



HDGH Board of Directors Meeting

September 27, 2023

1453 Prince Road, East Wing Admin Boardroom (2nd Floor
EW-2312)



September 27, 2023 HDGH Board of Directors Meeting

Agenda

4:30pm	1.0 Call to order		K. Blanchette
	1.1 Land Acknowledgement and Prayer/Reflection - 3		K. Blanchette
	1.2 Confirmation of Quorum		K. Blanchette
	1.3 Declaration of Conflict of Interest/Duty		K. Blanchette
4:35pm	2.0 Board Education; Ministry of Health, Lead Agencies and French Language Act	Information	Sylvie Girard, Ministry of Health
5:00pm	3.0 Consent Agenda Motion: to approve the Consent Agenda for the September 27, 2023 HDGH Board of Directors Meeting, consisting of the recommendations and reports	Approval	K. Blanchette
	3.1 Items for Approval		
	3.1.1. Agenda; September 27, 2023		
	3.1.2 Minutes of Previous Meeting; June 21, 2023 - 4		
	3.1.3 Finance and Audit Committee Recommendations		
	(i) 2023/2024 Financial Statements - up to August 31, 2023 - 6		
	3.2 Items to be Received		
	3.2.1 Chief Nursing Executive Report - 15		
5:10pm	4.0 Board Decisions/Oversight		
5:10pm	4.1 2023/2024 Board and Committee Workplans - 24 Motion: THAT the 2023/2024 Board of Directors and Committee Workplans be approved as presented	Approval	K. Blanchette
	5.0 Executive Highlights		
5:15pm	5.1 Chief of Staff Report Verbal Update	Information	Dr. A. Steen
5:20pm	5.2 President and Chief Executive Officer Report Verbal Update	Information	B. Marra
5:25pm	5.3 Board Chair Report Verbal Update	Information	K. Blanchette
5:30pm	7.0 Adjournment Next Meeting: November 22, 2023		K. Blanchette
5:30-5:40pm	Break and Media Questions		



Land Acknowledgement

We would like to acknowledge that we are meeting in the traditional territory of the Three Fires Confederacy of First Nations, which includes the Anishinaabe (Ah-nish-in-ah-bay), the Odawa (O-da-wa), and the Potawatomie (Pon-A-Wata-Me). people.

We also acknowledge that many Indigenous people crossed this area in their travels due to the surrounding waterways.

Prayer

Enlighten each one of us as we are called to help and to serve those around us,
May our decisions and actions bring forth justice and healing.
May we embrace those around us with the same tenderness that we ourselves require,
We pray for God's supportive love, wisdom and peace in all that we do.

Amen

Directors Present

J. Clark, Vice Chair (virtual), B. Payne, Past Chair, P. Soulliere (acting Chair), A. Daher, M. Galvin, L. Haugh, C. Stan, M. Winterton,

Directors Absent

K. Blanchette, Chair, K. Bortolin, C. Gallant, D. Wellington

Ex-Officio Present

B. Masotti, Patient Family Advisory Rep., J. Dawson, Chief Nursing Executive B. Marra, Chief Executive Officer, Dr. A. Steen, Chief of Staff, L. Lombardo, CHI Director,

Ex-Officio Absent

F. Bagatto, CHI Director, J. Topliffe, Patient Family Advisory Rep., Dr. R. Sommerdyk, Pres. Prof. Staff. Assoc.

Administration Present

C. Kondratowicz (Recording Secretary), S. Laframboise, S. McGeen

Guests

Michelle Mallais, Media - AM 800

1.0 Call to Order

The Board Chair called the meeting to order at 4:31PM.

1.1 Land Acknowledgement & Prayer/Reflection

The Chair read the land acknowledgement followed by the HDGH prayer.

1.2 Confirmation of Quorum

Confirmed

1.3 Declaration of Conflict of Interest/Duty

None.

2.0 Consent Agenda

The Chair asked if anyone wished to remove anything from the Consent agenda to the full agenda for discussion. Item 2.2.1 Chief Nursing Executive Report was removed and will be included in the full agenda under Item 4.0 Items for Decision/Oversight.

2.1 Items for Approval

2.1.1 Agenda; June 21, 2023

2.1.2. Minutes of the Previous Meetings; May 24, 2023

2.2 Items to be Received

2.2.2 Foundation Executive Director Report

Upon motion duly made, seconded, and unanimously carried, the June 21, 2023 Consent Agenda, consisting of the recommendations and reports be approved as amended.

3.0 Board Education; Designated Care Partner Program (DCP)

This item has been deferred to the next meeting.

4.0 Items for Decision/Oversight

2.2.1 Chief Nursing Executive Report – J. Dawson provided a high-level update to the report and answered questions regarding the Nursing Extern Program.

- Initiative was introduced during COVID-19 pandemic.
- HDGH was not eligible at the launch; the Ministry has since expanded the initiative to all public hospitals.
- HDGH hired 18 clinical externs (nursing students). Program includes allied healthcare, but had no applicants

Upon motion duly made, seconded, and unanimously carried, Chief Nursing Executive Report was received as presented.

5.0 Executive Highlights

5.1 Chief of Staff Report

Dr. Andrea Steen provided a verbal reporting highlighting the following:

- Presentation of COS objectives is being deferred to September to align the objectives with the Strategic Plan Initiatives.
- COS 360 Assessment – identified 14 people to complete the 360. This will be aligned with the CEO's 360. Results expected in September.

5.2 President and Chief Executive Officer Report

B. Marra provided a verbal report providing the following:

- Invitation for June 27th @ 10:30AM. Significant milestone announcement to the MH Bed Expansion.
- May 15th – Roll-out of Strategic Plan & Initiatives to staff. Very well received by staff. Kindness Cups were provided as a token of appreciation and participate.
- June 29th - SMC Retreat; offsite location. Will be completing team building exercises and the begin the implementation planning process for the Strat Plan.
- Accreditation – draft report received and being reviewed. Narrative from surveyors was positive. Cleanest hospital in Ontario.

5.3 Board Chair Report

- The Chair expressed gratitude on behalf of the Board to Administration on the work completed for Accreditation and the Strategic Plan.

6.0 Date of Next Meeting

September 27, 2023

7.0 Adjournment

The Board Chair adjourned the open meeting at 4:50PM

Bill Marra, Secretary

Ken Blanchette, Board Chair

Summary Results for Hôtel-Dieu Grace Healthcare

	Budget 23/24									
	Annual Budgeted Revenues**	Annual Budgeted Expenses**	Surplus/(Deficit) from Hospital Operations	Briefing Notes	Safepoint (CTS)	Unfuded Bill 124 Impact	Other	Net Budget Before Building	Annual Budgeted Building	Annual Budgeted Net Deficit
Hospital Operations	86,547,729	91,454,942	(4,907,213)	(833,521)	(157,790)			(5,898,524)	(1,951,476)	(7,850,000)
Regional Children's Centre - MCCSS	7,994,792	7,994,792	-					-	-	-
Regional Children's Centre - CYMH	10,989,106	10,989,106	-					-	-	-
Lead Agency	391,300	391,300	-					-	-	-
Other Votes	19,211,675	19,211,675	-					-	-	-
Total Hotel Dieu Grace Healthcare	125,134,602	130,041,815	(4,907,213)	(833,521)	(157,790)			(5,898,524)	(1,951,476)	(7,850,000)

