

**BOARD OF DIRECTORS MEETING**

**OPEN SESSION**

Thursday, September 24, 2020

5:30 pm – Dinner Provided - La Place Rendezvous

6:00 pm – La Place Rendezvous / GoToMeeting

**AGENDA**

| Item | Description   | Page |
|------|---|------|
| 1.   | Call to Order – 5:30 pm – Indigenous Acknowledgment & Reading of the Mission Statement<br>1.1 Quorum<br>1.2 Conflict of Interest and Duty   |      |
| 2.   | Consent Agenda<br>2.1 Board Minutes – August 4, 2020 * Pg 4<br>2.2 Board Chair & Senior Leadership General Report – J. Ogden, H. Gauthier, J. Loveday, C. Larson, Dr. M. Kowal* Pg 7<br>2.3 Governance Committee Report – J. Begg * Pg 10<br>2.4 Audit & Resources Committee Report – D. Robinson * Pg 20<br>2.5 Quality Safety Risk Committee Report – S. Weir * Pg 28<br>2.6 Riverside Foundation for Health Care Report * Pg 37<br>2.7 Auxiliary Reports * Pg 44 |      |
| 3.   | Motion to Approve the Agenda  |      |
| 4.   | Patient / Resident Safety Moment  |      |
| 5.   | Business Arising - None   |      |
| 6.   | New Business<br>6.1 Board Member Consolidated Confidentiality, Accountability & Roles & Responsibility Statement – Annual Signing – Deferred to October   |      |
| 7.   | Opportunity for Public Participation  |      |
| 8.   | Move to In-Camera   |      |
| 9.   | Other Motions/Business  |      |
| 10.  | Date and Location of Next Meeting: October 29, 2020   |      |
| 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 24, 2020**

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

**Indigenous Acknowledgment:**

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

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

# MISSION

# VISION

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

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

# STRATEGIC PILLARS

Quality • Organizational Health • Partnerships • Advocacy

RIVERSIDE HEALTH CARE

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

**Date of Meeting:** August 4, 2020

**Time of Meeting:** 5:30 pm

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

**PRESENT:** Dr. M. Kowal\*                      J. Begg\*                      H. Gauthier\*                      D. Robinson\*  
J. Ogden\*                      K. Lampi\*                      S. Weir\*                      C. Steiner\*  
P. Howie\*                      \*via OTN/teleconference/GoToMeeting

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

**GUEST:** J. Evans (Item 4.0)\*, J. Savage (Item 4.0)\*, K. Byrick\*, Toronto Star\*

**REGRETS:** Dr. V. Patel

**1. CALL TO ORDER:**

J. Ogden called the meeting to order at 5:31 pm. B.Booth recorded the minutes of this meeting. Joanne read the Indigenous Acknowledgment and the Mission Statement. Joanne shared she laid tobacco in honour of our meeting today. Joanne reminded all of GoToMeeting etiquette.

**1.1 Quorum**

Joanne shared there were no 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. The following was removed:

- 2.2 Board Chair and Senior Leadership General Report

**3. MOTION TO APPROVE THE AGENDA:**

ADD: 8.1 Board Chair and Senior Leadership General Report

It was,

MOVED BY: J. Begg

SECONDED BY: D. Robinson

THAT the Board approves the Agenda as amended.

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 presented the draft financial statements. The following was highlighted:

- Jon E. shared they met with the Audit & Resources Committee on July 16, 2020; a granule presentation was provided to the committee and the plan is to do a high level overview this

evening. Doug confirmed the Audit & Resources Committee went through the statements in detail and therefore is comfortable with a high level overview tonight. Doug encouraged all to ask questions throughout the presentation.

- Jon E. noted the hope is to have the financial statements approved with today's date. The auditors have completed all processes required in order to give their opinion. He shared COVID-19 played a role with completing the statements and commended the management team for providing all necessary documentation. Jon E. stated the Audit Report highlights a Going Concern which will be discussed later in the presentation.
- Jeff reviewed the Auditors opinion noting the financial statements present fairly, in all material respects, the financial position of the Organization as at Marcy 31, 2020, and its results of operations, changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.
- Jeff reviewed the Going Concern in detail noting RHC is in a risk position as they cannot pay off debt. Jon E. confirmed this is a concern however; this can be used as a tool in requesting more funding.
- Jeff reviewed the operational results; hospital was in a \$189k deficit. The overall deficit for hospital and LTC is \$2.8 million.
- Jeff noted the financial position as of March 31, confirms RHC is in overdraft of \$1.2 million. He recalled that RHC has a \$5 million overdraft.
- Jeff reviewed the debt on the balance sheet owed to the MOH/LHINs was approximately \$4.6 million liability; \$3.7 million is directly related to Rainycrest.
- Jeff shared the Ministry has cancelled occupancy clawbacks for the 2020 calendar year which is good news.
- Notes to the Financial Statements were reviewed. Jeff recalled the Going Concern. He reviewed the Subsequent Events note sharing this is related to COVID-19. There are still uncertainties due to COVID-19 and costs could change moving forward. This is not unique to RHC; this is the situation for everyone everywhere.
- Jon E. shared the audit process went well and thanked all involved. He reported the books and records are in good shape regardless of the numbers. The financials are in final format.

Joanne thanked Jon Evans and Jeff Savage for their presentation.

It was,

MOVED BY: D. Robinson

SECONDED BY: J. Begg

THAT the Board of Directors approves the 2019-20 audited financial statements, as reviewed and recommended by the Audit & Resources Committee.

CARRIED.

P. Howie abstained from the motion.

Joanne welcomed the auditors to stay for the remainder of the Open Session; the auditors declined and exited the meeting.

## 5. **Patient / Resident Safety Moment**

Dr. Kowal shared a patient safety moment involving RHC's implemented COVID-19 policies and processes around patients including minors being accompanied into the ER by a family member. She discussed a scenario involving a teenager who presented to the ER and was told the parent was not allowed into the ER and how this affected the care of the patient. RHC's policies and processes were discussed. Dr. Kowal wanted the Board aware of this for information and how the rules are not always set in stone.

## 6. **BUSINESS ARISING:**

There was no business arising.

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

There was no Quality, Safety & Risk strategic discussion.

**8. NEW BUSINESS:**

**8.1 Board Chair and Senior Leadership General Report**

Peter questioned the RR District Women’s Shelter of Hope & New Horizons Second Stage Housing (Shelter) and wanted to know the rationale around this. Henry discussed the relationship to the Shelter and recognized that RHC has many programs to support the Shelter. Henry shared RHC was approached by the Board Chair of the Shelter to provide support. He noted RHC has not agreed to take on the Shelter; we are in business stages and this would have to come back to the Board to consider a motion regarding an integration or merger.

**9.0 OPPORTUNITY FOR PUBLIC PARTICIPATION**

There was no public participation.

**10. MOVE TO IN-CAMERA:**

|   |  |
|---|--|
| It was,<br>MOVED BY: J. Begg<br>THAT the Board go in-camera at 6:10 pm. | SECONDED BY: D. Robinson<br><br>CARRIED. |
|---|--|

**11. OTHER MOTIONS/BUSINESS:**

There was no other motions/business.

**12. DATE AND LOCATION OF NEXT MEETING:**

September 2020 (date to be determined).

**13. ADJOURNMENT:**

|  |          |
|--|----------|
| It was,<br>MOVED BY: C. Steiner<br>THAT the meeting be adjourned at 7:22 pm. | CARRIED. |
|--|----------|

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary/Treasurer



## Board Chair, Chief of Staff & Senior Leadership Report – September 2020 Open Session

### Strategic Pillars & Directions

#### Quality

- **Resident Return to Emo**  
Residents from the Emo Health Centre returned to their Home on September 1, 2020 after having previously been evacuated on June 18, 2020 due to failure of the air conditioning system. The team coordinated return of all Emo residents to their Home on the same day. A special thank you to Julie Loveday, VP, Clinical Services & CNE and the leadership team for their planning and successful transition of residents back to the Emo Health Centre.
- **Ontario College of Pharmacists (OCP)**  
OCP visited Riverside Health Care September 14, 2020 for an annual compliance visit. We are awaiting a formal report in the next few weeks.
- **Chief of Staff COVID-19 Update**  
Our physicians and staff continue to be immersed in COVID related practices and protocols, covering all aspects of medical care. Despite the ongoing challenges, we have restored surgical and the regional orthopedic services. We continue to transition our policies for the emergency department and inpatient units to remain consistent with risk assessments and Public Health mandates. School has resumed, with a choice for students to pursue online or in class teaching. We anticipate the fall season to present added challenges to COVID-19 with the flu season quickly approaching.
- **Electronic Medication Administration Record (eMAR) and Electronic Treatment Administration Record (eTAR)**  
The purpose of the eMAR/eTAR is to electronically track and record resident administration of medication and treatments. The software tracks the order and delivery of medication with ease and convenience. Our eMAR and eTAR in Rainy River went live July and is scheduled for go-live at Rainycrest in October. A timeline has not yet been confirmed for the Emo Health Centre. An eMAR/eTAR reduces risk of medication error, enhances efficiency and improves the speed and simplicity of medication passes.
- **Scope of Practice**
  - Learning packages have been developed for RPNs at La Verendrye General Hospital to train on IV intravenous insertion and site management.
  - Training is being developed for vac(uum) dressing/negative pressure wound care at Rainycrest LTC so this service may be provided in the Home; RNs and RPNs will take this training.

