AdvantAge Ontario
Advancing Senior Care

Long Term Care Governance and Leadership

AGENDA

Monday, May 6, 2019

8:30 am - 9:30 am	**Registration**
9:30 am - 10:00 am	**Opening Remarks** *Robert Morton, Senior Advisor*
10:00 am-10:30 am	**Current Environment** *Lisa Levin, CEO, AdvantAge Ontario*
10:30 am – 10:45 am	**Refreshment Break**
10:45 am -11:30 am	**Legal Framework - Roles and Responsibilities of LTC Directors** *Marco Deiana, Lawyer, DDO Health Law*
11:30 am – 12:30 pm	**Risk Management – Oversight Responsibilities** *Lori Borovoy, Senior Healthcare Risk Management Specialist, Healthcare Insurance Reciprocal of Canada (HIROC)*
12:30 am – 1:15 pm	**Lunch**
1:15 pm -2:00 pm	**LTC Funding Model and Future Directions** *Julie Horne, CFO and Privacy Officer, New Unionville Home Society*
2:00 pm-2:45 pm	**Health Care Transformation – Collaborative Governance** *Robert Morton, Senior Advisor*
2:45 pm – 3:00 pm	**Break**
3:00 pm – 3:45 pm	**Reporting Indicators for Governing Bodies** *Brian Swainson, Director, Long Term Care Services, The Regional Municipality of York, Community & Health Services Department*
3:45 pm – 5:00 pm	**Media Relations** *Warren Weeks, Principal, Weeks Media*
5:00 pm – 5:15 pm	**Wrap-up**

Long Term Care Governance and Leadership

SPEAKER BIOGRAPHIES

Lisa Levin is the CEO of AdvantAge Ontario – an association of Ontario's non-profit organizations serving seniors. Before joining AdvantAge Ontario, Lisa was the Director of Nursing and Health Policy with the Registered Nurses 'Association of Ontario (RNAO). From 2011 to 2016, Lisa was the Chair of the Ontario Caregiver Coalition (OCC) that advocates for family caregivers across the province. In 2012, Lisa received a Queen Elizabeth Diamond Jubilee medal for her work leading the OCC. From 2005 to 2015, Lisa was a senior executive with Circle of Care – a home and community care agency. Before that, Lisa was a policy advisor for 16 years in different ministries of the Ontario government including: Housing; Community and Social Services; Health; and Children's Services. Lisa has her Bachelor of Arts in Urban Systems/Geography from McGill University, and her Master of Science in Urban Planning from the University of Toronto.

Robert Morton is a highly experienced health care executive who has worked in a number of senior positions within the Ontario health and social service system over the past forty-five years. Most recently Mr. Morton was the Chief Executive Officer (Interim) for AdvantAge Ontario. He is the immediate past chair of the Board of Directors for North Simcoe Muskoka Local Health Integration Network. Mr. Morton was senior administrator of the homes for the aged program of the County of Simcoe; executive director of two Community Care Access Centres (Peel and Simcoe County); and founding chief executive officer of Children's Treatment Network of Simcoe York. As a consultant, Mr. Morton has had a number of engagements focusing on organizational and systems level issues. In addition to his management and consulting work Mr. Morton brings to the Administrator Certification Program his experience as chair or board member of a number of national, provincial and local associations and organizations. Bob was president of the OANHSS Board of Directors in 1986-87, the recipient of the OANHSS Leadership Award in 1993 and the Norma Rudy Award in 2018.

Marco Deiana is health law counsel with DDO Health Law, a boutique health law firm in Toronto. Marco has worked with clients in the health care and charitable sectors in both private practice and in-house settings. Marco previously served as in-house counsel to a provincial health agency of the Ministry of Health and Long-Term care. Marco is well-versed in corporate governance, integrations, regulatory, privacy, and charitable issues.

Lori Borovoy is a Senior Healthcare Risk Management Specialist and joined Healthcare Insurance Reciprocal of Canada (HIROC) in September 2017. At HIROC she has worked with Boards and Senior Management on advancing Integrated Risk Management through education and risk identification workshops. Prior to joining HIROC, she was the Director of Risk Management and Patient Safety at the

Central Local Health Integration Network, formerly the Central Community Care Access Centre where she led portfolios responsible for development and implementation of the enterprise integrated risk management program, patient safety plan, and patient relations. Ms. Borovoy has over 25 years of experience working with patients with disabilities, and medical health issues in both hospitals and community based settings. She has a MSc. in Quality Improvement and Patient Safety and BSc. in Occupational Therapy. Ms. Borovoy has been utilized for expert testimony in the Provincial Courts.

Julie Horne is a Chartered Professional Accountant with over 20 year's experience in progressive finance roles across several industries including apparel manufacturing, direct marketing and document generation, and automotive parts manufacturing. She joined New Unionville Home Society in 2013 and is currently Chief Financial Officer and Privacy Officer and she oversees information technology as well. She is also Acting Administrator for the Union Villa Long Term Care Home. She is a respected, energetic and innovative leader with a successful track record of progressing and strengthening back office functions to support growing operational needs and strategic priorities. Julie has a keenness for sharing her skills and abilities, both at work and through volunteerism. She has been an active member with Girl Guides of Canada for over 38 years. Recently Julie joined the Finance Committee for AdvantAge Ontario and she plans to use her passion to drive success to help further the association's position as the trusted voice for quality and excellence in not-for-profit seniors' care.

Brian Swainson joined York Region as the Director, Long-Term Care Services, in the spring of 2018. In this role, Brian oversees the planning and delivery of quality care, accommodations and services for the Region's two municipal Long-Term Care Homes. With nine Resident Home Areas across two sites, York Region operates Long-Term Care, Convalescent Care, and Respite Short Stay beds, through a commitment to our values of Integrity, Commitment, Accountability, Respect and Excellence. Prior to joining York Region, Brian served as the Chief Executive Officer of Saint Luke's Place, a charitable non-profit seniors campus in Cambridge, which offers a continuum of care and services from Long-Term Care to seniors' independent living and social housing. Brian joined Saint Luke's Place in 2011, after having held a Director role at the Waterloo Wellington Local Health Integration Network. As a certified Long-Term Care Home Administrator through AdvantAge Ontario, combined with a broad background in healthcare, community services, not-for-profit and business experience, Brian has a demonstrated commitment to person-centred care, continuous quality improvement, legislative compliance, and customer service excellence. Brian was the recipient of the AdvantAge Ontario Leadership Award for 2018, recognizing his active participation and leadership within the association and the sector. He serves on several Long-Term Care, and cross-sector collaborative networks and committees, with a focus on supporting and enabling quality improvements and innovation. Brian has a Bachelors degree from the University of Winnipeg, a Masters degree from the University of Waterloo and he is also a designated accountant (CPA, CGA).

Warren Weeks sold his first newspaper to his grandmother at the age of five, worked as Wayne Gretzky's PR handler for a day in 1998, and got 72,000 people to join a campaign to get former NHL coach Pat Burns into the Hockey Hall of Fame. Over the past 24 years, Warren has become a trusted media advisor to many of the most prominent organizations in Canada. He's helped thousands of executives improve the quality and predictability of their media coverage.

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Long Term Care Governance and Leadership

Morning Session:

> Current Environment

> Legal Framework

> Risk Management

Monday, May 6, 2019
9:30AM - 5:15PM

Presented by:
Robert Morton, Lisa Levin, Marco Deiana, Lori Borovoy,
Julie Horne, Brian Swainson, Warren Weeks

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LTC Governance and Leadership

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Long Term Care Governance and Leadership Environmental Scan

Lisa Levin, CEO
AdvantAge Ontario

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We're in the business of saving time and money for our clients through a combination of procurement and program solutions for their operations.

Outline

1. LTC Facts, Figures and Pressures
2. Budget 2019
3. Bill 74 Overview
4. AdvantAge Ontario Achievements

LTC Facts, Figures, & Pressures

Long Term Care in Ontario
Quick Facts

LTC Homes in Ontario (as of January 1, 2019)	611 *
LTC Beds in Ontario	78,502*
Provincial Budget Allocation for LTC	$4.3B
Current Average Provincial Funding Per Diem	$176.76
Average Provincial Annual Operating Cost Per LTC bed *(Does not include CMI adjustment or supplement funding)*	$64,517
Basic Co-Payment Fee (new preferred rates pending)	Basic: $60.78 Private: $79.52 to $86.82 Semi: $69.11 to $73.27

*Excludes 15 Eldcap homes and 268 Eldcap beds

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Long Term Care in Ontario

Beds and Homes by Ownership (as of January 2019)

Sector	Beds		Homes	
	Count	%	Count	%
For-profit	42,353	54	361	59
Non-profit	19,867	25	149	24
Municipal	16,282	21	101	17
	*78,502		*611	

* Excludes 15 ELDCAP homes and 268 ELDCAP beds

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Municipal LTC Homes

> Every southern municipality must operate a LTC home

> One or more other northern municipalities may, under an agreement with each other, establish and maintain a joint home.