	Results for the 5 months ending August 31 2023									
	YTD Revenues	YTD Expenses	Surplus/(Deficit) from Hospital Operations	Briefing Notes	Safepoint (CTS)	Unfuded Bill 124 Impact	Other	Net Before Building	Building Dep	Net Surplus/(Deficit)
Hospital Operations	36,525,349	37,865,845	(1,340,497)		(53,724)	(2,142,041)	(286,708)	(3,822,969)	(813,115)	(4,636,084)
Regional Children's Centre - MCCSS	2,178,827	2,142,486	36,341			(36,341)		-	-	-
Regional Children's Centre - CYMH	4,666,423	4,440,751	225,672			(394,963)		(169,291)	-	(169,291)
Lead Agency	121,696	121,696	-					-	-	-
Other Votes	8,164,164	7,707,765	456,399			(616,399)		(160,000)	-	(160,000)
Total Hotel Dieu Grace Healthcare	51,656,459	52,278,543	(622,085)	-	(53,724)	(3,189,744)	(286,708)	(4,152,260)	(813,115)	(4,965,375)

HÔTEL-DIEU GRACE HEALTHCARE

STATEMENT OF FINANCIAL POSITION

[in thousands of dollars]

	Aug 2023 \$	March 2023 \$
Assets		
Current assets:		
Cash	11,562	17,517
Short Term Investment- Restricted	6,944	6,907
Accounts receivable	3,005	2,089
Inventories	312	355
Prepaid expenses, other deposits and Interest Rate Swap	2,495	2,330
Due to/From Foundation	326	88
	<u>24,644</u>	<u>29,286</u>
Restricted cash and investments	33,207	32,868
Capital assets, net	207,185	209,350
Total Assets	<u>265,036</u>	<u>271,504</u>

Liabilities, Deferred Contributions and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	41,661	39,738
Capital Lease - Short Term	-	68
RBC Bank Loans - Short-term	1,230	1,230
Accounts payable- WRH	251	1,032
	<u>43,142</u>	<u>42,068</u>
Long-term liabilities:		
Accrued sick leave liability	1,965	2,077
RBC Bank Bank Loan	11,276	11,712
	<u>13,241</u>	<u>13,789</u>
Accrued benefit liability	9,698	9,744
Capital Lease	-	-
Asset Retirement Obligation	3,732	3,732
Deferred capital contributions	163,137	165,447
Net assets:		
All Other	28,592	33,230
Accumulated remeasurement gain (loss)	3,494	3,494
	<u>32,086</u>	<u>36,724</u>
Total Liabilities and Equity	<u>265,036</u>	<u>271,504</u>



Hôtel-Dieu Grace Healthcare
Draft Unaudited Operating Results for the 5 month ended Aug 2023

Current Month			Description	Year To Date- 2023/24			2023/24	2022/23	2022/23	
Actual	Budget	Fav/(Unfav) to Budget		Actual	Budget	Fav/(Unfav) to Budget	Annual Budget	YTD	Year End	
			Revenue (\$000's)							
\$6,736	\$6,761	(\$25)	1	Ministry of Health Funding - Base and one time	\$33,674	\$33,876	(\$202)	\$80,843	\$32,721	\$79,608
\$2	\$1	\$1	2	Other Ministry Funding	\$7	\$7	(\$)	\$16	\$5	\$15
\$159	\$145	\$14	3	Patient services, Preferred Accomodation and ALC	\$744	\$726	\$18	1,743	\$741	\$1,969
\$467	\$315	\$152	4	Other recoveries	\$2,034	\$1,590	\$444	3,795	\$1,657	\$3,361
\$8	\$12	(\$4)	5	Grant Amortization	\$67	\$62	\$5	150	\$89	\$245
\$7,372	\$7,234	138	6	Total Revenue	\$36,526	\$36,261	\$265	\$86,548	\$35,214	\$85,197
			Expense (\$000's)							
\$4,365	\$4,596	\$231	7	Salaries	\$22,050	\$22,195	\$145	\$53,317	\$20,521	\$51,878
\$1,126	\$1,197	\$71	8	Employee benefits	\$6,070	\$6,196	\$126	\$14,406	\$5,700	\$13,126
\$108	\$114	\$6	9	Medical staff remuneration	\$538	\$571	\$33	\$1,370	\$518	\$1,257
\$71	\$100	\$29	10	Medical & Surgical supplies	\$423	\$500	\$77	\$1,200	\$445	\$1,295
\$213	\$182	(\$31)	11	Drugs & medical gases	\$968	\$909	(\$59)	\$2,181	\$855	\$2,102
\$1,310	\$1,340	\$30	12	Supplies & other expenses	\$6,710	\$6,856	\$146	\$16,400	\$6,471	\$15,769
\$68	\$48	(\$20)	13	Equipment lease / rental	\$273	\$242	(\$31)	\$582	\$274	\$622
\$167	\$167	\$	14	Equipment amortization	\$833	\$833	\$	\$2,000	\$833	\$1,887
\$7,428	\$7,744	\$316	15	Total Expense	\$37,865	\$38,302	\$437	\$91,455	\$35,617	\$87,936
(\$56)	(\$510)	\$454	16	Surplus / (Deficit) From Hospital Operations	(\$1,339)	(\$2,041)	\$702	(\$4,907)	(\$403)	(\$2,739)
			COVID Items							
\$	\$	\$	18	COVID One time Revenue	\$	\$	\$	\$	\$568	\$2,479
\$	\$	\$	19	COVID One time Expenses	\$	\$	\$	\$	(\$301)	(\$1,914)
\$	\$	\$	20	Total MOH Net Pandemic Funding	\$	\$	\$	\$	\$267	\$564
(\$12)	(\$21)	\$9	21	Safepoint (CTS)	(\$54)	(\$70)	\$16	(\$158)	\$	\$
(\$22)	\$	(\$22)	22	ESCO Project Savings	(\$125)	\$	(\$125)	\$	(\$65)	\$
(\$78)	\$	(\$78)	23	Severance	(\$139)	\$	(\$139)	\$	(\$208)	(\$288)
(\$2,142)	\$	(\$2,142)	24	Bill 124 Impact (Net of Revenue offset)	(\$2,142)	\$	(\$2,142)	\$	\$	\$
\$	(\$69)	\$69	25	Other Items - (Briefing notes, EEP)	(\$22)	(\$347)	\$325	(\$834)	\$	\$
(\$2,254)	(\$91)	(\$2,163)	26	Other Items - One time Expenses	(\$2,482)	(\$418)	(\$2,065)	(\$991)	(\$273)	(\$288)
(\$2,310)	(\$601)	(\$1,709)	27	Surplus / (Deficit) FOR MINISTRY OF HEALTH PURPOSES	(\$3,822)	(\$2,459)	(\$1,363)	(\$5,899)	(\$409)	(\$2,462)
			Other Revenue /(Expense)							
(\$149)	(\$149)	\$	28	Building Amortization (net)	(\$745)	(\$745)	\$	(\$1,788)	(\$822)	(\$1,782)
(\$14)	(\$14)	\$	29	Interest on Long Term Liabilities	(\$68)	(\$68)	\$	(\$164)	(\$117)	(\$210)
(\$163)	(\$163)	\$	30	Net Other Revenue/(Expense)	(\$813)	(\$813)	\$	(\$1,951)	(\$939)	(\$1,992)
(\$2,473)	(\$764)	(\$1,709)	31	Net Surplus (Deficit) - (000's)	(\$4,635)	(\$3,272)	(\$1,363)	(\$7,850)	(\$1,347)	(\$4,455)

**Hôtel-Dieu Grace Healthcare - Regional Children's Centre (MCCSS)
Draft Unaudited Operating Results for the 5 month ended Aug 2023**