### Organizational Health

- **Physician Recruitment**
  - Dr. McGuire has joined the Emo physician practice while Dr. Arnesen, Dr. Laxton and Dr. Balaraman have all joined the practice in Fort Frances.
  - Dr. Trottier is scheduled to begin as a GPA in July 2021 while Dr. Gustafson-Mitchell is anticipated to start her GP practice in late April 2021.
- **Staff Appreciation BBQs**  
Members of Senior Leadership & Food & Nutrition Management attended staff appreciation BBQ's at La Verendrye General Hospital, Emo Health Centre, Rainy River Health Centre and Rainycrest LTC in July and August. We wish to extend our sincere appreciation to Physicians, Management and Staff for their commitment and collaboration throughout the pandemic.
- **Board Retreat**  
Our Board Retreat was held on September 11-12, 2020 at La Place Rendezvous. The focus of the retreat was to celebrate our successes, reflect on organizational and system risks and prioritize our strategic priorities. Jessica Logozzo, EVP, Transformation & Integration, TBRHSC facilitated the two sessions that included Board, Senior Leadership, Chief of Staff and the CEO of FFTAHS.
- **Performance Conversations**  
Riverside met its 95% compliance target for performance conversations, having reached 96.5% on September 16, 2020. As we approach the September 25, 2020 deadline; our team is focused on continuing to advance our compliance rate to 100%.

## Board Chair, Chief of Staff & Senior Leadership Report – September 2020 Open Session

- **Board Orientation**

New Board Member Orientation was held on September 10, 2020 at the La Verendrye General Hospital. In addition to the Board Chair and Senior Team, presentations were provided by the Rainycrest Administrator, Emo/RR Administrator, Director of Nursing (acute), Director of Community Services, and Director of QSR & Practice. Welcome to Ben Norton, Riverside's newest Board Member.

- **Visitor Policies – COVID-19**

- Acute Care – 1 visitor (3:30-6:30 daily).
- Laboring – 2 designated support persons.
- Prenatal Ultrasound - 1 support person.
- Short Stay Absences in LTC – now permitted.
- Outside and indoor visits:
  - designated family care givers able to participate in resident care (includes physical contact);
  - visitor increased to two at a time, both indoor and outdoor;
  - indoor visits requires Covid-19 test within 14 days; and
  - Outdoor visits only require a negative screening (no testing).

- **Surgical Program**

Gynecology visiting specialists (Dr. Bodkin and Dr. Buitenhuis) will provide clinics in October and are engaging Riverside to schedule gynecological surgical services in the future.

The Regional Orthopedic Program restarted in July, and is scheduled to complete over 140 Hips and Knees by December 2020. We have initiated Anterior Hip Arthroplasty; this is a less invasive procedure that does not require post-surgical hospitalization.

- **Assessment Centre - COVID-19**

The assessment centre is experiencing a sizeable increase in activity resulting from school referrals related to COVID-19. This increased activity involves new clientele (children) and increases the demand on provincial assessment and lab testing centres. We continue to monitor this situation. To September 16, 2020 we have completed 7,715 swabs.

- **Confederation College Students**

RPN students from Confederation College have returned to La Verendrye General Hospital for their 2<sup>nd</sup> year clinical placements.

### Partnerships

- **Rainy River District Ontario Health Team (RRDOHT)**

The RRDOHT met numerous times through August and September to prepare for our OHT Full Application that is due to the MOHLTC on September 18, 2020. Ontario Health Teams are groups of local health care providers who are working together to provide coordinated care for patients within their community. All OHT partners are committed to a shared vision that ensures patients receive high quality care and can easily navigate the health care system. An Ontario Health Team is made up of health care providers from several sectors, including, but not limited to: family doctors and nurse practitioners, other primary care including family health teams and community health centres, hospitals, home and community care, long-term care, mental health and addictions services, health promotion and disease prevention services, rehabilitation and complex care, palliative care (including hospice), and emergency health services (including ambulance/paramedicine services).

### Advocacy

- **Home and Community Care**

On September 4, 2020 representatives from RHC and Atikokan General Hospital met with Ontario Health North to discuss the future path for Home Care services across the District. At this time, aside from issuing overflow contracts to service providers, Ontario Health North continues to work on a structure that ensures consistent roll out of Home and Community Care services to OHTs.





**Board Chair, Chief of Staff & Senior Leadership Report – September 2020  
Open Session**

Thank you to all the Directors, Managers and Supervisors from across RHC whose submissions prove to be invaluable in the preparation of this report.

Respectfully Submitted,

Joanne Ogden, Board Chair

Melaine Kowal, Chief of Staff

Julie Loveday, Vice President, Clinical Services & CNE

Carla Larson, Chief Financial Officer

Henry Gauthier, President & CEO



## Governance Committee Report – September 2020

- 2.3.1 Terms of Reference Annual Review\*
- 2.3.2 2020-21 Governance Committee Work plan\*
- 2.3.3 Governance Policy Review\*
- 2.3.4 2019-20 Board Professional Development Update\*
- 2.3.5 Board Professional Development Presentation Topics\*
- 2.3.6 FIPPA Delegation of Authority

**RIVERSIDE HEALTH CARE FACILITIES INC.  
Emo, Fort Frances, Rainy River  
BOARD OF DIRECTORS**

**BOARD GOVERNANCE COMMITTEE**

**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 organizational committees
- Conjoint meetings with the organizations 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 legal proceedings & reputational risk. Annual or Ad-hoc reporting as required.
- Executive Management
- Quarterly Accreditation Update
- 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, 09/19, 12/19, 09/20

Revised: 05/08, 09/16, 12/19, 09/20

**RIVERSIDE HEALTH CARE FACILITIES, INC.**

**Governance Committee of the Board**

**Annual Reporting Schedule - Workplan for 2020-21**

| <b>September</b>   | <b>October</b>  | <b>November</b>   | <b>December</b> |
|--|---|---|-----------------|
| Terms of Reference Review<br>Board & Committee Workplans<br>Strategic Plan Quarterly Update<br>Governance Policy Review<br>Board Professional Development Update<br>Board Development Topics<br>Bd Role & Resp. Review<br>FIPPA Delegation of Authority<br>Board Workplan<br>Peer Assessments Discussion | Orientation Evaluation Results<br>Governance Policy Review<br>Accreditation Quarterly Update<br>Board Meeting Evaluation Results<br>COS Succession Plan<br>Board Professional Dev. Update | Community Engagement Initiatives<br>Risk Management Update<br>Governance Policy Review<br>Update on CEO Performance Goals   | No Meeting      |
| <b>January</b>   | <b>February</b>   | <b>March</b>  |                 |
| Strategic Plan Update<br>Governance Policy Review<br>Accreditation Update<br>By-Law Review<br>Strategic Communications Plan Review<br>Board Meeting Evaluation Results<br>Governance Functioning Tool/Audit Review<br>Members Complete Gov. Functioning Tool again                                       | Nominations/Recruitment Committee Update<br>CEO/COS Performance Review Process<br>Board Retreat Plan<br>Board Meeting Evaluation Results<br>Governance Policy Reporting Schedule          | Freedom of Information Report (PHIPPA & FIPPA Breaches)<br>Annual Meeting Date/Process<br>Strategic Plan Update<br>Board Chair/Vice-Chair Succession Planning<br>Nom/Recruitment Update   |                 |
| <b>April</b>   | <b>May</b>  | <b>June</b>   |                 |
| Review/revise Board Evaluation Tools<br>Auxiliary Engagement Update<br>Nom/Recruitment Update<br>Board Meeting Evaluation Results  | Nomination/Recruitment Committee Report<br>Board Self-Evaluation<br>Governance Policy Review<br>Board Orientation Review<br>CEO Goals & Objectives  | Board Chair Evaluation<br>Board Comm Evaluations<br>Board Workplan Review<br>Exit Interview Results<br>Board Self Evaluation<br>Survey Results<br>Strategic Plan Update<br>Board Mtg Eval. Results<br>Board Attendance Review<br>CEO Evaluation |                 |

**Governance Policy Review Schedule  
As at August 2020**

| <b>Section</b>                  | <b>Date Reviewed &amp; Approved at Board</b> | <b>Next Review Date (2 year review rotation)</b> |
|---------------------------------|--|--|
| Section 1: Governance/Strategic | February 27, 2020                            | February 2022                                    |
| Section 2: Workplace of Choice  | January 24, 2019                             | February 2021                                    |
| Section 3: Provider of Choice   | January 24, 2019                             | February 2021                                    |
| Section 4: Accountability       | May 24, 2018                                 | May 2020   |