> The northern municipalities that enter into an agreement must all be in the same territorial district

> A northern municipality that is an upper or single-tier municipality and that has a population of more than 15,000 may establish and maintain a municipal home. Northern municipalities are not required to establish and maintain a LTC home

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Context of Seniors Care

> Today, over half a million Canadians are living with dementia

> Seniors being admitted to LTC are older and have increased acuity

> Increased acuity of seniors in community (including supportive housing, retirement homes, and various other seniors housing options) including dementia

> LTC homes admit residents with higher MAPLe scores than before – this trickles down into the community as well

> To meet needs, LTC homes need:

- > more staff and more hours of care provided
- > more specialized staff
- > continuous training

Dementia in LTC

> 80% of Ontario's LTC home residents have neurological diseases, including dementia

> 64% have a diagnosis of dementia

> 33% have severe cognitive impairment; 50% have mild/moderate cognitive impairment

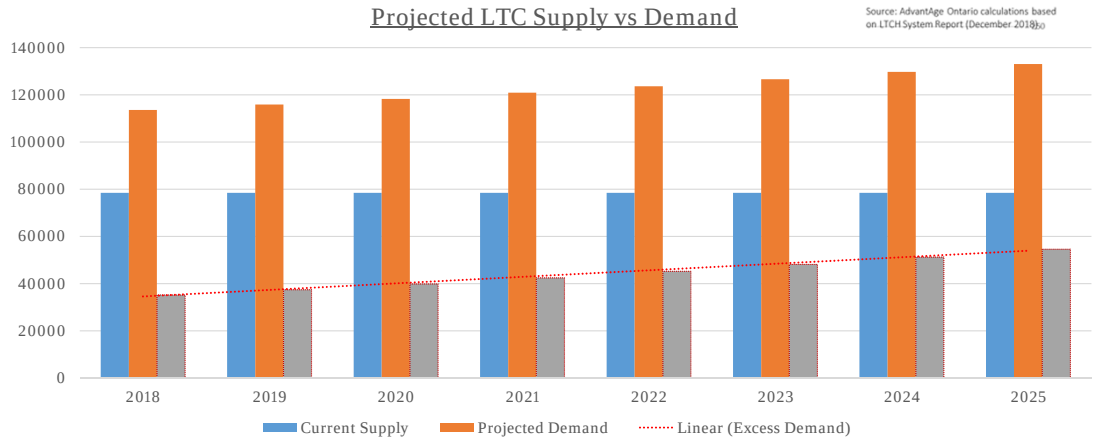
> 45% residents aggressive behaviour:

- > 24% have some aggressive behaviour; 15% have severe behaviour; 6% have very severe behaviour

> Responsive behaviours are actions, words, and gestures which have meaning and are a response to an unmet need, the surrounding environment or another individual's behaviours, words, or actions toward them

Source:Canadian Institute for Health Information (2018). Profile of Residents in Residential and Hospital-Based Continuing Care. 2017-2018.

Excess Demand



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Median Time to Placement by Priority

Waitlist Priority	Days
Crisis (Priority 1)	127
Spousal / Partner Reunification (Priority 2)	139
Ethno-Cultural/Religious Groups (Priority 3A)	306
Ethno-Cultural/Religious Groups (Priority 3B)	135
Others (Priority 4A)	167
Others (Priority 4B)	160
OVERALL	**152**

Source: Ministry of Health and Long-Term Care, Long-Term Care Home System Report as of Dec 2018

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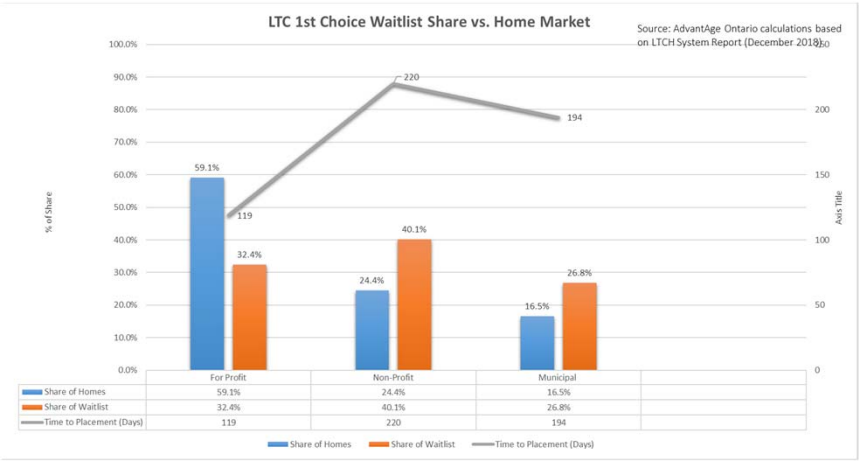
Ontario LTC Supply, Demand, Wait-Time



Budget 2019

AdvantAge Ontario 2019/20 Pre-Budget Asks

1. Develop a Health Human Resources Strategy
2. Invest an additional $350M to increase the provincial average of care to 4 hours per resident, per day
3. Explore new models of dementia care and provide greater access to in-home BSO teams
4. Support new models of care and seniors' campuses by removing regulatory barriers
5. Provide funding to expand community support services
6. Create more supportive housing for seniors
7. Build new LTC beds where they are most needed
8. Provide supports and reduce red tape to facilitate LTC development
9. Move toward a risk-based oversight system
10. Create a new, simplified LTC funding model

2019 Budget

Our Ask: Create a new, simplified LTC funding model
Budget 2019: Silent
Post Budget 2019: Awaiting info from Ministry

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Budget 2019: Silent
Post Budget 2019: Awaiting info from ministry

2019 Budget

Our Ask: Support new models of care and seniors' campuses by removing regulatory barriers
Budget 2019: Silent. We hope this will be in a red tape reduction bill

Our Ask: Provide supports and reduce red tape to facilitate LTC development
Budget 2019: Reduction in red tape and streamlining processes to sell surplus government properties and land for LTC home redevelopment
Post Budget 2019: recent changes announced for land use planning

Our Ask: Move toward a risk-based oversight system
Budget 2019: Silent.

2019 Budget

Our Ask: Develop a Health Human Resources Strategy
Budget 2019: Commitment to include PSWs as one of the occupations eligible for the government's Employer Job Offer - In-Demand Skills Stream
Post Budget 2019: We will be working with MOHLTC on HHR measures

Our Ask: Create more supportive housing for seniors and expand community support services
Budget 2019: $267 million in funding for home and community care including assisted living in supportive housing; $4 billion in federal and provincial funding for the housing sector over the next nine years
Post Budget 2019 – Community Housing strategy announced

Our Ask: Build new LTC beds where they are most needed
Budget 2019: $1.75 billion over the next five years to redevelop 15,000 existing long term care beds and add 15,000 new beds

2019 Budget – Other Announcements

- The province is developing a new strategy to improve the lives of seniors and provide supports and resources to help them live independently
- The province is creating a centralized procurement system to manage the purchasing of products and devices for hospitals, home and community care, and long-term care
- The province is considering changing the way pharmacies are funded by the Ontario Drug Benefit Program, including fees paid for filling prescriptions for LTC home residents
- Public health units and ambulance dispatch centres are being streamlined and consolidated
- Research funding cut – Quality in Long Term Care project

The People's Health Care Act, 2019

Legislative Overview

- The People's Health Care Act is comprised of **three schedules.** It received Royal Assent on April 18, 2019.
- The major changes related to health system transformation are in Schedule 1, the ***Connecting Care Act*, 2019**
- The *Connecting Care Act* will create:
  - **Ontario Health**
  - **Ontario Health Teams**
- The transformation aims to:
  - Reduce **silos** and **fragmentation**
  - Ease **transitions** across care continuum
  - Improve **health care system navigation**
  - Enhance **digital** tools and resources

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The Agency – Ontario Health

- **Single health agency** that will oversee health care delivery, clinical guidance, and health service provider support
- The Minister of Health and Long Term Care may **delegate her/his powers** under The Connecting Care Act **to Ontario Health**
- **12 Board of Directors** have already been appointed by Cabinet

COMPOSITION

- 14 LHINs
- Cancer Care Ontario
- Health Quality Ontario
- eHealth Ontario
- Trillium Gift of Life Network
- Health Shared Services Ontario
- HealthForceOntario
- Prescribed organizations

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Ontario Health – Mandate

- **Implement health system strategies** developed by MOHLTC
- **System management** and performance
- **Performance measurement** and reporting, quality improvement, clinical and quality standards development
- **Implementing digital health** initiatives and data management
- Ensuring **system oversight** (holding accountability for Ontario Health Teams)
- **Back office support** (supply chains)

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Integrated Delivery Systems – Ontario Health Teams

> Ontario Health Teams (OHT) are groups of providers and organizations that are **clinically and fiscally accountable** for delivering a full and coordinated **continuum of care** to a **defined geographic population**[1]

> An OHT will deliver, in an integrated and coordinated manner, **at least three** of the following types of services[2]:
  > Hospital care
  > Primary care
  > Long term care
  > Mental health or addictions care
  > Home care or community services
  > Palliative care
  > Any other prescribed health care service or non-health service that supports the provision of health care services (e.g. Meals on Wheels, emergency transport, supportive housing)

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Key Points on Ontario Health Teams

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- Intended to organize and deliver care at the **local level**
- OHT designation will be through an **assessment processes** by the MOHLTC
- **No prescribed governance** model
- **NOT a pilot** project – every HSP will eventually become part of an OHT
- **Integrated funding envelope**

Ontario Health Team – Designation Process

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The path to becoming a designated OHT consist of 4 steps:[3]