Current Month			Description	Year To Date- 2023/24			2023/24	2022/23	2022/23
Actual	Budget	Fav/(Unfav) to Budget		Actual	Budget	Fav/(Unfav) to Budget	Annual Budget	YTD	Year End
			Revenue (\$000's)						
\$	\$	\$	1			\$		\$	
\$441	\$684	(\$244)	2	\$2,178	\$3,420	(\$1,242)	\$7,995	\$1,597	\$4,635
\$	\$	\$	3	\$1	\$	\$1	\$	\$	\$
\$	\$	\$	4	\$	\$	\$	\$	\$3	\$6
\$	\$	\$	5	\$	\$	\$	\$	\$	\$23
\$441	\$684	(244)	6	\$2,179	\$3,420	(\$1,241)	\$7,995	\$1,600	\$4,664
			Expense (\$000's)						
\$117	\$135	\$18	7	\$567	\$665	\$98	\$1,458	\$516	\$1,315
\$29	\$35	\$5	8	\$145	\$175	\$30	\$361	\$138	\$321
\$	\$	\$	9	\$	\$	\$	\$	\$	\$
\$	\$	\$	10	\$	\$	\$	\$	\$	\$
\$258	\$515	\$257	11	\$1,430	\$2,580	\$1,150	\$6,176	\$945	\$3,027
\$	\$	\$	12	\$	\$	\$	\$	\$	\$
\$	\$	\$	13	\$	\$	\$	\$	\$	\$
\$404	\$684	\$280	14	\$2,142	\$3,420	\$1,278	\$7,995	\$1,600	\$4,664
\$37	\$	37	15	\$37	(\$)	\$37	\$	\$	\$
			Surplus / (Deficit) From RCC						
\$	\$	\$	16	\$	\$	\$		\$	\$130
\$	\$	\$	17	\$	\$	\$		\$	(\$130)
-\$37	\$	-\$37	16	(\$37)	\$	(\$37)		\$	\$
\$	\$		18	(\$)	(\$)	\$	\$	\$	\$
			Surplus / (Deficit) For Ministry of Health Purposes						



Hôtel-Dieu Grace Healthcare - Regional Children's Centre (CYMH)
Draft Unaudited Operating Results for the 5 month ended Aug 2023

Current Month			Description	Year To Date- 2023/24			2023/24	2022/23	2022/23
Actual	Budget	Fav/(Unfav) to Budget		Actual	Budget	Fav/(Unfav) to Budget	Annual Budget	YTD	Year End
Revenue (\$000's)									
\$1,071	\$938	\$133	1 Ministry of Health Funding	\$4,658	\$4,658	\$	\$10,989	\$4,239	\$10,507
\$	\$	\$	3 Patient Services	\$6	\$	\$6	\$	\$	\$
\$	\$	\$	4 Other recoveries	\$	\$	\$	\$	\$3	\$57
\$	\$	\$	5 Grant Amortization	\$2	\$	\$2	\$	\$9	\$21
\$1,071	\$938	133	6 Total Revenue	\$4,666	\$4,658	\$8	\$10,989	\$4,251	\$10,585
Expense (\$000's)									
\$593	\$681	\$89	7 Salaries	\$3,159	\$3,356	\$198	\$7,984	\$3,018	\$7,539
\$176	\$186	\$11	8 Employee benefits	\$911	\$948	\$38	\$2,157	\$838	\$2,018
\$	\$	(\$)	9 Medical & Surgical supplies	\$2	\$	(\$2)	\$1	\$5	\$11
\$	\$	\$	10 Drugs	\$	\$	\$	\$	\$	\$
\$77	\$70	(\$7)	11 Supplies & other expenses	\$366	\$350	(\$17)	\$839	\$380	\$1,101
\$1	\$1	(\$)	12 Equipment lease/rental	\$4	\$3	(\$)	\$8	\$3	\$8
\$	\$	\$	13 Equipment Amortization	\$	\$	\$	\$	\$7	\$17
\$846	\$938	\$93	14 Total Expense	\$4,441	\$4,658	\$217	\$10,989	\$4,251	\$10,694
\$226	\$	226	15 Surplus / (Deficit) From RCC	\$226	\$	\$226	\$	\$	(\$109)
\$	\$	\$	16 Unfunded Bill 124 Impact	(\$395)	\$	(\$395)	\$	\$	(\$130)
\$226	\$	226	18 Surplus / (Deficit) For Ministry of Health Purposes	(\$169)	\$	(\$169)	\$	\$	(\$239)



Hôtel-Dieu Grace Healthcare - Lead Agency
Draft Unaudited Operating Results for the 5 month ended Aug 2023

Current Month			Description	Year To Date- 2023/24			2023/24	2022/23	2022/23	
Actual	Budget	Fav/(Unfav) to Budget		Actual	Budget	Fav/(Unfav) to Budget	Annual Budget	YTD	Year End	
			Revenue (\$000's)							
\$31	\$33	\$ (2)	1	Ministry of Health	\$122	\$164	(\$42)	\$391	\$122	\$326
\$	\$	\$	2	Ministry of Children and Youth Funding	\$	\$	\$	\$	\$	\$
			3							
\$31	\$33	()	4	Total Revenue	\$122	\$164	(\$42)	\$391	\$122	\$326
			Expense (\$000's)							
\$26	\$23	-\$3	5	Salaries	\$92	\$113	\$21	\$309	\$95	\$230
\$3	\$2	-\$1	6	Employee benefits	\$8	\$12	\$4	\$34	\$19	\$32
\$2	\$8	\$6	7	Supplies & other expenses	\$22	\$39	\$17	\$49	\$8	\$65
\$31	\$33	\$2	8	Total Expense	\$122	\$164	\$42	\$391	\$122	\$326
\$	\$		9	Surplus / (Deficit) From Lead Agency	\$	\$	\$	\$	\$	\$



Hôtel-Dieu Grace Healthcare- Other Votes
Draft Unaudited Operating Results for the 5 month ended Aug 2023

Current Month			Description		Year To Date- 2023/24			2023/24	2022/23	2022/23
Actual	Budget	Fav/(Unfav) to Budget			Actual	Budget	Fav/(Unfav) to Budget	Annual Budget	YTD	Year End
			Revenue (\$000's)							
\$1,889	\$1,655	\$234	1	Ministry of Health Other Vote Funding	\$8,092	\$8,196	(\$104)	\$19,142	\$7,071	\$18,211
\$	\$	\$	2	Other Ministry Revenue	\$	\$	\$	\$	\$42	\$83
\$7	\$	\$7	3	Patient Services	\$34	\$	\$34	\$	\$9	\$33
\$6	\$6	\$	4	Other Recoveries	\$36	\$29	\$7	\$70	\$37	\$89
\$	\$	\$	5	Grant Amortization	\$2	\$	\$2	\$	\$17	\$23
\$1,903	\$1,661	242	6	Total Revenue	\$8,164	\$8,225	(\$61)	\$19,212	\$7,177	\$18,438
			Expense (\$000's)							
\$915	\$1,104	\$189	7	Salaries	\$4,960	\$5,450	\$490	\$12,232	\$4,591	\$11,717
\$243	\$274	\$31	8	Employee benefits	\$1,349	\$1,460	\$111	\$3,284	\$1,247	\$2,937
\$118	\$134	\$16	9	Medical staff remuneration	\$588	\$669	\$81	\$1,605	\$599	\$1,754
\$1	\$1	(\$)	10	Medical & Surgical supplies	\$4	\$4	\$	\$10	\$7	\$20
\$2	\$	(\$2)	11	Drugs & medical gases	\$9	\$	(\$9)	\$	\$2	\$8
\$163	\$144	(\$19)	12	Supplies & other expenses	\$780	\$624	(\$156)	\$2,038	\$716	\$1,963
\$4	\$4	\$	13	Equipment lease / rental	\$18	\$18	\$	\$43	\$14	\$40
\$	\$	\$	14	Equipment amortization	\$	\$	\$	\$	\$	\$
\$1,446	\$1,661	\$215	15	Total Expense	\$7,708	\$8,225	\$517	\$19,212	\$7,177	\$18,438
\$456	\$	\$456	16	Surplus / (Deficit) From Other Votes Operations	\$456	\$	\$456	\$	\$	\$
\$	\$	\$	17	-	\$	\$	\$		\$	\$
(\$616)	\$	(\$616)	18	Unfunded Bill 124 Impact	(\$616)	\$	(\$616)		\$	\$
(\$160)	\$	(160)	19	Surplus / (Deficit) For Ministry of Health Purposes	(\$160)	\$	(\$160)	\$	\$	\$