**Board of Directors Professional Development Tracking  
2019-20 Term**

| Date      | Board Member    | Name of the Session                | Where was the session held |
|-----------|-----------------|------------------------------------|----------------------------|
| 03-Sep-19 | Joanne Ogden    | New Board Member Orientation       | LVGH                       |
|           | Peter Howie     | New Board Member Orientation       | LVGH                       |
|           | Kathy Lampi     | New Board Member Orientation       | LVGH                       |
| 26-Sep-19 | Joanne Ogden    | Finance 101                        | LVGH                       |
|           | Janice Beazley  | Finance 101                        | LVGH                       |
|           | Jon Begg        | Finance 101                        | LVGH                       |
|           | Carlene Steiner | Finance 101                        | LVGH                       |
|           | Kathy Lampi     | Finance 101                        | LVGH                       |
| 24-Oct-19 | Joanne Ogden    | Accreditation Report               | Emo Health Centre          |
|           | Janice Beazley  | Accreditation Report               | Emo Health Centre          |
|           | Jon Begg        | Accreditation Report               | Emo Health Centre          |
|           | Carlene Steiner | Accreditation Report               | Emo Health Centre          |
|           | Kathy Lampi     | Accreditation Report               | Emo Health Centre          |
|           | Peter Howie     | Accreditation Report               | Emo Health Centre          |
|           | Shanna Weir     | Accreditation Report               | Emo Health Centre          |
| 28-Nov-19 | Joanne Ogden    | Board & Social Media Communication | Raincrest LTC              |
|           | Janice Beazley  | Board & Social Media Communication | Raincrest LTC              |
|           | Jon Begg        | Board & Social Media Communication | Raincrest LTC              |
|           | Kathy Lampi     | Board & Social Media Communication | Raincrest LTC              |
|           | Peter Howie     | Board & Social Media Communication | Raincrest LTC              |
|           | Shanna Weir     | Board & Social Media Communication | Raincrest LTC              |
| 09-Dec-19 | Shanna Weir     | A Matter of Trust                  | Toronto                    |
| 27-Feb-20 | Janice Beazley  | CMI                                | LVGH                       |
|           | Jon Begg        | CMI                                | LVGH                       |
|           | Kathy Lampi     | CMI                                | LVGH                       |
|           | Peter Howie     | CMI                                | LVGH                       |
|           | Doug Robinson   | CMI                                | LVGH                       |
| 28-May-20 | Joanne Ogden    | Big Health Care                    | LVGH/GoToMeeting           |
|           | Janice Beazley  | Big Health Care                    | LVGH/GoToMeeting           |
|           | Peter Howie     | Big Health Care                    | LVGH/GoToMeeting           |



|   |  |   |  |
|---|--|---|--|
|   | Doug Robinson<br>Carlene Steiner<br>Jon Begg | Big Health Care<br>Big Health Care<br>Big Health Care | LVGH/GoToMeeting<br>LVGH/GoToMeeting<br>LVGH/GoToMeeting |
| <b>**NOTE - COVID-19 Pandemic hit March 2020 therefore all travel for education was cancelled or not allowed.<br/>All regular meetings were done via teleconference/GoToMeeting</b> |  |   |  |

**Board Professional Development Topics**  
**2020-21**

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- Mandate of PC Government
- The Long Term Care Homes – Public Inquiry – Resident Safety –could possibly provide a high level overview of this in the future
- Health Equity – Health Unit Presentation – J. Begg
  
- Strategic HR Plan – Board education session – Jason could do a presentation
  
- Elder Gilbert Smith or Elder Gus Copenace Presentation (\*\*Keep timing in mind\*\*)

## BRIEFING NOTE

**TO:** RHC Governance Committee

**FROM:** Henry Gauthier, President & CEO

**DATE:** September 2, 2020

**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 Director of IST & Privacy for the fiscal year 2020-21.



**Audit & Resources Committee Report – September 2020**

- 2.4.1 Financial Report – July 2020 \*
- 2.4.2 Audit & Resources Terms of Reference Annual Review\*
- 2.4.3 Audit & Resources Committee Work plan\*



## Operating Revenue & Expense Summary April 1, 2020 to July 31, 2020

|  |             | 2020/2021 Annual Budget | YTD Budget          | YTD Actual          | YTD Actual Dollars Over(Under) YTD Budget | YTD Actual Percent Over(Under) YTD Budget |
|--|-------------|-------------------------|---------------------|---------------------|---|---|
| <b>Fund Type 1 - LHIN Funded - Hospital Services</b>                     |             |                         |                     |                     |   |   |
| <b>REVENUE</b>   |             |                         |                     |                     |   |   |
| LHIN - Base Funding  | A-1         | \$26,661,629            | \$8,887,210         | \$8,858,425         | (\$28,785)                                | -0.32%                                    |
| Other Funding (19*) - Bundled Care, Hospice, Oncology Drug Reimbursement | A-2         | \$1,624,458             | \$541,486           | \$1,690,088         | \$1,148,602                               | 212.12%                                   |
| LHIN - One Time Funding  | A-3         | \$0                     | \$0                 | \$86,682            | \$86,682                                  | 0%  |
| MOHLTC - One Time Funding  | A-4         | \$222,275               | \$74,092            | \$74,096            | \$4                                       | 0.01%                                     |
| Other Revenue MOHLTC - HOCC  | A-5         | \$488,505               | \$162,835           | \$169,459           | \$6,624                                   | 4.07%                                     |
| Paymaster  | A-6         | \$0                     | \$0                 | \$0                 | \$0                                       | 0%  |
| Cancer Care Ontario  | A-7         | \$21,563                | \$7,188             | \$2,317             | (\$4,871)                                 | -67.76%                                   |
| Recoveries & Miscellaneous   | A-8         | \$1,485,678             | \$495,226           | \$572,814           | \$77,588                                  | 15.67%                                    |
| Amortization of Grants/Donations Equipment                               | A-9         | \$270,000               | \$90,000            | \$90,968            | \$968                                     | 1.08%                                     |
| OHIP Revenue & Patient Revenue from Other Payors                         | A-10        | \$1,725,505             | \$575,168           | \$466,125           | (\$109,044)                               | -18.96%                                   |
| Differential & Copayment   | A-11        | \$970,001               | \$323,334           | \$342,172           | \$18,838                                  | 5.83%                                     |
| <b>TOTAL REVENUE</b>   | <b>A-12</b> | <b>\$33,469,614</b>     | <b>\$11,156,538</b> | <b>\$12,353,146</b> | <b>\$1,196,608</b>                        | <b>10.73%</b>                             |
| <b>EXPENSES</b>  |             |                         |                     |                     |   |   |
| Compensation - Salaries & Wages  | A-13        | \$18,775,421            | \$6,275,620         | \$7,146,274         | \$870,654                                 | 13.87%                                    |
| Benefit Contributions  | A-14        | \$5,081,817             | \$1,698,580         | \$1,849,658         | \$151,078                                 | 8.89%                                     |
| Future Benefits  | A-15        | \$163,200               | \$54,400            | \$56,692            | \$2,292                                   | 4.21%                                     |
| Medical Staff Remuneration   | A-16        | \$1,518,000             | \$506,000           | \$449,521           | (\$56,479)                                | -11.16%                                   |
| Nurse Practitioner Remuneration  | A-17        | \$122,800               | \$40,933            | \$45,239            | \$4,306                                   | 10.52%                                    |
| Supplies & Other Expenses  | A-18        | \$5,055,280             | \$1,685,093         | \$1,800,659         | \$115,566                                 | 6.86%                                     |
| Amortization of Software Licenses & Fees                                 | A-19        | \$34,887                | \$11,629            | \$11,629            | \$0                                       | 0.00%                                     |
| Medical/Surgical Supplies  | A-20        | \$720,889               | \$240,296           | \$192,310           | (\$47,986)                                | -19.97%                                   |
| Drugs & Medical Gases  | A-21        | \$1,340,607             | \$446,869           | \$574,942           | \$128,073                                 | 28.66%                                    |
| Amortization of Equipment  | A-22        | \$641,257               | \$213,752           | \$233,066           | \$19,314                                  | 9.04%                                     |
| Rental/Lease of Equipment  | A-23        | \$147,252               | \$49,084            | \$50,795            | \$1,711                                   | 3.49%                                     |
| Bad Debts  | A-24        | \$82,000                | \$27,333            | \$35,070            | \$7,737                                   | 28.30%                                    |
| <b>TOTAL EXPENSE</b>   | <b>A-25</b> | <b>\$33,683,410</b>     | <b>\$11,249,591</b> | <b>\$12,445,856</b> | <b>\$1,196,265</b>                        | <b>10.63%</b>                             |
| <b>SURPLUS/(DEFICIT)</b>   | <b>A-26</b> | <b>(\$213,796)</b>      | <b>(\$71,265)</b>   | <b>(\$92,710)</b>   | <b>(\$21,445)</b>                         | <b>30.09%</b>                             |