1. **Self-Assessing Readiness**
   - Interested groups assess their readiness and begin working to meet readiness criteria
2. **Validating Provider Readiness**
   - Based on Self-Assessment tool, groups of providers are identified as being *In Discovery* or *In Development*
3. **Becoming an OHT *Candidate***
   - Groups of providers that demonstrate, through an invitational, full application, that they meet key readiness criteria are selected to begin implementation of the OHT model
4. **Becoming a *Designated* OHT**
   - OHT candidates that are ready to receive an integrated funding envelope and enter into an OHT accountability agreement with the funder can be designated as an OHT

Impacts and Next Steps

> All services funded by MOHLTC/LHINs will **eventually have to form or join an OHT**

> **Admissions/placement** into LTC will be managed by OHTs

> **LHINs will continue to function until advised** otherwise by the Ministry

> Funding will eventually be provided through an **integrated funding envelope**

Assessment Process	Dates
Open call for self-assessments	April 3, 2019
Deadline to submit self-assessment	May 15, 2019
Selected groups will be invited to submit full application	June 3, 2019
Deadline to submit full applications	July 12, 2019
Announce designated Ontario Health Teams	Fall 2019

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Key Messages and Resources

> AdvantAge Ontario believes that the proposed transformation can significantly improve the delivery and quality of care across the care continuum. However, the implementation of The People's Health Care Act, 2019 should foster **collaboration, accountability, and transparency to be effective**

> We are encouraging members to **talk to potential partners, and consider forming or joining teams. Showcase leadership** as we undergo this transformation

> **AdvantAge Ontario is here to help** - we are in constant communication with the Ministry and keeping our members updated and prepared for these changes. See our **People's Health Care Act, 2019 Webpage** for resources.

> Subscribe to the MOHLTC's Connected Care Updates

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References

1. Ministry of Health and Long-Term Care. 2019. *Ontario Health Teams: Guidance for Health Care Providers and Organizations.*
2. *The People's Health Care Act, 2019: An Act concerning the provision of health care, continuing Ontario Health and making consequential and related amendments and repeals*. (2019), 42nd, 1st session. https://www.ontario.ca/laws/statute/s19005
3. Ministry of Health and Long-Term Care. 2019. *Ontario Health Teams: Guidance for Health Care Providers and Organizations.*

Accomplishments

Governance Highlights

- 2018 Membership Survey
  - Positive response
  - 95% satisfied or very satisfied
  - Proud to belong to AdvantAge Ontario
  - Excellent job of representing your interests
  - High marks for communications
  - Deliver results for your fees
  - Member driven

95% of members are satisfied or very satisfied

Governance Highlights

- Public Inquiry
  - Unprecedented for the Association
  - Ten weeks of hearings - concluded in late September
  - Oral and written submissions with recommendations
  - Phase 2 - met with the Commissioner in October; teleconference in November; plenary session in January
  - Maintained the fine balance between supporting the sector and seeking improvements in care
  - Recognized for our proactive work

"Many thanks for all of the hard work that you and your counsel have put into the Inquiry's work. It has – and will continue to – make a difference." Commissioner Gilese Dec. 10/18

Issues and Advocacy - Wins

- New era at Queen's Park
  - Moved quickly to establish ourselves as trusted advisors to the new government – **seen as one of the eight most influential health care advocates**
  - Seniors care and LTC a top priority of the new government – commitment to 30,000 new beds
  - New positioning - community-based organizations representing the full continuum of seniors' care
  - Premier's Council – LTC Working Group
  - Meetings with:
    - Minister of Health and LTC
    - Minister of Seniors;
    - Minister of Municipal Affairs and Housing;
    - key ADMs; Parliamentary Assistant to LTC; Premier's Office; France Gelinas, NDP Health Care Critic; John Fraser, NDP LTC and Seniors' Affairs Critic; Treasury Board; Finance Minister

Issues and Advocacy - Wins

- RN prescribing – succeeded in getting OTC meds included for LTC
- Designated spousal reunification bed
- AMPs submission – delayed
- Fire safety – members ready
- Campuses of care - increased profile
- RN funding – obtained flexibility
- Falls funding - expanded scope

Issues and Advocacy - Submissions

- Aging with Confidence
- AMPs
- Inclusionary Zoning
- Safe at Work Ontario consultation
- Palliative care
- Cannabis –amendments to LTCHA and SFOA
- 2019 Pre-Budget Submission
- Housing supply consultation
- Bill 66 – red tape reductions
- LTCHA reg change recommendations
- CNO – RN prescribing
- Bill 74

Issues and Advocacy – Collaboration and Engagement

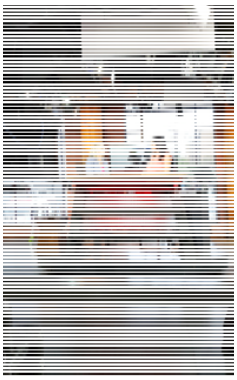
- Provincial election supports
  - Hosted first ever multi-stakeholder election forum focused on seniors
  - Toolkit for members
  - Partnered with CARP on LTC pre-election poll
- Advocacy - collaboration with sector partners on Bill 148, inclusionary zoning, ALC, public inquiry, Bill 74

Issues and Advocacy – Collaboration and Engagement

- Active participation of assocation on close to 60 government and sector committees
- Presentations – OMSSA Housing Forum, HNHB LHIN, Re-imagining LTC, OARC, Health System Capacity and Innovation Symposium, MOHLTC bed announcements, International Federation of Aging, AMO, One Fell Swoop (Australian Study Tour), RNAO NP Symposium, University of Toronto
- CALTC – Federal lobby day – February; HHR roundtable November
- Member engagement – Attended/presented at AGMs and regional meetings in all regions; attended/presented fundraisers (Toronto; Niagara; Arnprior); ministry bed announcements (Welland; Hamilton; Toronto; Virgil); HNHB forum; strategic planning sessions for members etc.

Issues and Advocacy – Media Profile

- Quoted in: Toronto Star (Butterfly homes); Globe and Mail (cultural long term care); Ottawa Citizen (regulations); Healthy Debate
- TV: CP 24 – LTC poll with Carp; CTV – Inquiry; OMNI; CTV
- Radio: Zoomer Radio – Public Inquiry



Roles and Responsibilities of LTC Home Directors

Marco Deiana

AdvantAge Ontario – May 6, 2019

Agenda

- Types of non-profit LTC home corporations
- Director's duties
  - Corporate Law
  - *Long-Term Care Homes Act, 2007 (the "LTCHA")*
- Liability
- Role of the Board
- Board vs. management Roles
- Board accountability to Government

What are Non-Profit LTC Homes?

- Possibly incorporated under Ontario's *Corporations Act* (to be replaced by the *Not-for-Profit Corporations Act (ONCA*) – expected to come into force in 2020)
- Possibly established as a Board of Management under the *Long-Term Care Homes Act, 2007* (unique, deemed a corporation but not subject to the *Corporations Act*)
- Possibly operated by a municipality (which is a corporation)

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What are Non-Profit LTC Homes?

- **Oversight & Governance**
  - Board (non-share corporation)
  - Board of Management (non-share corporation)
  - Committee of Management (committee of members of council of municipality)

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What are Non-Profit LTC Homes?

Members Roles

- If incorporated under the *Corporations Act*
  - Elect directors
  - Receive financial statements
  - Appoint auditor
  - Approve by-laws and by-law amendments
  - Make out-of-ordinary-course decisions (increase size of Board, amalgamation, sale of substantially all assets)

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WHAT IS A DIRECTOR EXPECTED TO DO?

Duties of Directors – Corporate Law

Legal expectations

- In carrying out his/her governance responsibilities, each director shall:
  - act honestly and in good faith with a view to the best interests of the corporation (*fiduciary duty*)
  - exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances (*duty of care*)

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Duties of Directors - Corporate Law

Fiduciary Duty

- How does a director know what is in the best interests of the LTC home?
  - Corporate objects (letters patent)
  - Mission, vision
  - Strategic plan
  - Contractual expectations (funding agreements)

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Duties of Directors - Corporate Law

Duty of Loyalty

Confidentiality

- Information learned at the Board is confidential and proprietary
  - Includes information learned at Board of Management about LTC home; not to be disclosed (e.g., at Council meetings or to other Councillors)
  - Recognize this is a challenge where municipal councillors are on Board of Management or Committee of Management, but duty remains

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Duties of Directors - Corporate Law

Duty of Loyalty

Conflicts of Interest

- Conflicts of interest need to be identified, declared and acted on
- Conflicted director's cannot participate in discussions, should excuse themselves from meeting, cannot vote
- It is a conflict when the Board member cannot vote *exclusively* in the best interests of the corporation/home
  - E.g. Financial Interest or Adverse Interest

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Duties of Directors - Corporate Law

Duty of Loyalty

Conflicts of Interest

- For charities, it is critical to avoid even a perceived or potential conflict of interest – higher standard of care
- No financial benefit from the charity – directly or indirectly (family members, corporations)
- New regulation under the *Charities Accounting Act* will allow directors to receive payments for legitimate goods, services or facilities @ fair market value, in very prescribed circumstances (all directors must agree and put cap on payment, other rules)

Duties of Directors - Corporate Law

Duty of Care

- Each director will have to establish that he/she exercised the ***care, diligence and skill*** that a reasonably prudent person would have done if he or she had been a director of the Corporation ***with the skills and experience of the director***
- Supreme Court of Canada confirmed that the duty of care is tested against an ***objective*** standard (the "reasonable person standard" vs. your own mindset)
- Standard is not perfection

Duties of Directors - LTCHA

- Section 69 of LTCHA:

  "Where a licensee is a ***corporation***, every director and every officer of the corporation ***shall ensure*** that the corporation complies with all *requirements under this Act*."