**Hôtel-Dieu Grace Healthcare
Indicator Reporting August 2023**

Current Month Aug 2023			Year To Date 2023/24			2023/24	Prior Year Actual 2022/23	
Actual	Budget	Fav/(Unfav) to Budget	Actual	Budget	Fav/(Unfav) to Budget	Budget	YTD	Year End
Financial Performance								
(\$2,310)	(\$601)	(\$1,709)	MOHLTC Total Margin including and one time items- \$000's	(\$3,822)	(\$2,459)	(\$1,363)	(\$5,899)	(\$409) (\$2,461)
0.57	1.00	(0.43)	Current ratio (does not include restricted investments)	0.57	1.00	(0.43)	1.00	0.67 0.70
1.34	\$ 1.80	(0.46)	Current ratio (does include restricted investments)	1.34	1.80	(0.46)	1.80	1.64 1.48
\$305	\$387	(\$82)	Hospital Funded Capital expenditures - \$000's	\$1,961	\$2,642	(\$681)	\$4,559	\$1,281 \$4,081

Current Month Aug 2023			Year To Date 2023/24			2023/24	Prior Year Actual 2022/23	
Actual	Budget	Fav/(Unfav) to Budget	Actual	Budget	Fav/(Unfav) to Budget	Budget	YTD	Year End

Patient Volumes- Patient Volumes are not available yet for August- YTD July is presented here									
3,287	3,162	125	CMC Patient Days (Inc. Vents)	13,439	12,444	995	37,230	13,203	40,973
120	120	-	CMC Beds In Operation	120	120	-	120	120	120
88%	85%	3%	CMC Occupancy	92%	85%	7%	85%	90%	94%
-	-	-	CMC Supplementary Patient Days	-	-	-	-	-	499
-	-	-	CMC Supplementary Beds	-	-	-	-	-	30
0%	0%	0%	CMC Supplementary Occupancy	0%	0%	0%	0%	0%	83%
186	167	19	Vent Beds Patient Days	732	659	73	1,971	732	2,196
6	6	-	Vent Beds In Operation	6	6	-	6	6	6
100%	90%	10%	Vent Occupancy	100%	72%	28%	90%	100%	100%
1,488	1,489	(1)	MH Patient Days	5,802	5,858	(56)	17,527	5,733	17,275
49	49	-	MH Beds In Operation	49	49	-	49	49	49
98%	98%	0%	MH Occupancy	97%	98%	-1%	98%	96%	97%
2,508	2,651	(143)	Rehab Patient Days	10,304	10,432	(128)	31,208	9,760	29,669
90	90	-	Rehab Beds in Operation	90	90	-	90	90	90
90%	96%	-6%	Rehab Occupancy	94%	96%	-2%	95%	89%	90%
146	140	7	Rehab Weighted Cases (estimate based on August 20)	587	552	35	1,650	497	1,603
9	18	(9)	Bariatric Cases	49	70	(21)	210	50	180

Current Month Aug 2023			Year To Date 2023/24			2023/24	Prior Year Actual 2022/23	
Actual	Budget	Fav/(Unfav) to Budget	Actual	Budget	Fav/(Unfav) to Budget	Budget	YTD	Year End

Organizational Health									
1.8%	1.9%	0.1%	Sick Time as % of Compensation - Incidental only	2.3%	1.9%	-0.5%	1.9%	3.3%	3.5%
1.2%	0.7%	-0.5%	Sick Time as % of Compensation - Special Consideration	1.3%	0.7%	-0.6%	0.7%	1.1%	1.3%
3.4%	1.1%	-2.3%	OT as % of Compensation	3.3%	1.1%	-2.2%	1.4%	3.7%	4.0%
\$ 114	\$ 120	\$ 6	Sick Dollars incidental- \$000's	\$ 728	\$ 481	\$ (247)	\$ 1,350	\$ 959	\$ 2,536
\$ 77	\$ 44	\$ (33)	Sick Dollars SC- \$000's	\$ 416	\$ 178	\$ (238)	\$ 515	\$ 325	\$ 957
\$ 215	\$ 75	\$ (140)	Overtime Dollars- \$000's	\$ 1,021	\$ 275	\$ (746)	\$ 976	\$ 1,075	\$ 293
920	947	27	FTE	934	947	13	941	914	936



Hôtel-Dieu Grace Healthcare
Summary of Investments
As at August 31, 2023

1. Cash	Yield	Average Balance	% of Portfolio
Current Account (RBC)	RBC Prime less 1.75%	\$ 10,288,666	100%
Total Cash		\$ 10,288,666	100%

2. Investments	Market Rate as per JFL Statement	Accrued Bond Interest on JFL Statement	Current Value Per JFL Statement	Cost/Book Value Per RBC	Accrued Interest Recorded	Total Book Value	% of Portfolio
Long Term							
RBC Investor Services CDN (Common Stocks & Equivalents)	\$ 22,027,471	\$ -	22,027,471	20,828,303		20,828,303	52.1%
RBC Investor Services CDN (Long Term Fixed Income Securities)	\$ 11,487,276	\$ 114,495	11,601,771	12,241,272	137,990	12,379,262	30.6%
Total Long-term Investments	\$ 33,514,747	\$ 114,495	\$ 33,629,242	\$ 33,069,575	\$ 137,990	\$ 33,207,565	82.7%
Short Term							
RBC Investment - Cash Balance and Short term investments	\$ 5,036,286	\$ 23,495	\$ 5,059,781	\$ 4,571,680		\$ 4,571,680	
Total JFL portfolio	\$ 38,551,033	\$ 137,990	\$ 38,689,023	\$ 37,641,255	\$ 137,990	\$ 37,779,245	
RBC Investment - Cash balance	\$ 2,372,959	\$ -	\$ 2,372,959	\$ 2,345,394	\$ 27,565	\$ 2,372,959	
Total RBC portfolio	\$ 2,372,959	\$ -	\$ 2,372,959	\$ 2,345,394	\$ 27,565	\$ 2,372,959	
Total Short Term Investments	\$ 7,409,245	\$ 23,495	\$ 7,432,740	\$ 6,917,074	\$ 27,565	\$ 6,944,639	17.3%
Total Investments	\$ 40,923,992	\$ 137,990	\$ 41,061,982	\$ 39,986,649	\$ 165,555	\$ 40,152,204	100.0%

* Note JFL and RBC use a slightly different US exchange rate on their statements. There will be a small discrepancy between both reports.

3. Investment Income	Current Month	\$ 132,916.70
	Year to Date	\$ 759,192.18
4. Investment Fees	Current Month	\$ 12,000.00
	Year to Date	\$ 60,104.28



CNE Report for Board of Directors Meeting

FOR DECISION FOR ACTION FOR INFORMATION FOR TRACKING

Date:

Author:

Subject:

UPDATE

As the organization closes out the summer and heads into the fall, much work is planned as prepare to launch our strategic initiatives and head into the fall surge season.