## Operating Revenue & Expense Summary April 1, 2020 to July 31, 2020

|  |      | 2020/2021 Annual Budget | YTD Budget  | YTD Actual  | YTD Actual Dollars Over(Under) YTD Budget | YTD Actual Percent Over(Under) YTD Budget |
|--|------|-------------------------|-------------|-------------|---|---|
| <b>Fund Type 2 - LHIN Funded - Counselling &amp; Non Profit Housing Programs<br/>Mental Health - Case Management - Housing - Addictions - Problem Gambling</b> |      |                         |             |             |   |   |
| TOTAL REVENUE  | B-1  | \$1,560,807             | \$520,269   | \$550,579   | \$30,310                                  | 5.83%                                     |
| TOTAL EXPENSE  | B-2  | \$1,560,807             | \$520,269   | \$566,324   | \$46,055                                  | 8.85%                                     |
| SURPLUS/(DEFICIT) - DUE To LHIN  | B-3  | \$0                     | \$0         | (\$15,745)  | (\$15,745)                                | 0.00%                                     |
| <b>Fund Type 3 - Other Ministry/Agency Funded - Non Hospital Services<br/>Partner Assault Response - Family Violence</b>                                       |      |                         |             |             |   |   |
| TOTAL REVENUE  | C-1  | \$191,338               | \$63,779    | \$71,553    | \$7,774                                   | 12.19%                                    |
| TOTAL EXPENSE  | C-2  | \$191,338               | \$63,779    | \$71,553    | \$7,774                                   | 12.19%                                    |
| SURPLUS/(DEFICIT) - DUE To Other   | C-3  | \$0                     | \$0         | \$0         | \$0                                       | 0.00%                                     |
| <b>Fund Type 2 - LHIN Funded - RainyCrest Community Support Services<br/>(Home Support, Assisted Living, Adult Day, Meals on Wheels)</b>                       |      |                         |             |             |   |   |
| TOTAL REVENUE  | D-1  | \$1,340,836             | \$446,945   | \$558,048   | \$111,103                                 | 24.86%                                    |
| TOTAL EXPENSE  | D-2  | \$1,340,836             | \$446,945   | \$549,040   | \$102,094                                 | 22.84%                                    |
| SURPLUS/(DEFICIT) - DUE To LHIN  | D-3  | \$0                     | \$0         | \$9,009     | \$9,009                                   | 0.00%                                     |
| <b>Fund Type 2 - LHIN Funded - RainyCrest<br/>Long Term Care</b>   |      |                         |             |             |   |   |
| TOTAL REVENUE  | E-1  | \$13,044,393            | \$4,348,131 | \$4,653,071 | \$304,940                                 | 7.01%                                     |
| Compensation & Benefits  | E-2  | \$10,794,697            | \$3,608,091 | \$4,006,075 | \$397,985                                 | 11.03%                                    |
| Supplies   | E-3  | \$1,289,047             | \$429,682   | \$408,765   | (\$20,918)                                | -4.87%                                    |
| Service Recipient Specific Supplies  | E-4  | \$0                     | \$0         | \$0         | \$0                                       | 0.00%                                     |
| Sundry   | E-5  | \$675,873               | \$225,291   | \$345,115   | \$119,824                                 | 53.19%                                    |
| Equipment  | E-6  | \$234,600               | \$78,200    | \$103,163   | \$24,963                                  | 31.92%                                    |
| Contracted Out   | E-7  | \$343,883               | \$114,628   | \$75,209    | (\$39,418)                                | -34.39%                                   |
| Building & Grounds   | E-8  | \$26,877                | \$8,959     | \$4,637     | (\$4,322)                                 | -48.25%                                   |
| TOTAL EXPENSE  | E-9  | \$13,364,977            | \$4,464,851 | \$4,942,964 | \$478,113                                 | 10.71%                                    |
| SURPLUS/(DEFICIT) including unfunded liabilities   | E-10 | (\$320,584)             | (\$116,720) | (\$289,893) | (\$173,174)                               | 148.37%                                   |
| Less: Unfunded Future Benefits   | E-11 | \$0                     | \$0         | \$43,900    | \$43,900                                  | 0%  |
| Less: Unfunded Amortization Expense  | E-12 | \$0                     | \$0         | \$32,842    | \$32,842                                  | 0%  |
| SURPLUS/(DEFICIT) excluding unfunded liabilities   | E-13 | (\$320,584)             | (\$116,720) | (\$213,151) | (\$96,432)                                | 82.62%                                    |
| <b>Operating Surplus(Deficit) - Hospitals &amp; Long Term Care ONLY</b>  |      |                         |             |             |   |   |
|  |      | (\$534,380)             | (\$187,985) | (\$305,862) |   |   |
| <b>Total Operating Margin - Hospitals &amp; Long Term Care ONLY</b>  |      |                         |             |             |   |   |
|  |      | -1.15%                  | -1.21%      | -1.80%      |   |   |

## **Audit & Resources Committee Terms of Reference**

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### **Purpose**

The Audit & Resources Committee (Committee) will provide oversight on behalf of the Board of Directors through the review of relevant financial, human and capital resource reports and engagement of Senior Management. The Committee will be involved in matters pertaining to financial policies, resource allocation, financial performance, compliance and risk exposure.

### **Scope**

The Committee is responsible for key activities identified for Riverside Health Care and Laverendrye Non Profit Supportive Housing.

### **Accountability**

The Committee shall report to the Board of Directors.

### **Mandate & Key Activities**

The Committee shall:

- Oversee the integrity of the organization's financial affairs;
- Develop an annual work plan of goals and objectives that fulfil the Committee's mandate;
- Review, guide and/or recommend to the Board on Financial matters pertaining to:
  - Board financial policies;
  - capital and operating plan;
  - accountability agreements;
  - financial planning (budgeting);
  - review of investment planning and performance;
  - financial stewardship principles;
  - corporate insurance;
  - financial statements (minimum quarterly); and
  - revenue generating opportunities;
- Review, guide and/or make recommendations to the Board concerning all audit matters including:
  - review of audited financial statements (annually);
  - evaluation and appointment of auditor (annually);
  - auditor's management letter (annually);
  - audit fees (annually);
  - internal audits;
  - fraud detection;
  - review and ensure independence of other services provided by the external auditors; and
- Review, guide and/or recommend to the Board on Human Resource matters pertaining to:
  - labour demographics & succession planning;
  - recruitment & retention strategies;
  - professional and leadership development;
  - performance management system;
  - cultural competencies;
  - physician recruitment;
  - staff satisfaction surveys;
  - workplace safety

**Audit & Resources Committee**  
**Terms of Reference**  
**Page 2**

- Review, guide and/or recommend to the Board on Capital matters pertaining to:
  - capital equipment requirements;
  - land or property acquisition; and
  - capital development/redevelopment processes.
- Conduct in-camera meetings with auditors excluding senior leadership and with senior leadership excluding auditors;
- Advise the Board of Directors of any material financial risks to the corporation identified.

**Membership**

Membership of the Committee will consist of:

| Membership                         | Role                           |
|------------------------------------|--------------------------------|
| • Board Member (4)                 | • Voting Member                |
| • Chair or Vice-Chair of the Board | • Voting Member                |
| • President & CEO                  | • Non-Voting Ex-Officio Member |
| • Chief Financial Officer          | • Non-Voting Ex-Officio Member |
| • Executive Assistant              | • Non-Voting Ex-Officio Member |

**Other Attendees**

The inclusion of other representation at Committee meetings will be determined on an Ad-hoc basis.

**Quorum**

Greater than 50% of the voting members are required to obtain quorum.

**Chair**

The Chair of the Committee will be appointed by the Board annually.

**Chair's Duties and Responsibilities**

The primary function of the Chair is to ensure the effective functioning of the Committee. The specific duties and responsibilities are to:

- Approve the agenda and associated materials for meetings;
- Preside as Chair over meetings ;
- Determine who should attend meetings;
- Ensure that all items to be reported and all recommendations are appropriately tabled;
- Ensure that all members of the Committee actively participate during the meeting;
- Conduct an annual evaluation of Committee performance and act on opportunities for improvement;
- Carry out other duties and responsibilities as may be requested by the Committee or the Board of Directors.

**Decision Making**

Decisions will be made by motion with majority rule.

**Administrative support**



**Audit & Resources Committee**  
**Terms of Reference**  
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The President & Chief Executive Officer and the Chief Financial Officer will prepare required agenda materials. The Executive Assistant will prepare meeting invitations, book meeting rooms and take minutes of the meetings.

**Meetings**

The Committee shall meet at least seven times per year between September and June or **additionally** at the call of the Chair.

**Meeting materials**

Every effort will be made to ensure that the majority of agenda materials are distributed electronically at least five business days in advance.

**Confidentiality**

Many issues being discussed will be of a confidential nature. The issue of confidentiality will be raised at the time of discussion; however, if the issue of confidentiality is unclear, it should be raised at the meeting and a decision made before leaving the meeting.