- Contrast this with previous language in LTCHA (now repealed):

  "Where a licensee is a ***corporation***, every director and every officer of the corporation shall,

  (a) exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances; and

  (b) take such measures as necessary to ensure that the corporation *complies with all requirements under this Act"*

- Contrast this with expectation of Boards of Hospitals (*Public Hospitals Act*)

  "the board shall […] *take such measures as the board considers necessary* to ensure that the provisions of the Act, the regulations and the by-laws of the hospital are being complied with"

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Liability under LTCHA

LTCHA Liability

- Section 69(3) "Every person who fails to comply with this section is guilty of an offence"
- Section 69(4) "A person may be prosecuted and convicted under this section even if the corporation has ***not*** been prosecuted or convicted." (new section added last year)

What does this mean?

LTCHA Liability

- Breach of Section 69 results in penalties (Section 182) for individual directors:
  - for non-profit directors/officers or members of a committee or board of management: a fine of not more than $2000
  - for directors/officers of for profit homes: not more than $100,000 for first offence, not more than $200,000 for second offence

LTCHA Liability

- S. 24 Offence - a fine of no more than $100,000
- Obligation:
  - A person who has reasonable grounds to suspect the following has occurred or may occur shall immediately report same to Director (Minister Appointee):
    - 1. Improper or incompetent treatment or care of a resident that resulted in / risk of harm.
    - 2. Abuse of a resident by anyone or neglect of a resident by the licensee or staff that resulted in harm / risk of harm.
    - 3. Unlawful conduct that resulted in harm / risk of harm to a resident.
    - 4. Misuse or misappropriation of a resident's money.
    - 5. Misuse or misappropriation of funding provided to a licensee under this Act or the *Local Health System Integration Act, 2006*
- Offence - A director, officer, member of committee / board of management or staff member is guilty of an offence if they fail to make the report, or coerce/intimidate a person not to file a report.

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LTCHA Liability

- Higher fines and or imprisonment may result if a director or officer or member of committee/board of management is convicted of more egregious offences.
- For example:
  - If a director or officer or member does anything to discourage / retaliate against / harass a person as a result of a disclosure by the person of anything to an inspector, disclosing anything to the Director, or giving evidence in a proceeding (section 26)
    - for a first offence, to a fine of up to $100,000 or to imprisonment for a term of not more than 12 months, or to both; and
    - for a subsequent offence, to a fine of up to $200,000, or to imprisonment for a term of not more than 12 months, or to both.

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Defences to Director Liability

- Due diligence (being vigilant)
- D & O insurance (confirm it has been purchased, annually)
- Business judgment rule
  - Courts are more concerned about Board process than results:
    - sufficient information?
    - examined the information critically?
    - allocated appropriate time to make the decision?
- Reliance on expert advice (lawyer, auditor)

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LTCHA Liability – Corporate Liability

- Corporation's liability under LTCHA:
  - A corporation convicted of an offence under the Act is liable to a fine of up to $200,000 for first offence; up to $500,000 for a subsequent offence
- It is an offence for a licensee to, for example:
  - breach Section 19 of the Act which reads:

    "Every licensee of a long-term care home shall protect residents from abuse by anyone and shall **ensure** that residents are not neglected by the licensee or staff."
  - Fail to comply with an inspector or Director's orders

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LTCHA Liability

- Bill 160 added new administrative penalties when an inspector or the Director finds that a licensee has not complied with a requirement under the *Long-Term Care Homes Act, 2007 (Section 156.1) – not yet in force*.
  - The administrative penalty shall not exceed $100K
  - Limitation period: a notice of administrative penalty shall not be issued more than two years after the day the most recent failure to comply on which the notice is based first came to the knowledge of an inspector or Director

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WHAT IS THE BOARD EXPECTED TO DO?

Duty to Govern

- The Board's duty is to govern the LTC home
- What is ***governance***?
  - Not defined in any law
  - Look to ***key governance reports*** to identify key governance duties: National Policy 58-201 (Ontario Securities Commission): "*Corporate Governance Guidelines*"

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Board Key Duties

"Corporate Governance Guidelines"

1. Satisfying itself as to the integrity of the CEO and other senior officers, and that the CEO creates a culture of "integrity"
   - Performance reviews, setting goals and measuring performance against those goals
2. Adopting a strategic planning process
   - Approving strategic plan on a regular basis (goals, objectives, numbers)
3. Succession planning, including appointing, training and monitoring senior management and successors to the Board
   - Board orientation, CEO succession plan, election of skills-based board where applicable

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Board of Directors Key Duties

"Corporate Governance Guidelines"

4. Adopting a communication policy for the home
   - Website, annual reports
   - Mandatory community engagement
5. Ensuring integrity of the corporation's internal control and management information systems
   - Auditors
   - Executive Director/CEO

Board of Directors Key Duties

"Corporate Governance Guidelines"

6. Identifying principal risks of the corporation's business and ensuring the implementation of appropriate systems to manage these risks (e.g. monitoring of quality issues, complaint patterns)
   - Monitoring quality issues, dashboards
   - Where benchmarks are not being met, require reason for variance and remediation plan
   - Understand and monitor accountabilities under L-SAA
7. Developing an approach to corporate governance, including a set of corporate governance principles and guidelines (see next slide)

Develop Governance Mandate

The ***governance mandate*** should also set out:

- ❑ Measures for receiving feedback from stakeholders
- ❑ Expectation and responsibilities of directors, including basic duties and responsibilities with respect to attendance and advance review of meeting materials
- ❑ Position descriptions for Chair, committee chairs
- ❑ Goals/objectives for CEO, with performance review
- ❑ Orientation/continuing education
- ❑ Nomination of directors based on skills matrix
- ❑ Regular board and director assessments

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L-SAA Governance Requirements

Need policies & procedures for:

- ❑ Making effective and appropriate decision-making
- ❑ Effective and prudent risk-management, including identification and management of actual and perceived conflicts of interest
- ❑ Prudent and effective management of funding
- ❑ Monitoring and ensuring accurate and timely fulfillment of obligations under the L-SAA
- ❑ Enabling preparation, approval & delivery of reports
- ❑ Addressing complaints about the services, management or governance

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When to Involve Board

- **7 Questions to Determine whether to Involve the Board in Decision-Making (AHA, *Great Boards*)**
  - Is it big?
  - Is it about the future?
  - Is it core to the mission?
  - Does a policy need to be developed/approved?
  - Is a red flag flying?
  - Is the regulator involved?
  - Does the CEO need Board support (e.g., a career-limiting activity)?
- **See Schedule A**

HEALTH LAW

WHO IS THE BOARD ACCOUNTABLE TO?

Key Legislation

- *Long-Term Care Homes Act* – Minister and Director (Minister Appointee), inspector, interim manager (chosen by Director)
  - Director may revoke a license (e.g., non compliance with LTCHA) – S. 157.
  - On a date to be named by Lieutenant Governor:
    - the Director will also have suspension rights.
    - The Minister will have suspension rights if the Minister believes the home is being or will be operated in a madder prejudicial to health, safety and welfare of residents.
- *Local Health System Integration Act, 2006 ("LHSIA")*
  - *If Bill 74 (the People's Health Care Act) is passed and made law, the LHSIA will <u>eventually</u> be repealed.*

Bill 74 - *the People's Health Care Act*

- Amends LTCHA to replace "LHIN" with Agency (Ontario Health), and replace LHSIA with *Connecting Care Act, 2019*.
- As in LHSIA, a licensee of a long-term care home is a "health service provider".
- Agency may fund a health service provider
- Broad Delegation Powers: the Minster may delegate ANY POWER under ANY ACT to the Agency.

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Bill 74 - *the People's Health Care Act*

- Minister has the power to issue directives *where in public interest to do so* and the directives may *be general or particular in application.*
  - LHINs currently have this power, but ltc homes are exempt.
  - Minister currently has this power under LTCHA, but they are restricted to *operational or policy directives* and the may *not be made with respect to one particular home or licensee*
- Service Accountability Agreements
  - Agency must enter into SAA with funded health service providers
  - If parties fail to negotiate an SAA within 150 days, Agency may dictate terms of SAA and health service provider shall comply
  - LHIN also has this power, but must meet with CEO and Chair of provider first, and process takes longer.

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Bill 74 - *the People's Health Care Act*

- Investigator and Supervisor
  - Long-term care homes are exempt from Agency power to appoint an investigator or supervisor (no change from current exemption provided to long-term care homes under the LHSIA).
  - Rationale – power to appoint inspector and interim manager is already under LTCHA.

