to support COVID-19 screening. These units may be utilized in the future for other patient engagement such as surveys.
- **Public Sector Accounting Standards**
Two (2) new Public Sector Accounting Standards, PS 3160 and PS 3400 were issued that impact audited Financial Statements moving forward. Section PS 3160 Public Private Partnerships addresses the recognition, measurement, presentation, and disclosure of infrastructure procured by public sector entities through certain types of public private partnership arrangements. Section PS 3400 Revenue Recognition differentiates between revenue arising from transactions with performance obligations (exchange transactions) and transactions that do not have performance obligations (non-exchange transactions).
- **Accreditation**
Self-assessment surveys have been completed for each Accreditation Group (ie. Leadership) and we are now reviewing results and compiling action plans.
- **Lab**
Lab has received their certificate of accreditation, it will expire on September 9, 2026.
- **Ontario College of Pharmacists**
Ontario College of Pharmacists (OCP) will be visiting Emo and Rainy River Health Centers on October 4, 2022, followed by LaVerendrye General Hospital on October 5, 2022, to review our current status and plans in meeting National Association of Pharmacy Regulatory Authorities (NAPRA) standards.
- **New Diagnostic Imaging Equipment**
Our diagnostic imaging equipment deployment teams have been meeting regularly to ensure smooth transition for replacement of the Mammography, Fluoroscopy and CT Scanner. The Mammography and Fluoroscopy equipment replacement has been completed with the CT Scan replacement commencing September 23, 2022, with the goal of the new unit going live on October 3, 2022. Cross border access to the CT Scanner at Rainy Lake Medical Center in International Falls, MN will be available for emergency access with transportation by our local ambulance service.

Organizational Health

- **Emergency Preparedness**
KPMG (Toronto) is working with our Emergency Preparedness Team to advance our overall program and address any gaps by preparedness area or by site. KPMG received our documentation throughout the summer months and is now engaging key contacts to further this significant continuous quality improvement initiative.
- **Policy Development**
We are receiving weekly reports from our Policy Coordinator position on the advancement of our Policy Program that is focused on updating, addressing gaps, and integrating our policies further.
- **New Code of Conduct**
A new Code of Conduct has been developed with the assistance of our partners at St. Joseph's Care Group. The new Code of Conduct is developed based on the principles of Care, Compassion and Commitment and provides for considerable clarity of what each means for staff, physicians, contractors, and Board Members. The Code of Conduct was shared at the Medical Advisory Committee meeting and will be rolled out via policy, information boards and pamphlets to all staff and physicians once approved by the Board of Directors at this month's Board Meeting.
- **Nurse Practitioners**
Riverside Health Care was approved by Ontario Health for two full time Nurse Practitioners in the Emergency Department. Their home base will be at the LaVerendrye General Hospital site. Riverside will be exploring the option to also support the Rainy River Health Centre, if viable.