Ontario Health (OH) Directive – Rehab & Complex Continuing Care Capacity & Flow

As a result of post-acute capacity and underutilization of post-acute care beds provincially, OH issued direction and guidance to all hospitals and health service providers that operate rehabilitation and CCC beds as a free-standing facility or integrated within an acute care facility on the effective use of bedded space. The July 12, 2023 Directive (which is included in your Board package for reference purposes) outlines expectations for Acute Care and Post-Acute Care Hospitals. While HDGH maintains approximately 90% total occupancy, these directives specifically set out work to be done and implemented for both acute and post-acute to ensure targets are met, those targets being:

- All rehab and CCC hospitals will work towards a target occupancy rate of >95%
- All hospitals will work towards achieving ALC throughput targets of >1

Operational directives that HDGH has identified will have the greatest impact to access and flow and the regional health care system include but are not limited to:

1. Weekend and after hour admissions – Effective the weekend of October 7 (Thanksgiving weekend) an Intake RN will be accessible between the hours of 8 am and 4 pm to review referrals, work with accepting physicians and our acute care partners to admit and/or “pull” patients that have met the admission criteria and are ready to transition to HDGH
2. Discharge Smoothing – The premise behind this initiative is to create processes whereby discharges are smoothed throughout the week facilitating the ability to admit in a more timely manner to vacated beds and put less pressure on front line staff by reducing the number of multiple discharges and admissions on any given day
3. Admission Criteria – Current medical stability criteria will be reviewed in consultation with the our physicians to look for opportunity to adjust admission criteria to include patients that are appropriate for admission to the restorative programs but may for various reasons not been traditionally admitted to HDGH. This may include taking patients earlier or with more complex care needs.



Physician Assistant (PA) Application

In efforts to strengthen health human resources, support patient care and support physician workload especially as we approach 95% occupancy, HDGH submitted an application for The Physician Assistant (PA) Career Start Program that provides time-limited financial support to eligible employers to facilitate the transition of PA graduates into the Ontario health care system. HDGH's application was submitted to integrate a PA as part of our patient care team within our Restorative Care Program. The PA position will address patient care issues in a timely manner, decreasing length of stay and contributing to more timely discharges of patients back into the community. Additionally, the PA will play a central role in facilitating post hospital primary care follow up. We anticipated that a dedicated PA will improve patient satisfaction scores, improve communication and health education among the health care team, and ensure more timely assessment and discharge planning.

Restorative Leadership Restructuring and Clinical Practice Manager (CPM) Outpatient Mental Health (OP MH)

In light of one of the CMC Operations Manager taking on a new role in the organization as the Patient Advocate, the opportunity presented itself to review the Restorative Care Leadership structure. The changes being implemented are based on an evaluation of our leadership needs and where our greatest needs are in delivering high quality care, while ensuring the changes fit with our strategic initiatives around staff development, leadership development, and best use of resources in optimizing patient care. Effective **October 2nd**, the following restorative leadership team will be in effect:

RH1

Michael Dame – Operation Manager of Rehab 1 and Transitions
Clinical Practice Manager Permanent Full Time (NEW) – TBA

Rehab 3/4

Samantha Jaber – Operations Manager of Rehab 3 and Rehab 4
Clinical Practice Manager Temporary Full Time covering Maternity Leave currently posted for Rehab 3 and 4

2 South

Francine Stadler – Operations Manager 2S CMC, Respiratory Therapists and Pulmonary Rehab
Gillian Koolen – Clinical Practice Manager 2S CMC

3 North

Amanda Guthrie – Operations Manager 3N CMC and Restorative Clerical Team
Lindsay Samoila – Clinical Practice Manager 3N CMC and IPAC

3 South

Sean Goodfellow – Operations Manager 3S CMC and Float Teams
Jennifer Taylor – Clinical Practice Manager 3S CMC and Float Team

Elizabeth Matte – Patient Advocate and Ethics Lead

In addition, as we continue to focus on our strategic direction of investing in our front line and developing expertise in their field, an investment was made for a dedicated CPM for OP MH. The CPM position is responsible and accountable for directing and developing advanced nursing practice within the outpatient mental health programs and across the patient care spectrum. Lastly, recruitment is underway for an Operations Manager for TNI.

Ministry of Health (MOH) Models of Care Innovation Fund

Lastly, HDGH had the opportunity to submit proposals for the MOH Model of Care Innovation Fund. The purpose of this funding supports innovative projects that optimize health human resources (HHR). With criteria centered around meeting the three pillars of *Your Health: A Plan for Connected and Convenient Care*, those being care in the right place, faster access to care and hiring more health care workers and having a sustainability plan with measurable outcomes, HDGH submitted five projects, those being:



- GURT – Geriatric Urgent Response Team
- Elder Life Program – students working with geriatric patients
- Enhancement of GAP services – promoting ED avoidance and early intervention for elders at risk
- Regional Children’s Centre – Child & Youth ACT team
- Mental Health Care Urgent Care Centre Expansion – UCC

In addition, HDGH were partners in submission from Windsor Essex Hospice focusing on creating a central intake model for better utilization of hospice like beds and the Rehab Care Alliance in developing a community based model of providing rehab care.

It is anticipated successful submissions will be notified sometime this fall.

Fall Vaccine Roll Out

Lastly and in collaboration with the Windsor Essex public health, planning is well underway for the annual fall vaccine roll out. HDGH under the direction from public health will support patient and staff vaccination focusing on flu and COVID vaccines being given simultaneously in an effort to promote vaccination for vulnerable patients and health care providers at risk. We are anticipating the campaign will begin once the COVID vaccines are available. HDGH will be strongly encouraging our patients (inpatient and outpatient), staff and physicians and their families to get their flu and COVID shots. What is your plan to get yours?

Respectfully submitted by:
Janice Dawson, VP Restorative Care and CNE



Operational Direction Rehabilitation and Complex Continuing Care Capacity and Flow

ISSUED TO:	Acute Care and Rehabilitation/Complex Continuing Care Hospital CEOs
ISSUED FROM:	Susan deRyk, Chief Regional Officer, Central and West Regions Anna Greenberg, Chief Regional Officer, Toronto and East Regions Brian Ktytor, Chief Regional Officer, North West and North East Regions
CC:	Matthew Anderson, President & CEO
RELEASE DATE:	July 12, 2023

Ensuring patients across Ontario receive the right care in the right place at the right time is a key priority for our health system. Thank you to you and your teams for the work you do every day in support of this goal.

Currently in Ontario, there are more than 4,500 patients designated as requiring an alternate level of care (ALC) in acute care and rehabilitation/complex continuing care (CCC) hospitals, with approximately 25% of patients in acute care waiting for rehabilitation and CCC. As we look ahead to the fall/winter and the accompanying resurgence of respiratory viruses, we anticipate capacity pressures across the health system. Given this context, it is increasingly important to optimize rehabilitation and CCC capacity to support ALC reduction efforts and improve patient access to care.

Acknowledging implementation of the Operational Guidance may be nuanced depending on geography and in rural and remote locations, Ontario Health remains committed to working with system partners to improve access, occupancy, throughput, and flow in all sectors across the province. A province-wide target of reducing ALC volumes by 10% per year over the next 3 years has been set to help concentrate our collective efforts to improve access to care.

To support target achievement, improved utilization, patient flow, and overall system capacity, Ontario Health is issuing the following direction and guidance (below) to hospitals and health service providers that operate rehabilitation and CCC beds as a free-standing facility or integrated within an acute care facility:

1. All rehab and CCC hospitals will work towards a target occupancy rate of >95%
2. All hospitals will work towards achieving ALC throughput targets of >1
3. All hospitals will work to implement the actions and approaches outlined in the attached Operational Guidance that apply to them, recognizing rural and northern constraints
4. All hospitals will work with their Ontario Health region on the above noted improvement efforts

Your Ontario Health regional team will continue to work closely with you on local capacity, access and flow efforts and will follow up with organizations shortly to support implementation efforts over the summer.