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Bill 74 - *the People's Health Care Act*

- Integrations
  - Minister may designate entities as "integrated care delivery teams" (a.k.a. Ontario Health Teams) – s. 29
    - 1 of the 3 services that must be provided is long-term care home services.
  - The Agency *may* integrate the health system by – s. 32:
    - Providing or changing funding; or
    - Facilitating or negotiating integration of persons or services (including integration with non-health service providers).
    - the Agency cannot *require* an integration
    - LHINs have power to require certain integrations under LHSIA (but not the power to require amalgamation, dissolution, winding-up)

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Bill 74 - *the People's Health Care Act*

- The Minister may require integration of health service provider or Ontario Health Teams, including (s.33):
  - 1. To provide all or part of a service or to cease to provide all or part of a service.
  - 2. To provide a service to a certain level, quantity or extent.
  - 3. To transfer all or part of a service from one location to another.
  - 4. To transfer all or part of a service to or to receive all or part of a service from another person or entity.
  - 5. To cease operating, to dissolve or to wind up its operations.
  - 6. To amalgamate with one or more persons or entities that receive funding from the Agency.
  - 7. To co-ordinate services with or partner with another person or entity that receives funding from the Agency.
  - 8. To transfer all or substantially all of its operations to one or more persons or entities.
- BUT there are carveouts for long-term care homes – these carveouts also exists under the LHSIA

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Bill 74 - *the People's Health Care Act*

- The Minister cannot issue an integration order to a Board of Management or Municipality that maintains a long-term care home to:
  - Cease operating/wind-up/dissolve
  - amalgamate
  - ~~coordinate services with another HSP or Ontario Health Team~~
  - transfer its operations
- The Minister cannot issue an integration order to a licensee of a long-term care home (excluding above licensees) to:
  - Cease operating/wind-up/dissolve
  - amalgamate
  - ~~coordinate services with another HSP or Ontario Health Team~~
  - transfer its operations

  UNLESS, the licensee is also another kind of health service provider (e.g., a hospital)
- The Minister cannot issue an order, in respect of the operation of the long-term care home, to a licensee to cease operating, wind-up, or dissolve **IF** the licensee is also another kind of health service provider (e.g., a hospital)

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Thank you

Marco Deiana

AdvantAge Ontario – May 6, 2019

Schedule A

Statement of Board's Role

- **Board: Strategic planning**
  - Participates in formulation of mission, vision, values
  - Adopts it
  - Participates in strategic planning process
  - Approves strategic plan
  - Oversees implementation of strategic plan
    - Monitors home operations
    - Ensures Board decisions are consistent with mission, vision and values and strategic plan
- **CEO: Strategic planning**
  - CEO researches mission, vision, values trends and present to Board
  - CEO conducts strategic planning, prepare strategic plan in draft for input and ultimate approval of Board
  - CEO advises Board of SWOT
  - CEO recommends goals and policies to Board with support of background info

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Statement of Board's Role

- **Board: Quality and Performance Mgmt**
  - Ensures quality of client care, management performance, financial performance, external relations
  - Identifies appropriate performance standards and indicators [dashboard]
  - Reviews home performance against standards and indicators
  - Ensures CEO has plan in place to address variances
- **CEO: Quality and Performance Mgmt**
  - Assists Board with identifying appropriate performance standards and indicators [dashboard]
  - Recommends new indicators from time to time
  - Reports to Board regularly on performance against standards and indicators
  - Establishes plan to address variances

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Statement of Board's Role

- **Board: Financial Oversight**
  - Approves financial policies
  - Approves annual capital and operating budget consistent with those policies (e.g., no deficit)
  - Monitors financial performance against approved budget
  - Approves audited financial statements
  - Ensures management addresses auditor's concerns re: controls
- **CEO: Financial Oversight**
  - Recommends financial policies with background information
  - Establishes annual capital and operating budgets consistent with policies
  - Presents financial statements and variances to Board with plan for rectifying
  - Works with auditor to address internal controls

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Statement of Board's Role

- **Board: Succession Planning**
  - Selects, supervises and evaluates the CEO
  - Determines position descriptions
  - Determines annual goals
  - Evaluates performance against annual goals
  - Determines compensation
  - Ensures succession plans are in place
- **CEO: Succession Planning**
  - Needs to mutually agree on performance evaluation process & criteria
  - Recommends performance goals to the Board that are consistent with strategic plan
  - Reports on results to the Board
  - Takes steps to respond to recommendations re: CEO development
  - Creates succession plans for CEO

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Statement of Board's Role

- **Board: Risk Identification & Oversight**
  - Identifies risks to the organization
  - Ensures plans are put in place to mitigate and minimize risk
- **CEO: Risk Identification & Oversight**
  - Assists Board in identifying risks (e.g., workplace violence, harassment, etc.)
  - Takes direction from Board to put processes to mitigate risk
  - Respond to Board requests for additional information
  - Advises Board on insurance coverage
  - Assures Board of statutory compliance, compliance with policies and processes

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Statement of Board's Role

- **Board: Communications**
  - Ultimately responsible for reporting to its stakeholders and approving a communications policy
  - Identifying stakeholders
  - Ensuring appropriate reporting and communication mechanisms, both internally and externally
  - Signing off on significant messages
  - External advocates/diplomats in public policy, fundraising, stakeholder relations
  - Chair as spokesperson to media
- **CEO: Communications**
  - Recommending a communications policy
  - Creating communications for approval of Board
  - Advising Board of need for community engagement (keeping Board informed)
  - Organizing community engagement
  - Media relations
  - Website up-to-date

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Statement of Board's Role

- **Board: Governance**
  - Ensuring a board mandate/Statement of Board's Role exists
  - Ensuring by-laws, committee terms of reference are appropriate
  - Assessment of Board performance and its own members
  - Arranging for education
- **CEO: Governance**
  - Preparing a Statement of Board's Role for input and approval of Board
  - Facilitating review of by-laws, committee terms of reference
  - Engaging experts to provide advice
  - Engaging educators

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Board Governance
Risk Management - Oversight Responsibilities

21 Questions Healthcare Boards Should be Asking About RISK

Lori Borovoy
Senior Healthcare Risk Specialist

AdvantAge
May 6, 2019

Objectives

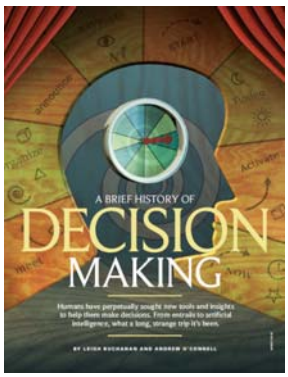
- Understand the board's role in operationalizing the oversight, coordination, and reporting of risk.
- Be able to operationalize the types of reports that healthcare boards need.

Topics

- What do we know about Enterprise Risk Management (ERM)/Integrated Risk Management (IRM)
- Case study – Mid-Staffordshire NHS Foundation Trust
- "21 Questions" resource overview
- Small group activity
- Wrap-up

What do we know?

"Risk is an inescapable part of every decision. For most of the everyday choices people make, the risks are small. **But on a corporate scale, the implications can be enormous**."



Buchanan. HBR, 2006

https://hbr.org/2006/01/a-brief-history-of-decision-making

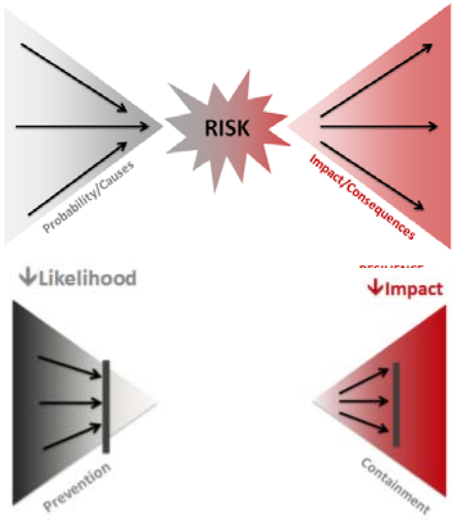
Integrated Risk Management – The Goal

IRM is a *continuous, proactive*, systematic approach to identifying, assessing, prioritizing*, understanding, acting on, and communicating risk from an organization-wide, aggregate perspective.

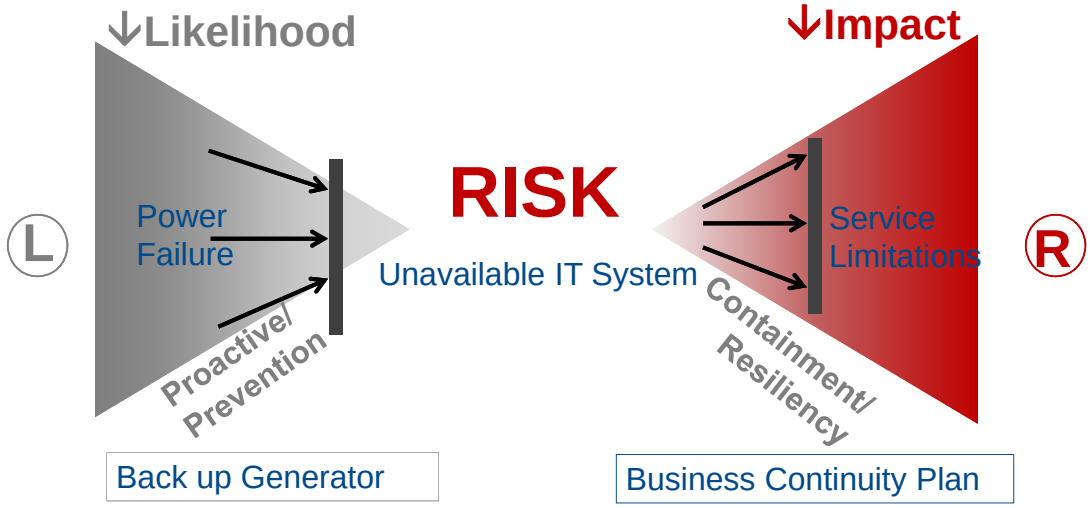
Treasury Board of Canada Secretariat, 2010
*HIROC added

What is Risk

- Often described in terms of the impact and the associated likelihood of occurrence.
- May arise from trends, changes, disruptions and emerging issues.
- Is about the effect of uncertainty on objectives.