- **Physician Assistant**
Riverside will be applying for a Physician Assistant (PA) Career Start Grant Funding. There is a possibility of two years of partial funding for a PA. The PA position is supervised by physicians and work as physician extenders. PAs are helping to decrease wait times and improve patient access to services.
- **Provincial Benefits Program**
The Ontario Hospital Association (OHA) and HIROC Management Limited (HML) continue to advance the provincial (employee) benefits strategy initiative including review of participation agreements. To date, there has been strong interest from hospitals – with a total of 68 organizations, representing 114,470 insured, who have expressed their commitment. If established, the plan would cover the second largest number of employees in Ontario. RHC supports this endeavor intended to better align benefit plans with needs and ensure their affordability.
- **Bill 7: More Beds, Better Care Act, 2022**
Bill 7 comes into effect this week. This means that in situations where ALC to LTC patients refuse to provide consent for long-term care or refuse to add more short-waitlist choices, Bill 7 enables the care coordinator to make a number of decisions without the patients consent.
- **Respectful Workplace**
Respectful Workplace signage has been posted throughout Riverside – this is intended to establish clear expectations for patients, families, staff and the public.
- **Occupancy**
LaVerendrye General Hospital (LVGH) census has been consistently high and difficult to staff. Thunder Bay Regional Health Science Centre (TBRHSC) has had increased bed occupancy and requires repatriation of our patients. This has been expedited as best as possible, however, creates an increased workload on our staff. Due to COVID-19 Outbreaks and 42 beds in abeyance at Rainycrest, LVGH has a high number of Alternate Level of Care (ALC) patients.
- **Rainycrest Home Upgrades**
 - Air conditioning installed in all resident rooms.
 - New sprinkler system will be installed in the upcoming months to increase safety within the home. The work on this project started approximately 3 weeks ago in the basement of the facility. They will be installing in Resident Care areas by September 26, 2022.
 - New Boiler- the second boiler arrived, and maintenance crew is installing. The boiler system is to replace the failed unit earlier this year.
 - Staff Room Upgrades- Staff room upgrades are in progress. The room has been freshly painted, new tables and furniture was installed this week and upcoming will be the removal of the old cafeteria line and installation of new wall storage cupboards. This is a great staff work life improvement initiative.
- **Ministry of Long-Term Care**
The Fixing Long Term Care Act (FLTCA) came into force on April 11, 2022. There are several policies, procedures and updates that we are working on as a Long-Term Care (LTC) team to comply with the Act. The timelines on the compliance of the new Act vary from immediate to 3 years. The Ministry is also rolling out a new compliance program that is aggressive, including Administrative Monetary Penalty (AMP) and Re-Inspection Fees. A working group to meet all compliance pieces in the FLTCA has been formed and will continue to meet bi-weekly.

Partnerships

- **Resident Council Week**
Resident Council week for 2022 was September 12-18. Residents' Council (RC) Week is a week to celebrate all Residents, as every person living in the Home is part of the Residents' Council. The Resident Council, Activation Staff and many Supporters put together a fantastic calendar of events and activities for the week including, but not limited to; vintage car show, beading, happy hour, carnival day, BBQ, visit from the animals from Gerber Farms, etc.
- **Ontario Health Team Digital Health**
Oceans e-Referral project implementation is near complete for our Digital Imaging Department and has advanced significantly in the Remote Care Management Diabetes Program. Next phases of the project include Non-Profit Supportive Housing and Mental Health & Addictions. This tool allows for digital rather than paper-based referrals both expediting the sharing of referrals and reducing the risk of documents being lost or misplaced.
- **3rd World Health Care Support**
Our supply chain sent 4 skids of medical materials to Thunder Bay after cleaning. A company in Thunder Bay called MEMO (Medical Equipment Modernization Opportunity) collects expired medical equipment to send to countries in need. We are pleased to have been able to donate these supplies.



**Board Chair, Chief of Staff & Senior Leadership – September 2022
Open Session**

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. Karim El-Tawil, Chief of Staff