**Document control**

|  |                           |
|--|---------------------------|
| Initial Approval by Committee          | October 2012              |
| Initial Approved by Board of Directors | October 2012              |
| Projected Review Date                  | January 2021              |
| Reviewed by Committee                  | September 17, 2020        |
| Approved by Board of Directors         | <b>September 24, 2020</b> |

## Audit & Resource Committee 2020-21 Annual Work plan Schedule

| JULY<br>Meeting – None<br>Distribution – July 31   | AUGUST<br>Meeting – None<br>Distribution – August 30   | SEPTEMBER<br>Meeting - September 17<br>Distribution - September 11<br><b>Exception - Financial Report distributed September 14</b>  |
|--|--|---|
| <ul style="list-style-type: none"> <li>Financial &amp; OT/Sick reports distributed July 31.</li> </ul>   | <ul style="list-style-type: none"> <li>Financial &amp; OT/Sick reports distributed August 30.</li> </ul>   | <ul style="list-style-type: none"> <li>Financial Report</li> <li>OT, Sick &amp; FTE Reports</li> <li>Master Plan Update</li> <li>Terms of Reference Review</li> <li>A&amp;R Committee Work plan Review</li> </ul> |
| OCTOBER<br>Meeting - October 22<br>Distribution - October 16   | NOVEMBER<br>Meeting - November 19<br>Distribution - November 13<br><b>Exception - Financial Report distributed November 16</b>   | DECEMBER<br>Meeting - None<br>Distribution – December 17  |
| <ul style="list-style-type: none"> <li>Financial Report</li> <li>OT, Sick &amp; FTE Reports</li> <li>Performance Conversations</li> <li>Insurance Review</li> <li>Talent Management</li> </ul> | <ul style="list-style-type: none"> <li>Financial Report</li> <li>OT, Sick &amp; FTE Reports</li> <li>Board &amp; Management Travel</li> <li>Bad Debts</li> <li>Budget Planning</li> <li>CEO Compliance</li> <li>Operational Reviews</li> </ul> | <ul style="list-style-type: none"> <li>Financial &amp; OT/Sick reports distributed December 17.</li> </ul>  |
| JANUARY<br>Meeting - January 21<br>Distribution - January 15   | FEBRUARY<br>Meeting - February 18<br>Distribution - February 12<br><b>Exception - Financial Report distributed February 15</b>   | MARCH<br>Meeting - March 18<br>Distribution - March 12<br><b>Exception - Financial Report distributed March 15</b>  |
| <ul style="list-style-type: none"> <li>Financial Report</li> <li>OT, Sick &amp; FTE Reports</li> <li>Performance Conversations</li> <li>Capital Equipment Approval</li> </ul>                  | <ul style="list-style-type: none"> <li>Financial Report</li> <li>OT, Sick &amp; FTE Reports</li> <li>Declaration of Compliance – LSAA</li> <li>Operational Reviews</li> </ul>  | <ul style="list-style-type: none"> <li>Financial Report</li> <li>OT, Sick &amp; FTE Reports</li> <li>HSAA extension</li> <li>MSAA extension</li> </ul>  |

|   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Budget</li> <li>• Talent Management</li> </ul>   | <ul style="list-style-type: none"> <li>• Master Plan Update</li> </ul>  | <ul style="list-style-type: none"> <li>• LSAA extension</li> <li>• Non Union Wage Review</li> <li>• Line of Credit</li> <li>• Review BDO Engagement Letter</li> <li>• Approve QIP Performance Based Compensation for Senior Staff (% allotments)</li> </ul>   |
| <b>APRIL</b><br><b>Meeting – April 22</b><br><b>Distribution – April 16</b>   | <b>MAY</b><br><b>Meeting - May 20</b><br><b>Distribution - May 14</b>   | <b>JUNE</b><br><b>Meeting - June 17</b><br><b>Distribution - June 11</b>  |
| <ul style="list-style-type: none"> <li>• Financial Report (no report)</li> <li>• OT, Sick &amp; FTE Reports</li> <li>• Performance Conversations</li> <li>• Bad Debts</li> <li>• BDO Audit Engagement Board &amp; Management meeting(s)</li> <li>• Talent Management</li> </ul> | <ul style="list-style-type: none"> <li>• Financial Report (draft unaudited year end) OT, Sick &amp; FTE Reports</li> <li>• Attestation – BPSAA</li> <li>• Use of Consultants – BPSAA</li> <li>• BDO Board &amp; Management meeting(s)</li> <li>• Bad Debts</li> <li>• Declaration of Compliance – HSAA</li> <li>• Declaration of Compliance - MSAA</li> <li>• Compliance Attestation – CritiCall</li> <li>• Board &amp; Management Travel</li> <li>• CEO Compliance</li> <li>• Operational Reviews</li> </ul> | <ul style="list-style-type: none"> <li>• Financial Report <ul style="list-style-type: none"> <li>○ <b>Prior Year Audited Statements</b></li> <li>○ <b>Current Year April Financial Report</b></li> </ul> </li> <li>• OT, Sick &amp; FTE Reports</li> <li>• Performance Conversations</li> <li>• Investments Update</li> <li>• Master Plan Update</li> <li>• Previous Fiscal QIP Executive Compensation</li> </ul> |

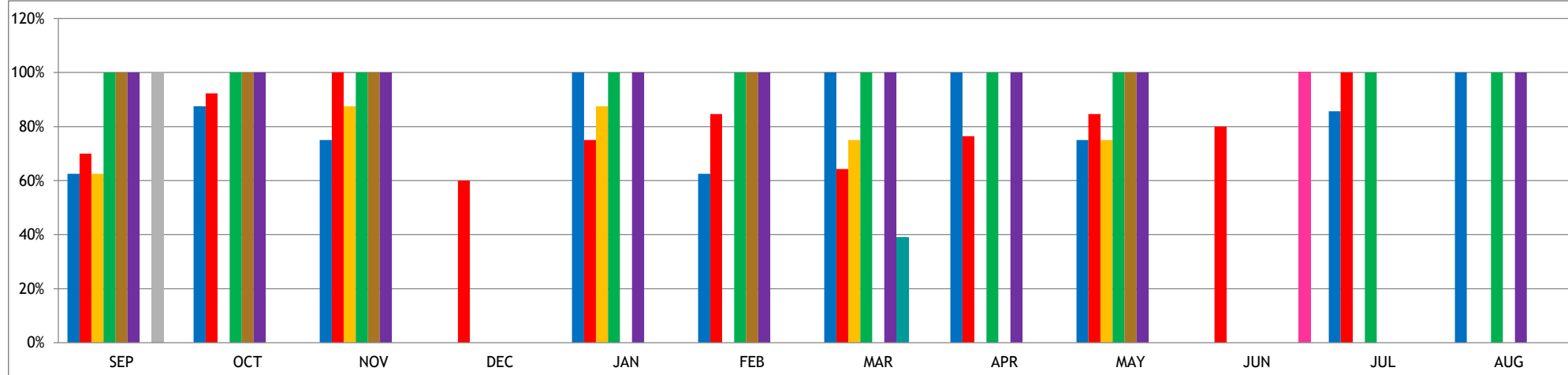
➤ LNPSHC bricks and mortar has its own Board of Directors consisting of the Riverside Board Chair, Vice Chair, CEO and CFO.



**Quality, Safety, Risk Committee Report – September 2020**

- 2.5.1 Board Quality Metrics \*
- 2.5.2 Quality, Safety & Risk Committee Terms of Reference Annual Review\*
- 2.5.3 Quality, Safety & Risk Committee Work plan and QI Report Schedule\*

# BOARD OF DIRECTORS - QUALITY METRICS - 2019-2020



## 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 | 63%  | 88%     | 75%  | #DIV/0! | 100% | 63%     | 100%    | 100%    | 75%  | #DIV/0! | 86%     | 100%    | 85%        | 75%    | 10%      |   |
| 2. Participation B | 70%  | 92%     | 100% | 60%     | 75%  | 85%     | 64%     | 76%     | 85%  | 80%     | 100%    | #DIV/0! | 81%        | 75%    | 6%       |   |
| 3. Reflection A    | 63%  | #DIV/0! | 88%  | #DIV/0! | 88%  | #DIV/0! | 75%     | #DIV/0! | 75%  | #DIV/0! | #DIV/0! | #DIV/0! | 78%        | 100%   | -23%     |   |
| 4. Reflection B    |      |         |      |         |      |         |         |         |      | 100%    |         |         | 100%       | 100%   | 0%       |   |
| 5. Decision Making | 100% | 100%    | 100% | #DIV/0! | 100% | 100%    | 100%    | 100%    | 100% | #DIV/0! | 1       | 1       | 100%       | 90%    | 10%      |   |
| 6. Education A     | 100% | 100%    | 100% | #DIV/0! | 0%   | 100%    | #DIV/0! | #DIV/0! | 100% | #DIV/0! | #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% | #DIV/0! | #DIV/0! | 1       | 100%       | 100%   | 0%       | min of 2 items/mtg                        |
| 8. Composition     |      |         |      |         |      |         |         |         |      |         |         |         |            |        |          | 16/18 skills met<br>(*LOW DUE TO VACANCY) |
| 9. Compliance      | 100% |         |      |         |      |         |         |         |      |         |         |         | 100%       | 90%    | 10%      |   |

## Quality/Safety/Risk (QSR) Committee Terms of Reference

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### **Purpose**

*QSR Committee acts in an advisory capacity to the Board of Directors regarding quality improvement, safety and risk management activities and utilization, in support of the strategic direction and goals of Riverside Health Care and is the Quality Committee for the purposes of the Excellent Care For All Act, 2010 ("ECFAA")*

### **Scope**

*The QSR Committee is responsible to assist the Board in the performance of Board's Governance role for the quality of patient/resident/client care and services and perform the functions of the Quality Committee under ECFAA*

### **Mandate**

*Support educational efforts to improve organizational capacity to improve quality of care and service.*

*Foster and encourage the use of the ethical framework and evidence informed criteria to guide decision making.*

*Ensure that leading practices are maintained, shared with appropriate staff and compliance is monitored periodically in relation to strategic and/or organizational priorities.*

*Endorse compliance with the applicable standards outlined by Accreditation Canada and monitor action plans developed by Quality Teams to address deficiencies.*

### **Accountability**

*Board of Directors*

### **Key Activities**

*Monitor and report to the Board on quality issues and on the overall quality of services provided in the organization, with reference to appropriate data including but not limited to:*

- *performance indicators used to measure safety, quality of care and patient experience*
- *receive semi-annual patient relations aggregate data*
- *reports received from the Medical Advisory Committee identifying and making recommendations with respect to systemic or recurring quality of care issues*
- *publicly reported patient safety indicators*
- *critical incident and sentinel event reports*
- *receive annual trends report on ethical issues and provide support as needed*