Bowtie – Diagram – Risk Thinking - Example



Voting Question

Which is more important – risk prevention or risk resiliency?

- Risk prevention
- Risk resiliency

Instructions: Go to www.menti.com
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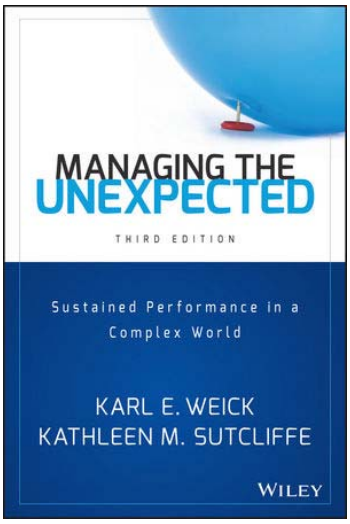
Internal Link

Importance of "Impact" side



In complex, high-risk industries, the only realistic goal is *resilience* – to develop a maximum capability to catch, correct, and learn from surprises as they arise.

Weick and Sutcliffe, 2015

Risk management in healthcare: a cautionary tale

- "By the time Mid Staffordshire hospital's failings were exposed, up to 1,200 patients had died needlessly… appalling accounts of neglect."
- "The Trust Board was weak. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention."
- "These failures were in part due to a focus on reaching targets, achieving financial balance and seeking foundation trust status at the cost of delivering acceptable standards of care."

http://WWW.youtube.com/watch?v=3XeYUlOp07Q

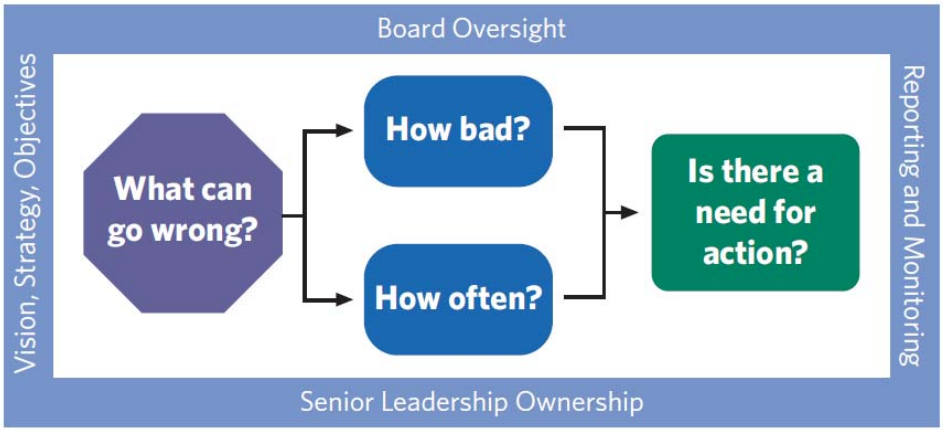
IRM (ERM) execution issues

"There are a large number of common misconceptions about both the approach and the process that have become obstacles to successful implementation of ERM…"
Fraser, 2007

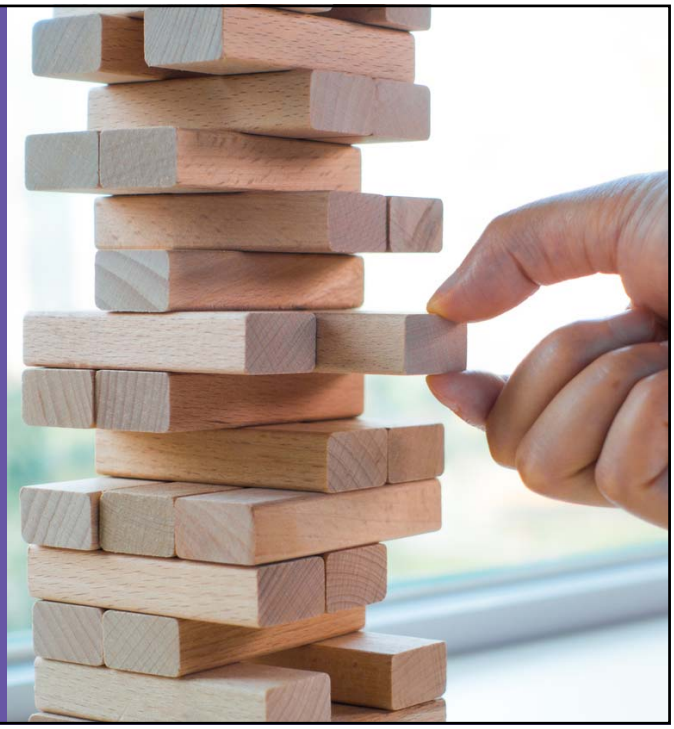
Rogues gallery of obstacles:

- Strategic/Corporate vs Operational risks
- Upside vs Downside risks
- Risk Tolerance/Appetite
- Inherent vs Residual risks

Simple and effective framework



The Boards Role in Relation to Risk Management



Board Oversight Roles and Accountability Board Policy Example

1. The board - Oversee a comprehensive integrated risk management program.
2. The board - will lead the organization in developing a culture that fosters physical and psychological safety throughout the organization so that staff feel comfortable raising and escalating concerns.
3. The senior leadership team is responsible for operationalizing IRM.
4. The board ensures the controls/mitigation strategies have been identified to manage the top risks facing the organization.
5. The board ensures that necessary resources available to assist those accountable and responsible for managing risk.

The "21 Questions" tool to support IRM

Areas of focus "21 Questions" tool

A. Strategic context
B. Board education
C. Risk culture
D. Risk management program
E. Key risks (patient & staff)
F. Key risks (other)
G. Risk management
H. Risk prioritization
I. Risk reporting
J. Crisis response
K. Assurance and evaluation

Oversight : Key Questions "21 Questions" tool

Patients and Staff

- What are the most significant risks related to care?
- What are the themes/trends arising from patient complaints?
- What are the most significant risks related to human resources?

Board education (Q2) – core knowledge

- Risk concepts and misconceptions.
- Risk identification, assessment, management.
- The link between risk management, patient safety and quality.
- Just culture.
- High reliability organizations.

https://www.hiroc.com/Risk-Management/Risk-Notes/Risk-Safety-Theory.aspx

Key risks (Q6-15) – common taxonomy

By key objective:

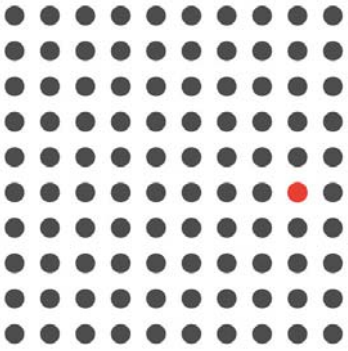
- Care
- Human resources
- Financial
- Leadership
- IT
- Facilities
- Etc.

Risk Reporting

Risk Management – Sample Risk Register Report

REF #	Risk category	Risk name	Description	Senior Lead	Controls	Gaps	Impact (current)	Likelihood (current)	Risk level (initial)	Risk level (current)	Adequacy of controls
CARE-1	Care	Access	The risk that the organization is not able to provide appropriate level or access to services. Demand > Capacity.	F. Jones	Patient and family advisory council/ patient perspective; Daily safety huddle;	Contingency plan development;	High	Medium	Very High	High	High
CARE-2	Care	Medication Errors	Risk of overdose with high alert medications.	F. Jones	Medication reconciliation (admission, transfer, discharge); Two identifier policy and audit;	Independent double check knowledge and testing;	High	High	High	High	Medium
HR-1	Human Resources	Workplace Violence	Risk of significant harm from violence against staff.	L. Peters	Violence in the workplace policy (including zero tolerance); Non-violent crisis intervention;	Crisis response drills;	Medium	Low	Medium	Medium	Medium
IT-1	IS/ Technology	Breach/ Loss of Information	Risk of a data breach (internal or external) and compromise of patient data.	J. Smith	Timely application of security patches and upgrades; Penetration tests;	Intrusion detection and notification solutions; Cyber incident management plan;	High	High	High	High	Medium
LEAD-1	Leadership	Strategic Projects	Risk of deficiencies/failures in large scale projects.	L. Clark	Clearly defined scope, plans, deliverables; Project Manager hired;	Stakeholder engagement; Insurance (building/ construction);	High	High	Very High	High	High
FIN-1	Financial	Revenue/ Funding	Risk of insufficient revenue/funding.	L. Clark	Government communication strategies; Contingency plan in place for unanticipated expenses;	Approve and monitor project enhancements;	High	Low	High	Medium	Very high

Care risk in Canada



Baker, et al. *CMAJ.* 2004.

CIHI. Hospital Harm Indicator. 2016

Assurance and evaluation (Q21)
How mature is your IRM (ERM) program?

Vote!