Julie Loveday, Executive Vice President, Clinical Services & CNE

Carla Larson, Chief Financial and Information Officer

Jordan Forbes, Chief Human Resources Officer

Henry Gauthier, President & CEO



Audit & Resources Committee Report – September 2022

2.4.1 Financial Report – August 2022 *



Operating Revenue & Expense Summary April 1, 2022 to August 31, 2022

| | | 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 | \$27,866,124 | \$11,610,885 | \$11,509,181 | (\$101,704) | -0.88% |
| QBP Funding | A-2 | \$489,500 | \$203,958 | \$490,191 | \$286,233 | 140.34% |
| Other Funding (19*) - Hospice, Oncology Drug Reimbursement | A-3 | \$1,398,500 | \$582,708 | \$985,345 | \$402,637 | 69.10% |
| LHIN - One Time Funding | A-4 | \$58,800 | \$24,500 | \$536,778 | \$512,278 | 2090.93% |
| 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 | \$260,380 | \$57 | 0.02% |
| Paymaster | A-7 | \$0 | \$0 | \$0 | \$0 | 0% |
| Cancer Care Ontario | A-8 | \$21,788 | \$9,078 | \$3,111 | (\$5,967) | -65.73% |
| Recoveries & Miscellaneous | A-9 | \$1,716,159 | \$715,066 | \$744,013 | \$28,947 | 4.05% |
| Amortization of Grants/Donations Equipment | A-10 | \$387,373 | \$161,405 | \$133,496 | (\$27,909) | -17.29% |
| OHIP Revenue & Patient Revenue from Other Payors | A-11 | \$1,725,506 | \$718,961 | \$775,024 | \$56,064 | 7.80% |
| Differential & Copayment | A-12 | \$970,001 | \$404,167 | \$306,854 | (\$97,313) | -24.08% |
| TOTAL REVENUE | A-13 | \$35,454,800 | \$14,772,833 | \$15,826,161 | \$1,053,327 | 7.13% |
| Compensation - Salaries & Wages | A-14 | \$19,234,068 | \$8,062,500 | \$8,640,611 | \$578,111 | 7.17% |
| Benefit Contributions | A-15 | \$5,173,732 | \$2,168,715 | \$2,236,549 | \$67,834 | 3.13% |
| Future Benefits | A-16 | \$199,100 | \$82,958 | \$68,250 | (\$14,708) | -17.73% |
| Medical Staff Remuneration | A-17 | \$1,810,900 | \$754,542 | \$906,317 | \$151,775 | 20.11% |
| Nurse Practitioner Remuneration | A-18 | \$138,448 | \$57,687 | \$63,239 | \$5,552 | 9.62% |
| Supplies & Other Expenses | A-19 | \$5,390,945 | \$2,246,227 | \$2,452,771 | \$206,544 | 9.20% |
| Amortization of Software Licenses & Fees | A-20 | \$27,831 | \$11,596 | \$7,429 | (\$4,167) | -35.94% |
| Medical/Surgical Supplies | A-21 | \$747,713 | \$311,547 | \$437,943 | \$126,396 | 40.57% |
| Drugs & Medical Gases | A-22 | \$1,622,419 | \$676,008 | \$1,019,157 | \$343,149 | 50.76% |
| Amortization of Equipment | A-23 | \$813,165 | \$338,819 | \$327,335 | (\$11,484) | -3.39% |
| Rental/Lease of Equipment | A-24 | \$158,458 | \$66,024 | \$66,787 | \$763 | 1.16% |
| Bad Debts | A-25 | \$82,000 | \$34,167 | \$31,925 | (\$2,242) | -6.56% |
| TOTAL EXPENSE | A-26 | \$35,398,779 | \$14,810,789 | \$16,258,312 | \$1,447,523 | 9.77% |
| SURPLUS/(DEFICIT) | A-27 | \$56,021 | \$23,342 | (\$432,152) | (\$455,494) | -1951.39% |