*Review and make recommendations with respect to Risk Management on:*

- *Hospital's standards on emergency preparedness*
- *policies for risk management related to quality of patient care and safety; and quality of work life and staff safety*

**Quality, Safety, Risk Committee**  
**Terms of Reference**  
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- *areas of unusual risk and the Hospital's plans to protect against, prepare for, and/or prevent such risks and services*
- *Hospital liability/insurance coverage appropriateness*

*Oversee the preparation and submission of annual quality improvement plans (QIP), ensuring patient and family engagement in the process.*

*Consider and make recommendations to the Board regarding quality, safety and risk management initiatives and policies.*

*As and when requested by the Board, provide advice to the Board on the implications of budget proposals and accountability agreements on the quality of care and services*

*Perform such other responsibilities as may be assigned by the Board or provided under regulations under ECFAA.*

**Voting Membership**

*4 Board Members*

*Chief Executive Officer*

*Vice President, Clinical Services & Chief Nursing Executive*

*Chief Financial Officer*

*Chief of Staff and/or Chair, Medical Quality Assurance Committee or delegate*

*Rainycrest Administrator or delegate*

*A staff member who is not a member of the College of Physicians and Surgeons or the College of Nurses*

**Other Delegates and Attendees (Non-Voting)**

*Director, Quality, Safety, Risk & Practice*

*Director, Nursing*

*Members of Corporate Quality Teams (by invitation)*

*Community Representative as approved by the Board*

**Quorum**

*A majority of the voting members present at all times during any meeting.*

**Chairperson**

*Board Member (Appointed by the Board)*

**Chairperson's Duties and Responsibilities**

*The primary function of the Chairperson is to ensure the effective functioning of the QSR Committee. The specific duties and responsibilities are to:*

- *approve the agenda and associated materials for meetings*
- *preside as chairperson over meetings*
- *determine who should attend meetings*
- *ensure that all items to be reported and all recommendations are appropriately tabled*
- *ensure that all members of the QSR Committee actively participate during the meeting*

- *conduct an annual evaluation of QSR Committee performance and act on opportunities for improvement*

### **Decision Making**

*Decisions will be made by motion with majority rule.*

### **Administrative support**

*Riverside Health Care Patient Safety, Risk Management and Quality staff with assistance from administrative support will be responsible for creating the agenda materials; administrative support will be responsible for minute taking.*

### **Meetings**

*The QSR Committee will meet 5 times per year or at the call of the chair.*

### **Meeting materials**

*All effort will be made to ensure that meeting material will be circulated five to seven business days before scheduled meetings.*

### **Confidentiality**

*Issues being discussed may be of a confidential nature. The issue of confidentiality will be raised at the time of discussion; however, if the issue of confidentiality is unclear, it should be raised at the meeting and a decision made before leaving the meeting.*

### **Definitions:**

*Critical Incidents and Sentinel Events - any unintended event that occurs when a patient receives treatment in the hospital,*

*(a) that results in death, or serious disability, injury or harm to the patient, and*

*(b) does not result primarily from the patient's underlying medical condition or known risk inherent in providing treatment.*

*(c) captures all critical incident reportables for LTC and Community Counselling and other specialized programs.*

*Ethics – an approach to thinking and decision making that reflects core values and promotes a high level of professional ethics.*

*Quality Improvement – the ongoing, planned and systematic improvement activities that ensure the quality and safety of care provided and maintain service delivery standards.*

*Risk Management – the identification, analysis, and actions taken to manage risks. This must involve a totally integrated series of programs and processes which includes employee, client/resident/patient, and visitor safety, emergency planning, infection control, insurance concerns, patient relations and security.*

*Utilization Management – the processes and actions that improve quality of care and service through efficient use of human and financial resources.*



**Quality, Safety, Risk Board Committee**  
**Annual Reporting Schedule - Workplan for 2020-21**

| September  | October    | November   |
|--|------------|--|
| <u>Monthly</u><br>QI Report summary<br>Risk Gap Update (every second meeting)  | No Meeting | <u>Monthly</u><br>QI Report summary<br>QSR Accreditation Update (every second meeting)   |
| <u>Quarterly</u><br>Critical incident/sentinel event report update (Q4)<br>QIP Quarterly Update (Q4)<br>Ethics Committee Update  |            | <u>Quarterly</u><br>Critical incident/sentinel event report update (Q1)<br>QIP Quarterly Update (Q1)<br>Patient Safety Data Trends Update (update twice – Nov and May)<br>Ethics Committee Update  |
| <u>Annually</u><br>Review Terms of Reference<br>Review Integrated Quality, Safety, Risk Framework.<br>QSR Board Committee Workplan/schedule<br>IPAC – Outbreaks  |            | <u>Annually</u><br>Review results of satisfaction surveys (Acute & Emergency).<br>Alert & Recall Annual Report   |
| January  | February   | March  |
| <u>Monthly</u><br>QI Report summary<br>Risk Gap Update (every second meeting)  | No Meeting | <u>Monthly</u><br>QI Report summary<br>QSR Accreditation Update (every second meeting)   |
| <u>Quarterly</u><br>QIP Quarterly Update (Q2)<br>Ethics Committee Update   |            | <u>Quarterly</u><br>Critical incident/sentinel event report update (Q2)  |
| <u>Annually</u><br>Review Patient Declaration of Values.<br>Monitor & Review QIP development (Upcoming fiscal year QIP.)<br>Review Board Quality Policy ( <b>Not Due for Review until Feb 2021 – QSR review in January</b> ) |            | <u>Annually</u><br>Overview of Patient Experience Surveys.<br>Approve RHC QIP and Performance Based Compensation for senior staff.<br>Infection Prevention & Control Reports (Vaccination Rates & Infectious Disease Reports) – staff and resident rates.<br>Review of Patient Complaints. |

| April      | May   | June       |
|------------|---|------------|
| No Meeting | <u>Monthly</u><br>QI Report summary<br>Risk Gap Update (every second meeting)   | No Meeting |
|            | <u>Quarterly</u><br>QIP Quarterly Update (Q3)<br>Ethics Committee Update<br>Patient Safety Data Trends Update<br>Critical incident/sentinel event report updates (Q3)   |            |
|            | <u>Annually</u><br>Review QIP Results (last fiscal year) for Performance Based Compensation for senior Leadership<br>Review results of satisfaction surveys (staff)<br>Review results of satisfaction surveys (LTC residents)<br>Emergency Preparedness |            |

## Quality Improvement Reporting Schedule 2020/2021

Below is the schedule for Quality Improvement Reports. Please submit your report by the last day of the month indicated. Your report will be provided to the QSR Committee of the Board at the following meeting.