Level	Characteristics
1	Risk management activities are implemented on an ad-hoc basis to address specific risks.
2	Limited capabilities to identify, assess, prioritize, manage and monitor organizational risks.
3	Sufficient capabilities to identify, measure, prioritize, manage, report and monitor major organizational risks; processes and techniques are defined and utilized (perhaps inconsistently) across the organization.
4	Consistent ability to identify, measure, prioritize, manage, report and monitor organizational risks; consistent application of processes and techniques across the organization; some consideration of risks in decision making and planning.
5	Well-developed ability to identify, measure, prioritize, manage and monitor organizational risks; process is dynamic and able to adapt to changing risks and variations in reporting needs and cycles; risks and risk management is embedded in organizational decision making and strategic planning.

Instructions: Go to www.menti.com
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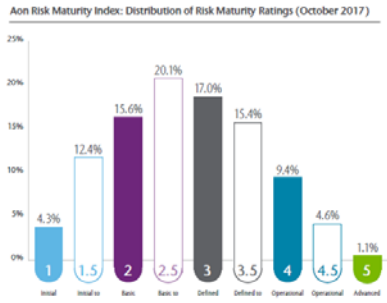
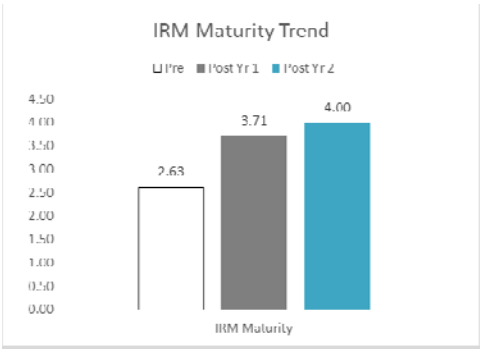
Risk maturity benchmarks

Global Average is "2.5" – Basic to Defined



Risk Register Subscribers (HIROC)



Question

Do you know the top 10 risks at your organization?

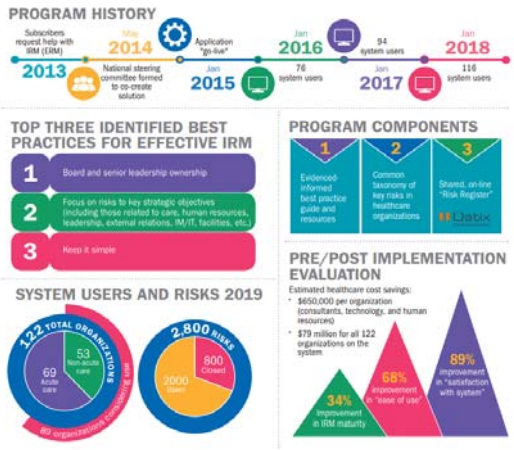
– Yes
– No

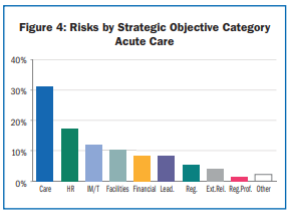
Small groups

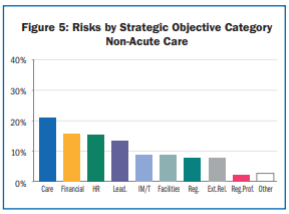
In your organization:

- How are you encouraging speaking up? (Q3)
- How do senior leaders demonstrate ownership of key risks? (Q5)
- What are the themes and trends arising from patient complaints? (Q7)
- How do senior leaders determine which risks to report to the board? (Q17)

IRM/ERM Resources – National data / results







National data – top risks snapshot

Figure 6: Top Risks Snapshot – All Organizations

	FREQUENCY	LIKELIHOOD	IMPACT	RATING
1	Revenue/funding	Politics	Suicide/self-harm	Politics
2	Recruitment/retention	Length of stay	Abduction	Acuity
3	Access	Acuity	Diagnostic errors	Patient falls
4	Regulations/legislation	Alignment acute/non-acute	Multi-incident	Access
5	Communication/coordination	Access	Patient falls	Diagnostic errors
6	Medication adverse events	Patient falls	Biomedical technology failure	Discharge/transitions
7	Aging/Maintenance	Discharge/transitions	Breach/loss of information	Psychological injuries
8	Plant systems failure	Recruitment/retention	Access	Recruitment/retention
9	Shortage	Physical injuries	Discharge/transitions	Suicide/self-harm
10	Breach/loss of information	Supply shortage	Acuity	Building project/construction

Care | Human Resources | Financial | Leadership | External Relations | Information Management/Technology | Facilities | Regulatory | Regulation - Professional | Others

*data as of January 1, 2019

Key Messages

- Use the 21 questions and recommended practices to advance your IRM program.
- Share the 21 questions with your board and senior team.
- Have a common understanding of Board versus Management's accountabilities (IRM Policy).
- Keep it simple.

Questions?

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Contact information

Lori Borovoy
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lborovoy@hiroc.com

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100 YEARS

AdvantAge Ontario

Advancing Senior Care

Long Term Care Governance and Leadership

Afternoon Session:

> LTC Funding Model

> Health Care Transformation

> Reporting Indicators

> Media Relations

Monday, May 6, 2019
9:30AM - 5:15PM

Presented by:
Robert Morton, Lisa Levin, Marco Deiana, Lori Borovoy,
Julie Horne, Brian Swainson, Warren Weeks

AdvantAge Ontario 100 YEARS
Advancing Senior Care

Ontario Long Term Care Funding

Julie A. Horne
Chief Financial & Privacy Officer
New Unionville Home Society

AdvantAge Ontario 100 YEARS
Advancing Senior Care

100th Anniversary Title Sponsor

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Presentation Overview

1. LTC Funding
2. Acuity, Service Supply and Demand
3. Sector Challenges

LTC Funding

Primary LTC Funding Sources

Estimated LTC Program Cost (2018-19)	$M p.a.
Level of Care (+ 1.7% increase no details from Govt't on breakdown)	5,043.8
Resident Co-Payments	(1,539)
Rate Reduction Program	160
Supplementary Funding	675
Municipal Provider Contributions (2017)*	320
Estimated TOTAL	**$4,281M**

Reference: MOHLTC, 2018
* AdvantAge Ontario Benchmarking

5

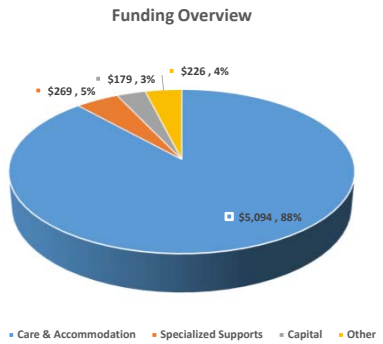
Supplementary Funding

Care and Accommodation
> RN Funding For all Homes
> RPN Funding Small Homes
> Quality Attainment Fund
> RAI Coordinator

Capital
> Construction Per Diem
> Structural Compliance

Specialized Supports
> Falls Injury Prevention
> Behaviour Supports Ontario
> High Intensity Needs Fund
> Convalescent Care
> Physiotherapy
> Laboratory

Other Supplementary Funding
> Pay Equity and Equalization
> Municipal Tax Relief



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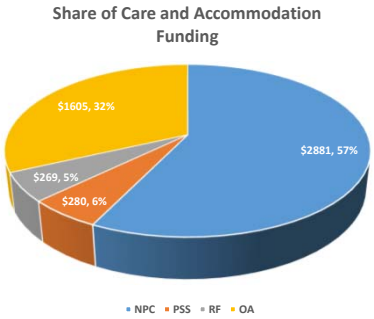
LTC Funding Envelopes 2018-19

Envelope	Per Diem (July 2018)	$M p.a.
Nursing and Personal Care (NPC)	100.91	2,881
Program Support Services (PSS)	9.79	280
Raw Food (RF)	9.54	269
Other Accommodations (OA)	56.52	1,605
Estimated Total	**176.76**	**5,094**



7

Nursing and Personal Care (NPC)

> For NPC the objective is for the home to assess, plan, provide assist, evaluate and document the direct care required to meet the residents nursing and personal care needs.

> NPC per diem is adjusted at the home level based on the measured acuity level of home residents.

> The higher the acuity of the residents, based on a home Case Mix Index, the higher the NPC per diem; relative to other homes with lower acuity scores.

$100.91 +/- CMI Adjustment

8

Nursing and Personal Care (Cont'd)

> A 1% drop in CMI for 100 bed home equates to a drop of about $36,832 in annual NPC funding.

> Currently, CMI's range from a low of 0.8535 ($86.13) to a high of 1.2153 ($122.64); a funding range of $36.51 per resident day.

9

Program and Support Services (PSS)

> For PSS the objective is to improve or maintain the level of functioning of residents with regard to activities of daily living (ADLs) or, more generally, improve a residents quality of life

> Recognized Therapists / Care providers:
  - > Physiotherapists (PT)
  - > Speech-language therapists
  - > Occupational therapists (OT)
  - > OT / PT Aides
  - > Social Workers
  - > Registered dietician time
  - > Palliative Care
  - > Spiritual Care
  - > Recreation/Activation
  - > Volunteer Coordinator

10

Raw Food (RF)

> Intended for the purchase of raw food and supplements ordered by a physician, nurse practitioner, dietician, or registered nurse.

> Food for special events including cultural, religious and ethnic celebrations.

> Alcohol and food for non-residents (including staff) are not covered.

> Funds may not be reallocated to other envelopes.

> Unspent funds are returned to the MOHLTC through the annual reconciliation report.