Operating Revenue & Expense Summary April 1, 2022 to August 31, 2022

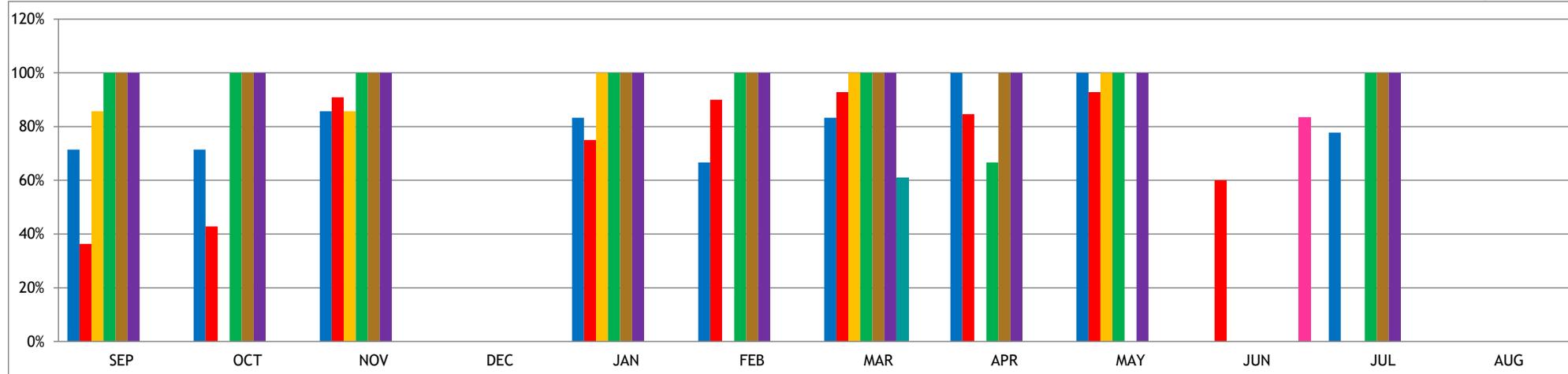
| | | 2022-2023 DRAFT Budget | YTD DRAFT Budget | YTD Actual | YTD Actual Dollars Over(Under) YTD Budget | YTD Actual Percent Over(Under) YTD Budget |
|--|------|------------------------|------------------|---------------|---|---|
| Fund Type 2 - LHIN Funded - Counselling & Non Profit Housing Programs Mental Health - Case Management - Housing - Addictions - Problem Gambling | | | | | | |
| TOTAL REVENUE | B-1 | \$1,523,053 | \$634,605 | \$776,589 | \$141,984 | 22.37% |
| TOTAL EXPENSE | B-2 | \$1,523,053 | \$634,605 | \$824,687 | \$190,082 | 29.95% |
| SURPLUS/(DEFICIT) - DUE To LHIN | B-3 | \$0 | \$0 | (\$48,098) | (\$48,098) | 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 | \$83,681 | (\$1,085) | -1.28% |
| TOTAL EXPENSE | C-2 | \$203,436 | \$84,765 | \$83,681 | (\$1,084) | -1.28% |
| SURPLUS/(DEFICIT) - DUE To Other | C-3 | \$0 | \$0 | (\$1) | (\$1) | 0.00% |
| Fund Type 2 - LHIN Funded - RainyCrest Community Support Services (Home Support, Assisted Living, Adult Day, Meals on Wheels) | | | | | | |
| TOTAL REVENUE | D-1 | \$1,612,382 | \$671,826 | \$725,017 | \$53,192 | 7.92% |
| TOTAL EXPENSE | D-2 | \$1,612,382 | \$671,826 | \$725,017 | \$53,192 | 7.92% |
| 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 | \$14,252,075 | \$5,938,365 | \$5,591,357 | (\$347,008) | -5.84% |
| Compensation & Benefit Contributions | E-2 | \$12,055,122 | \$5,053,243 | \$5,123,085 | \$69,842 | 1.38% |
| Supplies | E-3 | \$1,314,068 | \$547,528 | \$567,918 | \$20,390 | 3.72% |
| Service Recipient Specific Supplies | E-4 | \$0 | \$0 | \$0 | \$0 | 0.00% |
| Sundry | E-5 | \$1,135,117 | \$472,965 | \$590,970 | \$118,004 | 24.95% |
| Equipment | E-6 | \$252,989 | \$105,412 | \$182,666 | \$77,254 | 73.29% |
| Contracted Out | E-7 | \$113,883 | \$47,451 | \$31,194 | (\$16,257) | -34.26% |
| Building & Grounds | E-8 | \$29,013 | \$12,089 | \$151,551 | \$139,463 | 1153.66% |
| TOTAL EXPENSE | E-9 | \$14,900,192 | \$6,238,689 | \$6,647,384 | \$408,696 | 6.55% |
| SURPLUS/(DEFICIT) including unfunded liabilities | E-10 | (\$648,117) | (\$300,324) | (\$1,056,028) | (\$755,704) | 251.63% |
| Less: Unfunded Future Benefits | E-11 | \$0 | \$0 | \$59,625 | \$59,625 | 0% |
| Less: Unfunded Amortization Expense | E-12 | \$0 | \$0 | \$1,097 | \$1,097 | 0% |
| SURPLUS/(DEFICIT) excluding unfunded liabilities | E-13 | (\$648,117) | (\$300,324) | (\$995,306) | (\$694,982) | 231.41% |
| Operating Surplus(Deficit) - Corporate - Hospital and Other Funds | | | | | | |
| | | (\$592,096) | (\$276,982) | (\$1,475,556) | | |
| Operating Surplus(Deficit) - Hospitals & Long Term Care ONLY | | | | | | |
| | | (\$592,096) | (\$276,982) | (\$1,427,458) | | |
| Total Operating Margin - Hospitals & Long Term Care ONLY | | | | | | |
| | | -1.19% | -1.34% | -6.66% | | |