Thank you for all that you are doing to provide care for the people of Ontario.

Operational Guidance

Provincial Target: All CCC hospitals/facilities/bedded programs will work towards a target occupancy rate of >95%

For acute care hospitals:

1. Implement processes to work towards 7 day/week discharges to rehab and CCC.
2. Ensure a proper discharge plan is established and communicated to rehab and CCC hospitals/bedded programs and other discharge destinations including:
 - A transfer of accountability process,
 - A comprehensive discharge summary, including the latest medication information, as outlined in the [GTA Rehab Network Discharge Checklist](#), and
 - Physician-to-physician phone calls using a standardized tool such as IPASS (as required).

For rehab and CCC hospitals/facilities/bedded programs:

3. Develop a plan to implement 7 day/week rehab and CCC admissions, with consideration for:
 - Medical coverage,
 - Clinical support staff (i.e., pharmacy, admitting),
 - Rehabilitation therapy staff, and
 - Access to environmental services to facilitate room cleaning and bed turn around.
4. Develop a plan to establish expanded hours of rehab and CCC admission which may include implementation of after-hour medical coverage, expanded therapy and clinical support coverage, including pharmacy.
5. Stagger discharges throughout the week to facilitate continuous acute care flow and avoid fluctuations in occupancy.
6. Create flex beds to accommodate any late or failed complex or rehabilitation discharges to ensure same-day acute care admissions are not cancelled. Ideally, admissions including transportation should be pre-booked where possible.
7. Ensure bed holding policies align with the [Guidance to support the Repatriation of Patients to Bedded Levels of Rehabilitative Care in Freestanding Rehab/Complex Continuing Care Hospitals](#).
8. Develop proactive surge strategies for rehab and CCC occupancy to support capacity pressures across hospitals, particularly during respiratory viral season and other increases in acute care demand.
9. Adopt flexible admission criteria to accommodate patients on the wait list for rehab and CCC and respond to changing demand (i.e., summer surgical ramp downs, low occupancy periods for speciality programs). Consider off-service admissions and mixed units for non-specialized programs to enable opportunities to flex resources between different bed types (see: [Rehab Care Alliance Bedded Levels of Rehab](#)).
10. Ensure COVID-19 infection prevention and control (IPAC) measures (i.e., admission testing, isolation requirements and duration, management of aerosol-generating medical procedures) are adapting to the current phase of the pandemic and community viral transmission rates. Recommendations based on best practices and the current phase of the pandemic include the following:
 - All patients should be screened upon admission and actively monitored while in hospital for COVID-19 and respiratory virus-compatible symptoms.

- Routine COVID-19 testing of asymptomatic patients is no longer required on admission.
- Routine isolation of asymptomatic patients on admission is no longer recommended.
- All patients with suspected or confirmed COVID-19 or respiratory illness should be placed on Droplet and Contact Plus precautions (personal protective equipment [PPE] includes fit-tested N95 respirator, eye protection, gloves, and gown) until reassessed by the IPAC team at the earliest possible opportunity to determine testing requirements and duration of isolation. Note: access to timely diagnostic testing will facilitate the determination of a plan of care and the requirement for ongoing isolation.
- All staff must use Airborne/Droplet Contact precautions and PPE (N95 respirator, face shield, gown, gloves) when performing aerosol-generating medical procedures on patients with suspected or confirmed respiratory virus infection. Note: Asymptomatic patients with a tracheostomy, chronic continuous positive airway pressure (CPAP) or on high-flow oxygen/mechanical ventilation will no longer require negative pressure rooms and airborne/droplet/contact precautions.
- In general, movement of patients to and from an outbreak unit is not recommended; however, given the importance of access to rehab/CCC for system flow and patient needs, transfers may be considered after a discussion between IPAC programs and agreement from public health. The accepting facility should admit the patient preferably into a private room, if this is possible, and maintain Additional Precautions as required.

Provincial Target: All hospitals will work towards achieving ALC throughput targets of >1

For all hospitals:

11. Implement the [ALC Leading Practices](#) and the [Rehab Care Alliance and Provincial Geriatrics Leadership Ontario Framework for Older Adults Living with Frailty: Older Adults with Frailty Rehab Guidelines](#) to prevent delays in transitions of care and improve the quality of care, including patient and caregiver engagement in care/discharge planning, access to specialized supports, and transitions from hospital to the next level of care.
12. Ensure a plan of care is developed by all members of the care team with the patient and relevant community partners to address care needs with a focus on transition to the pre-admission destination where possible.
13. Ensure frequent re-assessment of patient status, an essential part of the care process so that changes and resulting support needs are identified as early as possible, and the care plan and goals of care are adjusted accordingly.
14. Ensure there is a scheduled opportunity for the interdisciplinary team to review patients identified as “at-risk” (e.g., “at-risk” ALC rounds) at least weekly. “At-risk” ALC rounds include a representative at a director/vice-president-level, internal stakeholders, key external agencies, and discussion around a review of risks for each patient to optimize discharge options, develop creative discharge solutions, and provide appropriate transitional supports, including augmentation of community supports to facilitate timely discharge.
15. An “at-risk” resolution table is developed, where challenging barriers to transition, including the need for specialized equipment and behavioural supports, can be discussed, and addressed.
16. Develop strategies to support patient transfer back to rehab and CCC from the ED as quickly as possible with added supports as required.
17. Develop a workforce sustainability strategy that includes key concepts such as staff wellness/resilience, recruitment, and retention to ensure we have appropriate staff to meet patient needs.

18. Build partnerships between acute care and rehab and CCC hospitals/bedded programs where necessary to educate rehab and CCC staff to meet the rehabilitative care needs of patients (i.e., dialysis training for nurses so patients can be admitted and still receive home hemodialysis and peritoneal dialysis treatment; administration of specialty medication and treatment such as parenteral nutrition).

For acute care hospitals:

19. Ensure ALC patients are accurately designated, not only based on medical stability in acute care, but also based on restorative potential¹ and completion of investigations and/or treatments that can only be offered in acute care.
20. Align referral processes with the [Provincial Referral Standards Reference Guide](#). Note that patients do not need to be designated ALC for a referral to take place.
21. Develop and implement forecasting processes within team rounds, leveraging length of stay best practices for targeted populations, to provide a best estimate of when admitted patients will be ready to transfer to the next level of care.
22. Consider opportunities in the ED to support avoidance of acute care admissions or reduce functional decline of patients who are no-bed admits (i.e., GEM, rehab staffing), in alignment with senior friendly care principles.
23. Enable review of newly designated ALC patients by rehab and CCC admissions coordinators to seek out appropriate referrals.

For rehab and CCC hospitals/facilities/bedded programs:

24. Develop a plan to maintain daily rehabilitation care by allied health team members while also expanding to a minimum of 6 days/week, and ideally 7 days/week, to decrease length of stay and improve flow.
25. Follow best practices in rehabilitative care as outlined in best practice documents for key populations including: [Hip Fracture](#), [Older Adults with Frailty](#), [Total Joint Replacements](#), [Stroke Rehab](#).
26. Implement group programs and optimize models of care where all team members are working to maximize rehabilitation therapy to mitigate impact of health human resources shortages. Be creative in the staffing model and consider how to use other disciplines (i.e., therapy assistants, social services workers, kinesiologists, dietician assistant).
27. Work with acute care to develop “pull strategies” to maintain flow, especially during surge periods. Include patient flow coordinators onsite at referring facilities where possible, otherwise ensure regular contact with referring facilities to identify potential patients.