| Program/Department                            | Contact                     | January | February | March | April | May | June | July/August | September | October | November | December | Date Submitted | Report to QSR Committee | Date to QSR Committee | Follow up date |
|---|-----------------------------|---------|----------|-------|-------|-----|------|-------------|-----------|---------|----------|----------|----------------|-------------------------|-----------------------|----------------|
| Ambulatory Care Services                      | Glenna Morand               | X       |          |       |       |     |      |             |           |         |          |          |                | March                   |                       |                |
| Communication                                 | Kathryn Pierroz             |         |          | X     |       |     |      |             |           |         |          |          |                | May                     |                       |                |
| Community Counseling                          | Lisa Belluz                 |         |          | X     |       |     |      |             |           |         |          |          |                | May                     |                       |                |
| Community Support Services                    | Brenda Wood                 | X       |          |       |       |     |      |             |           |         |          |          |                | March                   |                       |                |
| Diagnostic Imaging Services                   | Bernie Rittau               |         | X        |       |       |     |      |             |           |         |          |          |                | May                     |                       |                |
| Education                                     | Jason Marchand              |         |          |       | X     |     |      |             |           |         |          |          |                | September               |                       |                |
| Emergency Department                          | Scott Downs/Julie Cousineau |         | X        |       |       |     |      |             |           |         |          |          |                | May                     |                       |                |
| Emergency Preparedness                        | Ed Cousineau                |         |          | X     |       |     |      |             |           |         |          |          |                | May                     |                       |                |
| Emo Health Centre                             | Carley McCormick            |         |          |       |       |     |      | X           |           |         |          |          |                | November                |                       |                |
| Engineering/Bio-Medical Services              | Ed Cousineau                | X       |          |       |       |     |      |             |           |         |          |          |                | March                   |                       |                |
| Ethics  | Julie Loveday               |         |          | X     |       |     |      |             |           |         |          |          |                | May                     |                       |                |
| Finance                                       | Lindsay Payne               |         |          |       |       |     |      |             |           |         | X        |          |                | January                 |                       |                |
| Food & Nutrition Services                     | Dorothy Gamie               |         |          |       |       |     |      | X           |           |         |          |          |                | November                |                       |                |
| Governance                                    | Shanna Weir                 | X       |          |       |       |     |      |             |           |         |          |          |                | March                   |                       |                |
| Health Records & Patient Information Services | Rhondele Dennis             |         |          |       |       | X   |      |             |           |         |          |          |                | September               |                       |                |
| Environmental Services                        | Nina Sokoliuk               |         |          |       |       |     |      |             | X         |         |          |          |                | January                 |                       |                |
| Human Resources                               | Jason Marchand              |         |          |       |       |     |      |             | X         |         |          |          |                | January                 |                       |                |
| Infection Prevention & Control                | Jodi Jewell                 |         |          |       |       | X   |      |             |           |         |          |          |                | September               |                       |                |
| Information Systems & Technology              | Marie Brady                 |         |          |       | X     |     |      |             |           |         |          |          |                | September               |                       |                |
| Laboratory                                    | Penny VanDrunen             |         |          |       |       |     |      | X           |           |         |          |          |                | November                |                       |                |
| Leadership                                    | Henry Gauthier              |         |          |       |       |     |      | X           |           |         |          |          |                | November                |                       |                |
| Managing Medications                          | Helena Guertin              |         |          |       |       |     |      | X           |           |         |          |          |                | November                |                       |                |
| Medical Device Reprocessing                   | Marna Martin                |         |          |       |       |     |      |             |           |         | X        |          |                | January                 |                       |                |
| Medicine Services                             | Allison Vold                |         |          |       |       |     |      |             | X         |         |          |          |                | January                 |                       |                |
| Non Profit Supportive Housing                 | Gwen Miller                 | X       |          |       |       |     |      |             |           |         |          |          |                | March                   |                       |                |
| Occupational Health & Safety                  | Shirley Whitefield          |         |          |       |       |     |      |             |           |         | X        |          |                | January                 |                       |                |
| Patient Experience/Relations                  | Joelle Buist                |         |          |       |       | X   |      |             |           |         |          |          |                | September               |                       |                |
| Privacy & FOI                                 | Marie Brady                 | X       |          |       |       |     |      |             |           |         |          |          |                | March                   |                       |                |
| Quality, Safety, Risk                         | Cindy Cole                  |         | X        |       |       |     |      |             |           |         |          |          |                | May                     |                       |                |
| Rainy River Health Centre                     | Scott Downs                 |         |          |       |       |     |      |             | X         |         |          |          |                | January                 |                       |                |
| Rainycrest Long Term Care:                    |                             |         |          |       |       |     |      |             |           |         |          |          |                |                         |                       |                |
| • Activation                                  | Heather Hudson              |         |          |       |       |     |      | X           |           |         |          |          |                | November                |                       |                |
| • Administration                              | Tara Morelli                | X       |          |       |       |     |      |             |           |         |          |          |                | March                   |                       |                |
| • Environmental Services                      | Nina Sokoliuk               |         |          |       | X     |     |      |             |           |         |          |          |                | September               |                       |                |
| • Food & Nutrition Services                   | Peggy Landry                |         |          |       |       |     |      |             |           |         | X        |          |                | January                 |                       |                |
| • Nursing and Personal Care                   | Stacey Labelle              |         |          |       | X     |     |      |             |           |         |          |          |                | September               |                       |                |
| Supply Chain                                  | Leo Arrigo                  |         |          | X     |       |     |      |             |           |         |          |          |                | May                     |                       |                |
| Surgical Services                             | Marna Martin                |         |          |       |       | X   |      |             |           |         |          |          |                | September               |                       |                |

The QSRP Review Group will:

1. Act as a liaison for your team or program with Quality Safety Risk (QSR) Committee of the Board
2. Assist the person/program/service through the reporting process and filling out the report form.
3. Present a summary of the report to QSR Committee of the Board.
4. Bring QSR Committee of the Board comments and recommendations back to the reporting team.

January – 8  
 March – 7  
 May – 8  
 September – 8  
 November - 6

## QSR Committee Reporting Schedule:

### January:

- Environmental Services
- Finance
- Human Resources
- Medical Device Reprocessing
- Medicine Services
- Occupational Health & Safety
- Rainy River Health Centre
- Rainycrest – Food & Nutrition Services

### March:

- Ambulatory Care Services
- Community Support Services
- Engineering / Biomedical Services
- Governance
- Non Profit Supportive Housing
- Privacy and Freedom of Information
- Rainycrest – Administration

### May:

- Communications
- Community Counseling
- Diagnostic Imaging Services
- Emergency Department
- Emergency Preparedness
- Ethics
- Supply Chain
- Quality, Safety, Risk

### September:

- Education
- Health Records & Patient Information Services
- Infection Prevention and Control
- Information Systems and Technology
- Patient Experience / Relations
- Rainycrest Environmental Services
- Rainycrest Nursing and Personal Care
- Surgical Services

### November:

- Emo Health Centre
- Food & Nutrition Services
- Laboratory
- Leadership
- Managing Medications
- Rainycrest - Activation



## **6. Correspondence**

None

## **7. On-going Business**

### **7.1 Planned Giving Launch**

Tabled.

### **7.2 Donor Walls**

Digitality is still in the programming stage, they should be touching base with Ed in Maintenance soon.

### **7.3 2020/2021 Capital Equipment Updates**

No updates to provide to the spreadsheet that was sent out last meeting.

There is no approved Capital List yet.

The Pergola for Front Street through the memorial donations for Lindsay Swerhun has been purchased. Leo said it is on site and ready for installation. There were enough funds donated that Laurie (Lundale) has also picked out some lamp posts and a BBQ. Laurie will be covering any costs that are above what the Memorial fund raises. Once everything is set up Allison will be in touch with Laurie for some recognition.

#### Capital Request:

The AC at the Emo Health Centre broke down a couple weeks ago. A Code Green was issued and all LTC residents and staff were moved to a vacant unit at Rainycrest.

Engineers have been engaged and a new unit has been secured. Delivery and installation could take up to 8 weeks (from June 18<sup>th</sup>) and the Emo Health Centre will continue to work out of Rainycrest during that time.

The Foundation has been asked to support the cost of the new equipment and installation.

#### Quote

Equipment Supply - \$42,000.00 (inclusive of condensing unit)

System Install (Labour/travel) - \$21,000.00

Electrical - \$7,500.00

Engineering/Project Management - \$5,000-\$7,000.00

Demolition - ?

Controls – By Honeywell

Total - \$77,500.00 (exclusive of HST/demolition)

There is the option to ask the Emo Auxiliary if they would like to assist with the support of this.

It is hoped that the residents can move back to Emo within 8 weeks from June 18<sup>th</sup>. Our mandate covers this under upgrades to facilities.

It was,

MOVED BY: Kim Jo Bliss

SECONDED BY: Bev Langner

THAT the Riverside Foundation for Health Care cover the cost of replacing the Air Conditioning at the Emo Health Centre.

CARRIED

Everyone at the meeting was in favour (7). Allison will send an e-mail to those not in attendance. Allison will also send the information to Mary and Susan from the Emo Hospital Auxiliary to see if they would be interested in helping with the costs.

#### **7.4 Labour Day 50/50**

The AGCO application has been filed, we are hopeful that the license will be granted to allow us to begin sales by July 13<sup>th</sup>. Cridlands have agreed to donate the Early Bird Prize once again, thank you to them. The Early Bird Draw will take place on August 7<sup>th</sup> with the main draw on Labour Day.

Due to Provincial lottery regulations, we are only able to sell tickets online and through the mail (so no phone or email orders). The online ticket sales will be available at [www.riverside5050.ca](http://www.riverside5050.ca). Allison is working on a landing page on our website that will hold all the information about the raffle and include links to purchase tickets as well as a printable mail order form and rules of play and where the funds are being directed. There is also a link to the Manitou Weather Station. The Early Bird draw would have to be used by summer of 2021.

Allison is working on trying to secure a \$2,000 sponsor. Half of the sponsorship money would be used to cover some administrative costs and the other half would go directly in to the pot as 'seed' money to act as an incentive for people to purchase tickets. A sponsor would receive recognition on the website, the mail out and their logo would be printed on the ticket stubs. Sunset Country Ford has been engaged. Allison emailed and spoke with the GM; he referred everything to the owner. Allison is going to follow up with a phone call today.

The mail out is ready to be printed. There is a placeholder on it right now to recognize a sponsor; this can easily be removed if we don't secure one. The mail out can't be sent to the printer until we have secured the lottery license and have a lottery number that can be added to it. This means that it may get sent out about a week after the tickets actually go on sale, but that shouldn't be an issue. Once they are printed and sorted, Allison will need assistance with stuffing the envelopes, please let her know if you can take a box or two.

Allison has engaged the Fort Frances Times and B93 to get some advertising scheduled, these will launch the week that sales start. She will also advertise on Facebook.

There will be some training on the site Ascend and Allison and Delaine will participate as Sandy will be on Holidays. Allison asked if anyone else would be interested, maybe Tyler of Paul. The hand held POS has to remain in the office, it can't be taken around to sell tickets.

## **7.5 Donor Database**

We have received the contract from ASI; however we are at an impasse right now as we wait for IST to review everything to ensure that this system will work for us and follow proper privacy. Allison is in tomorrow and she will have a meeting with Carla.

## **8. New Business**

### **8.1 CEWS**

The Foundation should be eligible for the Canadian Emergency Wage Subsidy (CEWS). This is a program in which the Federal Government will subsidize up to 75% of employee wages if a decline in revenue can be shown. This can be paid retroactively. Dawn and Carla are working to advance this.

## **9.0 Standing Reports**

### **9.1 Physician Recruitment and Retention Report**

Tammy was not in attendance.