Quality, Safety, Risk Committee Report – September 2022

2.5.1 Board Quality Metrics *

BOARD OF DIRECTORS - QUALITY METRICS - 2021-2022



INDICATORS:

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

| INDICATOR | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | YTD Actual | Target | Variance | Notes |
|--------------------|---------|---------|---------|---------|------|---------|------|---------|------|---------|---------|---------|------------|--------|----------|--|
| 1. Participation A | 71% | 71% | 86% | #DIV/0! | 83% | 67% | 83% | 100% | 100% | #DIV/0! | 78% | #DIV/0! | 83% | 75% | 8% | |
| 2. Participation B | 36% | 43% | 91% | #DIV/0! | 75% | 90% | 93% | 85% | 93% | 60% | #DIV/0! | #DIV/0! | 76% | 75% | 1% | |
| 3. Reflection A | 86% | #DIV/0! | 86% | #DIV/0! | 100% | #DIV/0! | 100% | #DIV/0! | 100% | #DIV/0! | #DIV/0! | #DIV/0! | 94% | 100% | -6% | |
| 4. Reflection B | | | | | | | | | | 83% | | | 83% | 100% | -17% | |
| 5. Decision Making | 100% | 100% | 100% | #DIV/0! | 100% | 100% | 100% | 67% | 100% | #DIV/0! | 1 | #DIV/0! | 95% | 90% | 5% | |
| 6. Education A | 100% | 100% | 100% | #DIV/0! | 100% | 100% | 100% | 100% | 0% | #DIV/0! | 1 | #DIV/0! | 100% | 100% | 0% | min of 1 session/mtg |
| 7. Education B | 100% | 100% | 100% | #DIV/0! | 100% | 100% | 100% | 100% | 100% | #DIV/0! | 1 | #DIV/0! | 100% | 100% | 0% | min of 2 items/mtg |
| 8. Composition | | | | | | | 61% | | | | | | 61% | 89% | -28% | 11/18 skills met |
| 9. Compliance | #DIV/0! | | #DIV/0! | | | | | | | | | | #DIV/0! | 90% | #DIV/0! | Board Orientation cancelled due to resignation of member |



Auxiliary Report – September 2022

Emo

No Report.

La Verendrye General Hospital

See Attached.

Rainycrest

No Report.

Rainy River

No Report.

EXECUTIVE MEETING MINUTES

**September 6, 2022 1:30pm
Ground Floor Meeting Room
LaVerendrye Hospital**

1. CALL TO ORDER

The meeting was called to order at 1:33 pm by Marnie

2. ATTENDANCE

Attendance: Marnie Cumming, Ellen Gagne, Linda Plumridge, Diane Glowasky, Donna Penney, Margie Gibson, Irene Laing and Linda Booth

Regrets: Jan Beazley, Sue Seiders, Brenda Cox, Holly Angus, Marianne Kitzul, and Allison Cox.

3. AUXILIARY PLEDGE

Recited by Donna Penney

4. CONFLICT OF INTEREST

None

5. APPROVAL OF AGENDA

All

6. MINUTES OF PREVIOUS MEETING

Accepted as distributed

7. TREASURER'S REPORT

Financial Report distributed and approved by all. Balance of \$40,683.31 as of May 31st. Overview of Gift Shop revenue and expenses from the past three months was provided. Indicated steady earnings with net revenue of \$3475.11. Debit machine is being well received with transactions most days.

8. CORRESPONDENCE

Thank you received from the Fort Frances High School for Bursaries.

Invitation to support the Foundation Gala to be held October 22nd arrived.