¹ Restorative Potential means that there is reason to believe (based on clinical assessment and expertise and evidence in the literature where available) that the patient's/client's condition is likely to undergo functional improvement and benefit from rehabilitative care. The degree of restorative potential and benefit from rehabilitative care should take into consideration the patient's/client's:

1. Baseline level of functioning
2. Medical diagnosis/prognosis and co-morbidities (i.e., is there a maximum level of functioning that can be expected owing to the medical diagnosis /prognosis?)
3. Ability to participate in and benefit from rehabilitative care within the context of the patient's/client's specific functional goals and direction of care needs.

NB: Determination of whether a patient/client has restorative potential includes consideration of all three of the above factors. Cognitive impairment, depression, delirium, or discharge destination should not be used in isolation to influence a determination of restorative potential.

28. Work with acute care to implement guidelines for direct admission to rehab and CCC from the community or emergency department. Consider referral pathways and steps outlined in the [RCA Direct Access Priority Process document](#).

Enablers to support this guidance

- In collaboration with system partners, revisit admission criteria, programs, services, and staff skill sets at least annually to ensure they are responsive to changing demand and can address gaps in services.
- Ensure established best practice rehab care for key populations (i.e., stroke, older adults, orthopedics) is initiated in acute care.
- Review medical model to ensure alignment in terms of physician hours, presence on unit, admissions and throughput priorities, speed to action particularly on high admission and discharging units. Review on call stipends or billing guidelines to support admissions on weekends.
- Explore centralized referral and triage for rehab and CCC to create one point of access to these programs from acute care.
- Explore options to adopt eReferral processes to support flow and develop a performance scorecard to monitor key access and flow metrics at your hospital.
- Plan proactively for appropriate transportation to reduce potential admission delays.
- Partner with organizations to ensure access to Indigenous Healing Practices and culturally safe care.

HDGH Board of Directors 2023/2024 Workplan

Committee Responsible	September	October	November	December	January	February	March	April	May	June	As Rqd	Consent
Quality and Patient Safety												
Review and Approve Final Quality Improvement Plan	QC						X					X
Appoint Professional Staff on Recommendation of COS	MAC	X		X	X		X		X	X		
Accreditation planning	QC								X		X	X
Review Quality Indicators	QC		Q1	Q2	Q3	Q4						X
Review Quality Framework and structure	QC								X			X
Finance and Audit												
Approve HAPS/CAPS (if applicable)	FAC										X	X
Approve H-SAA and M-SAA	FAC										X	X
Broader Public Sector Accountability Act, M-SAA and H-SAA compliance review and attestations	FAC								X			X
Approve quarterly financial statements	FAC	X			X		X		X			X
Leadership Expenses	FAC								X			X
Year end audit - approve audited financial statements	AC								X			
Recommend appointment of the external Auditor with remuneration	AC								X			X
Approve Capital and Operating Budgets	FAC						X					
Approve 5-year capital planning	FAC						X					X
Receive IT/IM 5-year Plan	FAC	x										X
Report on use of consultants	FAC									X		X
Executive Pay for Performance	EC									X		
Approve Executive Compensation Plan/Policy (if applicable)	EC								X			X
Receive Investment updates and approve policy as applicable	FAC										X	X
Mission and People												
Approve Physician Human Resource Plan	MAC						X					X
Approve the French Language Services Plan	MPC						X					X
Approve the annual Health & Safety Report	MPC								X			X
Governance												
Set number of Directors (if applicable)	GOV	X										X
Approve Board/Committee Terms of Reference	GOV	X										X
Approve Board/Committee Workplan	GOV	X										X
Approve governance policies	GOV										X	X
Approve By-law Changes	GOV								X			X
Appoint/re-appoint Directors and Board Officers	GOV								X		X	
Review Board/Committee evaluation surveys and review attendance	GOV								X			X
Review Peer to Peer evaluation results	GOV						X					X
Director Meeting Evaluations	BoD	X	X	X	X	X	X	X	X			
Approve board ethical decision making framework	GOV						X					X
Board Educaton	Board	X	X	X	X	X	X	X	X	X		

HDGH Board of Directors 2023/2024 Workplan

	Committee Responsible	September	October	November	December	January	February	March	April	May	June	As Rqd	Consent
Chief Executive Officer/Chief of Staff/Chief Nursing Executive													
CEO/CoS Succession Planning	GOV									X		X	X
Receive and review CEO & CoS Evaluation	GOV									X			X
Approve CEO & CoS Objective setting	GOV									X			
Receive CEO & CoS quarterly objectives report	BoD	X		Q2		Q3		Q4		X	Q1		
Receive report from Chief Nursing Executive	BoD	X		X		X		X		X	X		X
Physician Engagement	MAC			X									X
MAC Report	MAC	X		X				X		X	X		X
Strategic Plan and Strategic Directions													
Review strategic plan and refresh	BoD										X		
Receive progress reports on specific strategic directions through Executive Leadership Team	BoD	X		X		X		X		X	X		X
Receive a report from the President Professional Staff Association	BoD					X							
Receive any Operating Plan updates	BoD					X							
Receive report from Lead Agency and approve all annual planning as necessary	BoD										X	X	X
Stakeholder Relations and Engagement													
Receive annual report from Schulich School of Medicine and Dentistry	BoD					X							
Receive annual report from ED CLTF	BoD										X		
Receive annual report from WE Spark Institutue	BoD											X	
Receive Board to Board report from Transform Shared Service Organization	BoD	X		X				X		X			
Risk Management													
Approve integrated risk management process, program and policy	FAC					X							X
Receive quarterly Risk Register reports	BoD	Q1		Q2		Q3				Q4			X

<p style="text-align: center;">HDGH Executive Committee 2023/2024 Workplan</p>	September	October	November	December	January	February	March	April	May	June	As Rq'd	
Meet where matters are of urgent nature											X	
Review Terms of Reference											X	
Review Workplan											X	
Review the Executive Compensation Plan/Policy											X	
Review and approve Executive Pay for Performance											X	

HDGH Governance Committee 2023/2024 Workplan

	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	As Rq'd	MRP
<u>General</u>												
Recommend to the board an ethical decision making framework					X							Vice Chair
Plan Missioning Ceremony			X									CEO/EA
Ensure recognition of those Directors completing their tenure with the Board							X					CEO/EA
<u>Governance</u>												
Recommend for approval the standing committee(s) terms of reference, ensuring all legislative requirements are met									X			Vice Chair
Recommend for approval, the annual board and committee workplans	X											Vice Chair
Review of the by-law, policies and key governance documents as required			X				X					Vice Chair
Review and recommend structure of the board, and its committees, including size, skills matrix, structure					X							Vice Chair
Review evaluation process for: the board, committees, directors, and non-directors			X									Vice Chair
Consider the tenure of Directors such as retirement schedule and assumption of responsibilities					X							Vice Chair
Review orientation process for new board and committee members as well as planned board education, and annual retreat							X					Vice Chair
Establish mentors for all newly elected Directors and oversee the process for one year									X			Vice Chair
Recommend approval of the President Professional Staff Association							X					EA
Conduct exit surveys/interviews with all outgoing elected Directors									X			Vice Chair
<u>Performance</u>												
Plan for Peer to Peer Assessments					X							Vice Chair
Review Board/Committee evaluation survey results									X			Vice Chair
Review strategic plan targets			X									Vice Chair
<u>Recruitment and Nominations</u>												
Act as the Nominations Sub-Committee for the recruitment and nominations process of all new Directors and Non-Directors	X											Vice Chair
Review and recommend to the Board, the allocation of Board members to each of the board committees inclusive of Committee Chair									X			Vice Chair
Recommend to the board the appointment of Officer positions							X					Vice Chair
Recommend to the board any director resignations and subsequently notify the Members of any Board resignation											X	Vice Chair