Henry reported that it's been a whirlwind. A lot of time and energy has been spent recruiting and we have some success. Even with Dr. Kowal leaving in November and the loss of Dr. Burly and Dr. Botsford and Dr. Whatley retiring, we have on boarded another two physicians for 2021. As well, Dr. Laxton and Dr. Arnesen have signed to start in September 2020. Dr. Balaraman has finished his 14 day quarantine and is now house hunting and completing his paperwork in order to start his practice. Dr. McGuire started in Emo and she continues to search for a home. It's looking optimistic and Henry said kudos to Todd Hamilton and Dr. John Nelson, Dr. Elkheir and Dr. Ruppenstein for their continued efforts with recruitment.

The Foundation is looking for an alternate Board Member to go on the Physician Recruitment committee as Tammy will soon be finished her time on the Board. If you are interested please contact Allison.

This report was passed with the Riverside Corporate Report.

### **9.2 Special Event Committee Report**

Livia had no report but did say the group would like to get together at some point over the summer.





between a few days to 60 days behind and we are trying to make up at least a month. It is hoped RHC can keep the Foundation on track but you may see a one month delay here and there.

It was asked if the Foundation should delay their AGM. Allison will confirm the Auditor's availability. Most of the information is ready and just needs reviewed. The Foundation and Non Profit Housing data has all been uploaded to BDO. Carla and Allison will touch base to see if the Audited Financial Statements will be ready or not. The meeting is currently scheduled for September 21<sup>st</sup> or 28<sup>th</sup>, based on what BDO can do. They will be able to identify a time frame.

Henry also mentioned that the RHC Annual Report this year will follow the latest trend in health care containing information and graphics instead of several reports. We are this year, altering our format considerably so the CEO/Board Chair/Chief of Staff Report will all be together and will be less than a half page. The rest of the 4 page document will consist of pie charts, bar graphs, quality indicators, etc. He gave kudos to Kathryn Pierroz our Communications Coordinator for a job well done. He suggested that the Foundation and Auxiliaries work together to issue their own Annual Report. This would garner more attention. Allison felt this was a great idea and could focus on getting information out with donor recognition etc. She has contact Lake of the Woods and would like to follow their format. Kim Jo also pointed out that there may have been confusion between the Foundation and RHC and with our own report this would paint a clearer picture. Allison will be working on some ideas and will share with the board when she has some formatting.

Janet expressed what a wonderful job RHC has done with the people at Rainycrest, keeping a low to no infection rate. Everyone in the community seems excited and pleased and Janet wanted to pass that on. Henry will pass on this positive feedback.

|  |  |
|--|--|
| It was,<br>MOVED BY: Rob Georgeson<br>THAT the Riverside Corporate Report be accepted. | SECONDED BY: Bev Langner<br><br>CARRIED. |
|--|--|

## 9.6 Finance Report

Carla reviewed the Revenue & Expense Summary by Donation Type (April 1, 2019 to March 31, 2020)

Shows a deficit of (339,000)

Almost the entire deficit is due to Foundation approved purchases. The Foundation donated a little over \$513,000 to RHC. The Donor Wall expenses project is on the go as well which makes up for most of the rest. She commended the Auxiliaries who were the biggest contributors this year.

Carla then reviewed the Fund Balance Summary (April 1, 2019 to March 31, 2020). The most significant flow out of funds is in the General Fund, this includes overhead. Allison's Compensation and Benefits is also on this line. There is a small deficit in the Canada Day Lottery for the Digital mammography Monitor as well. Dawn proposed





## Auxiliary Report – September 2020

### **Emo**

The Emo Auxiliary met on September 10, 2020. We were happy that the AC is working and the patients are safely back home. We are waiting word when the cafeteria will open again. We were happy to see the newly painted cafeteria. We will purchase blinds for the patio doors, and furniture for the lunch room.

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### **La Verendrye General Hospital**

See Attached.

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### **Rainycrest**

No Report.

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### **Rainy River**

No Report.

**LAVERENDRYE GENERAL HOSPITAL AUXILIARY**

**EXECUTIVE MEETING MINUTES**

**SEPTEMBER 2, 2020**

**ATTENDANCE:** Linda Booth, Diane Glowasky, Joy Lockman, Judy Webster, Bev Bond, Helene Cone, Cindy Noble, Lenore Cates, Dolores Fraser, Donna Penney, Janet Lambert

**REGRETS:** Margie Gibson

Called to order at 1:00 P.M. at Lion's Park. Pledge recited.

**AGENDA:** Accepted as distributed with addition of Bursaries 2019-20, and Scheduled Meetings.

**CONFLICT OF INTEREST:** none declared

**MINUTES:** accepted as distributed

**TREASURER'S REPORT:** accepted as distributed.

**CORRESPONDENCE:** Foundation submitted invoice for remainder of our 2019-20 pledge for the Panic Alarms. Treasurer to pay invoice.

**BUSINESS ARISING:**

**EXECUTIVE VACANCIES:** Positions for Vice-President and Foundation Representative are still vacant. Treasurer has advised this will be her last year as Treasurer and she is providing advance notice to locate a replacement. Past-President states she will not chair Nominating Committee this coming year.

**SHOP CONCERNS AND MONEY COUNTERS:** Concerns regarding the Shop operation were brought up. Judy Webster had a survey completed of volunteers willing to work in the Shop at this time of Covid. Thirteen volunteers are still willing to work in the Shop (if/when the Auxiliary are allowed back into the hospital) and there are four new Shop recruits who will require training. The remainder of the Shop volunteers are not comfortable working at this time. Some money counters have also expressed concerns of entering the Hospital in these times. Concerns regarding provision and making up of Baby Kits and Palliative Care Kits was also identified. Concerns regarding meeting facilities were also expressed.

**ACTION: President Linda Booth to write a letter to Allison Cox, Foundation Director expressing the concerns of the Auxiliary and volunteers and seeking clarification**

**FUNDRAISING DURING COVID:** There will be no fundraising at this time.

**NEW BUSINESS:**

**INSTALLATION OF OFFICERS 2020-21:** Judy Webster installed Linda Booth as President for 2020-21. All other Executive were installed with the exception of Marnie Cumming and Margie Gibson who were not present. They will be installed at the next meeting.

**SCHEDULED MEETINGS:** The Auxiliary is unable to schedule meetings at the hospital at this time. Administrative Assistant recommends contacting her a week or so prior to the next scheduled meeting

to see if they are booking rooms. At this time, no meetings are being booked. It was agreed that the Auxiliary will not meet until we are able to find a meeting room.

**BURSARIES:** Past President Judy Webster formed the Bursary Committee with Marnie Cumming and Linda Plumridge. The bursary winners for 2019-20 are Angeline Redford and Tayah Badiuk. Congratulations to you both.

## **DIRECTOR AND COMMITTEE REPORTS**

**MEMBERSHIP/PHONING/E-MAIL** – no report

**GIFT SHOP** – Survey shows 13 volunteers willing to work in Shop at this time and that 4 new recruits need training. Three money counters are willing to work at this time. Diane Lovisa is ordering chips and candy bars. Allison Cox is collecting the monies from the vending machines.

**SOCIAL:** Unable to hold luncheons at the United Church at this time as the ladies require training for special sanitization of the kitchen. Also, many of their volunteers are not comfortable volunteering at this time.

Looked into Fall Tea. No problem with having tea in United Church hall as regards lottery tickets etc. Spoke with NWHU and unable to have teas as groups greater than 50 are not allowed at this time.

**ADVERTISING AND PROMOTION:** Cracked Tub Creations Home and Body will have products for sale. Lenore Cates will sell from her home. A portion of sales will go to the Auxiliary. An advertisement has gone in to Sandy Beadle for the in hospital Newsletter and the same advertisement will be posted on our Facebook page.

**NEWSLETTER:** Difficulty finding volunteers to deliver the Newsletter. Recommend if not receiving by e-mail then they must pick up Newsletter in Shop. If difficulty picking up, it will be mailed.

As there will be no Newsletter this October, a notice will be placed in the Wednesday Times and Thursday Bulletin that memberships are due for 2020-21. It was recommended that payments go to the home of the Membership Director and the advertisement will indicate this. It was further recommended that the Director be contacted prior to putting address in newspapers.

**ACTION: Diane Glowasky to contact Marnie Cumming regarding her name and home address being listed in Newspaper and then advise Advertising and Promotion Director of recommendation.**

**LOBBY LOTTERY:** There have been no ticket sales since March 2020. Deposits total \$1850.65. The invoice for tickets ordered in the amount of \$348.60 was paid. License has expired as of September 1, 2020 and we have not sought an extension as we do not know when we will be able to sell tickets. Balance as of April 15, 2020 is \$17,317.82. All monies have been deposited in the back account.

**HISTORIAN:** No report

**SICK AND VISITING:** There have been four deaths since June. Two sympathy cards were sent out and no get well cards. Judy Webster provided the name of a member who requires a get well card.

**PATIENT SERVICES:** No calls to renew baby kits. Was advised she would be contacted in June but has not heard from the Hospital. There were 22 baby kits and 10 palliative care kits available in December 2019.

**FOUNDATION REP.** – position is vacant

Next meeting date will be Monday October 5, 2020 at 1 P.M. if a meeting room is found

Meeting adjourned at 2:05 P.M.

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Linda Booth, President

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Janet Lambert, Secretary