9. DIRECTORS REPORTS

- **RIVERSIDE FOUNDATION:** Marnie will be acting representative at Foundation meetings pending Vice-President position being filled.
- **SPECIAL EVENTS Director position is vacant.**
 - Lobby Lottery – Marianne Kitzul has accepted position on the Riverside Health Care Board and thus is unable to continue on the LVGHA executive. Jan will be asked to contact possible replacements.
- **GIFT SHOP:** Linda stated that the Gift Shop was doing very well. Susan and Jan are still looking for volunteers. Diane Lovisa will again take over vending machine duties to free up Allison. Looking to previous volunteers for pop duties.
- **COMMUNICATIONS:** Because of work commitments, Holly will not be able to attend executive meetings. Marnie will contact her to discuss duties she may be able to take on and look into how to manage remaining tasks.

Linda P. wrote news article for the FF Times focusing on upcoming events and recent accomplishments.

- **MEMBERSHIP:** There are currently 186 members including 4 lifetime members plus 14 at Rainycrest. Removed 11 members from the active list who haven't paid in 2 years. Marnie is preparing form/letter regarding membership renewal to distribute to all members.
 - Courtesies: We have lost 4 members. Donna has sent courtesies on behalf of Shirley Nault, V. Zuchiatti, Lolly Brunetta, Jack Allen and Marlene Yuill.
 - Phoning: Donna will develop small committee of phoners who will contact those without email about events.
- **SOCIAL:** Diane reported the plans for the Fall Luncheon to be held at Knox United Church on Monday, September 12th are well in hand. Tickets have been distributed to sales locations.
- **DIRECTORS-AT-LARGE**
 - Patient Services – Margie has agreed to be the liaison with Judy. Judy reports that many baby kits have been donated, all is going well.

10. UNFINISHED BUSINESS

- Strawberry Social - Irene gave report on success of the past Strawberry Social. Desserts were delivered to 914 people with resulting revenue of \$3298.81. Was suggested that thanks be sent to Leon's and Greens for the use of the freezers.
- Fall Tea to be held at the Senior Centre on Sunday, October 16th from 2:00 – 4:00. Marnie is working to get volunteers in place plus to complete license application for the Penny Auction. Will distribute volunteer sign-up sheets at the Fall Luncheon.
- The *Spirit of Christmas* will be held at La Place Rendezvous on November 27th beginning at 2:00 pm. Diane and Linda B have been planning the event since June with arrangements made at the venue. Current focus is on soliciting for auction items. A small committee will be created to take on this task. George Glowasky has volunteered to produce posters. Publicity for the event will be at the Fall Tea.

11. NEW BUSINESS:

Due to the success of fundraising last spring, LVGHA will be able to fulfill its previous \$70000 pledge early. Discussion was held regarding next goal and a decision was made to purchase infusion machine(s). Marnie will work with Allison to determine costs and a motion will be made at the October executive meeting.

At the Tea, the Foundation will be presented with a cheque to complete the 2021-23 pledge and the new pledge will be announced.

12. ADJOURNMENT at 3:30 pm.

Next Meeting October 4, 2022 at 1:30p.m. lower floor meeting room

Marnie Cumming: President

Ellen Gagne: Secretary



BOARD MEMBER CONSOLIDATED CONFIDENTIALITY, ACCOUNTABILITY AND ROLES AND RESPONSIBILITIES STATEMENT

BOARD MEMBER CONFIDENTIALITY STATEMENT

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

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

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

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

Responsibility

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

Confidential Matters

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

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

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

Public/Media Statement

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

BOARD MEMBER ACCOUNTABILITY STATEMENT

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

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

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

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

BOARD MEMBER CODE OF CONDUCT

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

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

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

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

BOARD MEMBER ROLES & RESPONSIBILITIES STATEMENT

Responsibility of the Board:

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

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

Strategic Planning and Mission, Vision and Values:

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

Quality and Performance Measurement and Monitoring:

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

Financial Oversight:

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

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

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

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

Risk Identification and Oversight:

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

Stakeholder Communication and Accountability:

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

Governance:

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

Legal Compliance:

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

Amendment:

- This statement may be amended by the board.

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

Signature

Date

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