HDGH Governance Committee 2023/2024 Workplan

	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June	As Rq'd	MRP
Strategy												
Review partnerships, MOU's, relationship with the Foundation Board of Directors, the MOH & MOLTC, Ontario Health, health system partners and local community											X	Board Chair
Review strategic plan and consider relvancy and possible refresh/enhancement			X				X					CEO
CEO & CoS												
Plan for annual review of performance and compensation (as allowed by law) for the CEO and CoS					X							Vice Chair
Review succession planning for the CEO and CoS								X				Vice Chair
Recommend to the board approval of annual goals and objectives for the CEO and CoS					X							Vice Chair
Risk Management												
Receive quarterly Risk Register reports	Q1		Q2		Q3				Q4			CEO/DRM

HDGH Quality Committee 2023/2024 Workplan	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	As Rq'd	MRP
<u>General</u>											
Review the Committee Terms of Reference		X									Chair
Review the Committee Workplan		X									Chair
<u>Quality Oversight and Quality Improvement</u>											
Review draft quality improvement plan					X						CoS/CNE
Review and approve final quality improvement plan							X				CoS/CNE
Receive information/presentations of Patient Stories or Quality Improvement initiatives		X			X		X		X		CoS/CNE
Review quality scorecard indicators		Q1			Q2		Q3		Q4		CoS/CNE
Receive report: Medical Advisory Committee/Medical Quality Assurance/Quality Council		X			X		X		X		CoS/CNE
Patient Safety/Quality Framework									X		CoS/CNE
<u>Critical Incidents</u>											
Critical incidents review (annually) inclusive of ensuring appropriate disclosure					X						CEO
<u>Compliance/Risk Management</u>											
Review compliance with applicable legislation										X	CoS/CNE/EA
Receive quarterly Risk Register reports		Q1			Q2		Q3		Q4		DRM
<u>Accreditation</u>											
Annual Accreditation Report/Update							X				CEO
<u>Professional Staff Process</u>											
Annual review of physician re-appointment process					X						CoS
<u>Patient Experience</u>											
Patient Relations Report inclusive of complaints									X		PA
Receive report: Patient Family Advisory Council					X				X	X	PFAC
Receive report: Annual Research update		X								X	Dir. Research
<u>Ethics</u>											
Ethics Committee Report							X				DCM
<u>Committee Performance</u>											
Complete and review Annual Committee and Chairperson evaluation									X		Chair
Report to the Board on material matters arising at Committee meetings										X	Chair

HDGH Finance and Audit Committee 2023/2024 Workplan

	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	As Rq'd	MRP
General											
Review the Committee Terms of Reference	X										Chair
Review the Committee Workplan	X										Chair
Finance											
Review and recommend to the Board the financial statements (quarterly)	X				X		X		X		CFO
Review and recommend to the Board, expenditures that exceed management spending authority or those not contemplated in the budget/operating plan over the approved \$2.3M threshold										X	CEO
Review and recommend to the Board, an annual capital and operating budget					X		X				CFO
Receive and review MSAA and HSAA										X	CEO
Review and recommend to the Board, the long-term (5-year) capital plan							X				CFO
Review debt obligations and repayment planning										X	CFO
Approve HAPS/CAPS (if applicable)										X	CFO
Investment											
Monitor and recommend changes to the Board investment policy					X						CFO
Receive and review investments and strategy with Investment Manager					X						CFO
Performance/Compliance											
Review financial indicators (scorecard) quarterly	X				X		X		X		CFO
Quarterly Attestation for regulatory compliance	Q1				Q2		Q3		Q4		CEO
Receive and review the annual salary disclosure							X				CFO
Review and recommend to the Board, compliance attestations under the BPSAA (consultant use, travel/Salary expenses, procurement)									X		CEO
Review and report to the Board on the performance and compliance with the SAA's/legislation										X	CEO
Receive and review Investment Compliance Certificate	X				X		X		X		CFO
Receive and review Parking Attestation	X										CFO
Asset Management											
Review and recommend to the Board concerning material asset acquisitions not contemplated in the annual capital budget										X	CEO
Information Technology/Cybersecurity											
Annually review the status of the Information Technology, Equipment and Building systems	X								X		CEO
Annually review the policies, process and programs in place to protect HDGH (cybersecurity)					X						CEO
Receive the long-term IT/IM 5-year plan and forward to the Board for receipt	X										CEO
Annually receive the long-term IT/IM 5-year plan and forward to Board for receipt							X				CEO

HDGH Finance and Audit Committee 2023/2024 Workplan

Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	As Rq'd	MRP
------	-----	-----	-----	-----	-----	-------	-------	-----	---------	-----

Risk Management and Internal controls

Annually equire into major financial risks and controls to minimize the impact									X	CEO
Receive quarterly Risk Register reports	Q1				Q2	Q3		Q4		CEO
Receive assurance that there is appropriate insurance coverage for HDGH									X	CEO
Review the quality and integrity of the internal control systems									X	CFO

Committee Performance

Complete Annual Committee and Chairperson evaluation								X		Chair
Report to the Board on material matters arising at Committee meetings									X	Chair

Audit

*See Audit Sub-committee Workplan

<p style="text-align: center;">HDGH Audit Sub-Committee 2023/2024 Workplan</p>	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	As Rq'd	MRP
Audit											
Recommend to the Board the appointment/re-appointment of the auditor and the remuneration									X		Chair
Receive and review the audit plan with the auditor							X				CFO
Review and recommend to the Board, the audited annual financial statements, in conjunction with the report of the auditors									X		CFO
Meet privately if required, with the auditor (without management) with regard to the adequacy of the internal accounting controls									X		Chair
Assess whether appropriate assistance was provided to the auditors by the organization									X		Chair
Review managements implementation of the auditors recommendations										X	Chair
Review non-audit services provided by the auditor and other factors that might compromise the auditors independence									X		
Monitor and evaluate the performance of the auditors									X	X	Chair
Seek confirmation of compliance to generally accepted accounting principles and all new accounting, auditing and reporting standards									X		Chair
Annually assess the external audit firm and comprehensive review every 5 years										X	Chair

HDGH Mission and People Committee 2023/2024 Workplan	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	As Rq'd	MRP
<u>General</u>												
Review the Committee Terms of Reference		X										Chair
Review the Committee Workplan		X										Chair
Annually review and recommend to the Board, board policies for which oversight has been assigned											X	Chair
<u>Mission</u>												
Ensure HDGH is meeting its commitment to fulfill its Mission Strategy											X	DCM
Annually receive and review reports regarding Equity, Diversity and Inclusion at HDGH					X							DCM
Annually receive and review reports from Mission, Spiritual Care and Ethics at HDGH		X										DCM
<u>People</u>												
Annually receive and review reports highlighting diversity and inclusion current state and engagement programs/activities to ensure inclusivity					X							CEO
Annually review key initiatives in relation to human resources, safety, organizational culture, ensuring effective engagement, development and inclusiveness							X					CHRO
Annually review the hospitals talent management plan									X			CHRO
Receive and review reports on Workplace Health and Safety planning (Safe Workplace Advocate/Health & Safety Wellness/Workplace Violence Prevention)		X			X		X		X			CHRO
Review staff and physician engagement strategy and results (semi-annually)					X				X			CEO
<u>Compliance/Performance</u>												
Review quarterly scorecards, for all assigned indicators (HR and safety)		Q1			Q2		Q3		Q4			CHRO
Receive and recommend to the Board if required, the French Language Services plan for HDGH							X					DCM
Review and recommend to the Board, the approval of the annual occupational health and safety report									X			CHRO
<u>Risk Management</u>												
Receive quarterly Risk Register reports		Q1			Q2		Q3		Q4			CEO
<u>Committee Performance</u>												
Complete Annual Committee and Chairperson evaluation									X			Chair
Report to the Board on material matters arising at Committee meetings											X	Chair