11

Other Accommodation (OA)

> Funds costs related to:
  > Housekeeping
  > Dietary Aides
  > IT Infrastructure
  > Building and property operations and maintenance
  > Laundry and Linen
  > General and administrative services
  > Facility costs (including contributions to redevelopment)

> Surplus Funds from OA may be reallocated to any other envelope or taken as profit

12

Resident Co-Payments

> Residents are required to pay a co-payment for room and board costs

> The 2018/2019 basic co-payment is $60.78 per diem, $1,848.73 monthly

> A minimum of 40% of all accommodation is required to be allocated to basic accommodation

> Revenue from copayments gets netted out of monthly payments from the ministry

> OA per diem is financed with resident co-payments

> Residents who cannot afford the co-payment can apply, through the home, for assistance through the MOHLTC Rate Reduction Program

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Preferred Accommodation

> In addition to the basic co-payment, residents may opt for a private or semi-private room.

> A maximum of 60% of resident accommodation can be allocated to preferred accommodation.

> Premiums, over basic co-payment rates, were $8.33 to $12.49 for a semi-private room and $18.20 to $26.04 for a private room. Charges vary by homes age. Changes for 2019/2020 not confirmed.

> Homes are entitled to keep 100% of the preferred accommodation payments in excess of the basic co-payment.

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Quality Attainment Program

> Have to be formally accredited by recognized body (i.e. Accreditation Canada or Commission on Accreditation of Rehabilitation Facilities - CARF)

> A per diem of $0.36 is integrated into the OA envelope

> Clawed back at the end of the year if home is rated Level 3 or 4 risk group through compliance or if the home is not accredited

> Premium is maintained if accredited and rated as Level 1 or 2 risk group

Provider Contributions

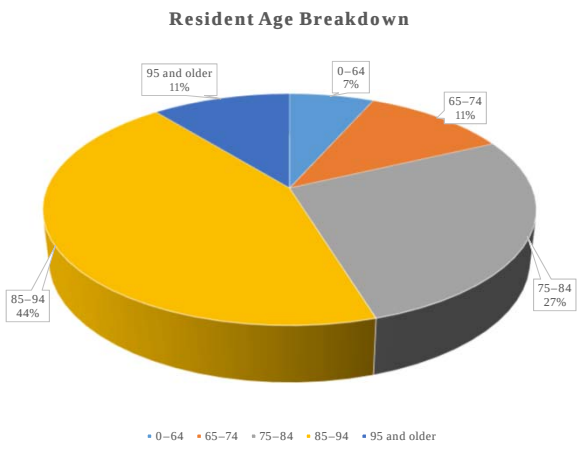
> Municipal LTCHs contribute approximately $320M, over and above provincial funding each year.

> Funds come largely from municipal levies and also from non-profit and charitable foundations, fund raising efforts, etc.

Acuity, Service Supply and Demand

17

More than half of residents are over age 85



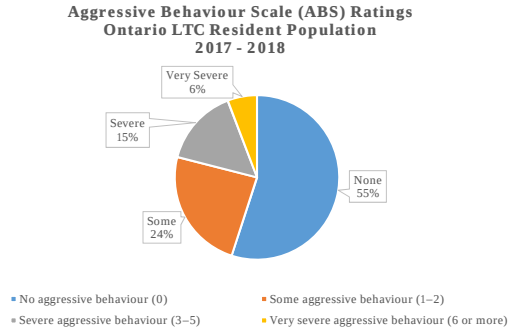
LTC Home Resident Profile

> 90% have cognitive impairment
> 86% need extensive help with activities of daily living; i.e. eating, dressing, toileting
> 80% have neurological diseases
> 76% have heart/circulation diseases
> 64% have dementia
> 62% have musculoskeletal diseases; i.e. arthritis and osteoporosis
> 61% take 10 or more prescription medications
> 40% need monitoring for an acute medical condition
> 21% have experienced a stroke

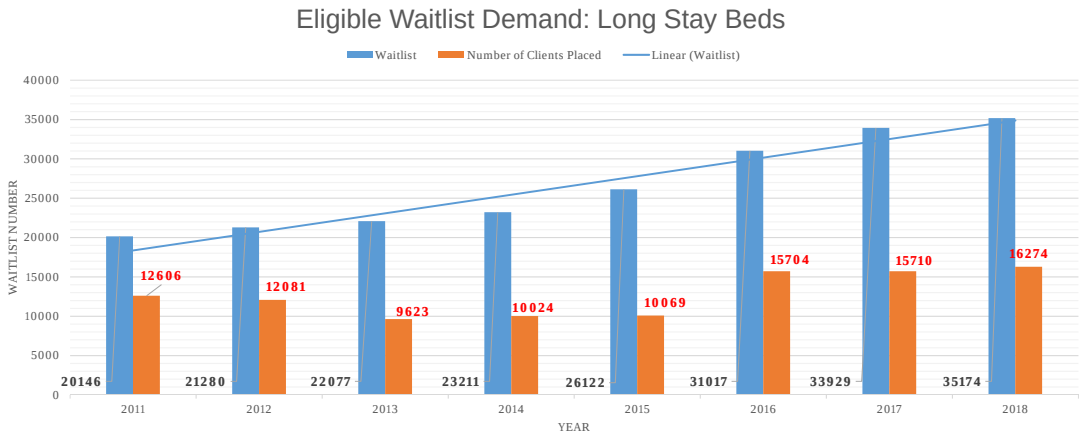
Source: CIHI CCRS Profile of Residents in Residential and Hospital Based Care 2017-2018

Resident Acuity – Aggressive Behaviours

> The Aggressive Behaviour Scale (ABS) measures the frequency of occurrence of the four types of aggressive behaviour (i.e. verbal abuse, physical abuse, socially inappropriate and resisting care). Residents with scores of 1 to 4 are considered to be low to moderately aggressive and those scoring 5 and over are considered to have severe to very severe aggressive behaviours.



Growing Waitlist



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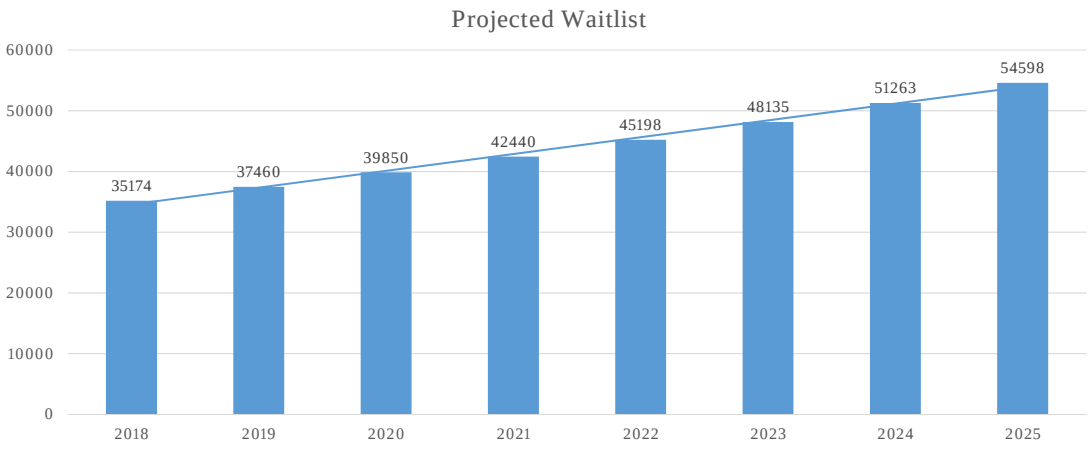
Waitlists Projection - 2018 to 2025



Page 22

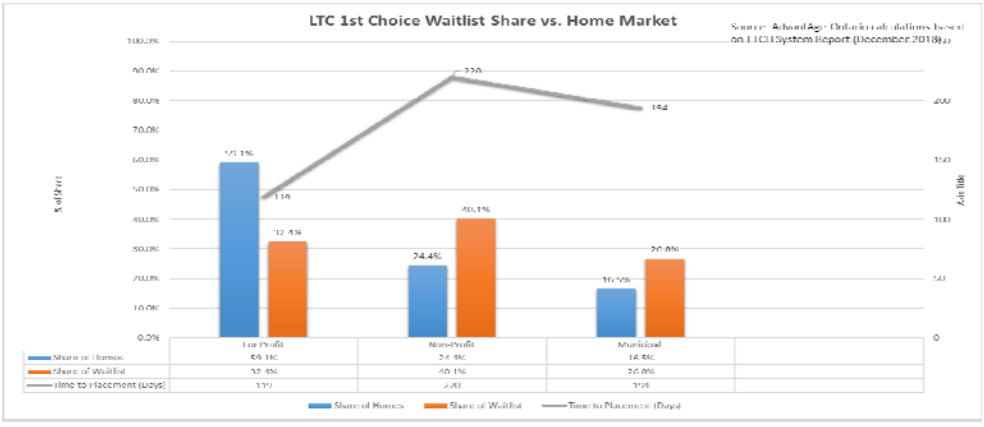
Ontario LTC Supply

Long Stay Beds	Homes	Beds	Average Home Size
For Profit	361	42,325	118
Non-Profit	149	19,846	133
Municipal	101	16,255	159
Total	**611**	**78,426**	**137**

Table excludes 268 ELDCAP beds in 15 ELDCAP Homes
Source: LTC System Report - December 2018

3

Consumer Preference and Allocation of New Beds



Source: LTCH System Report, December 2018 Note: ELDCAP excluded.

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Sector Challenges

Financial Sustainability

1. Envelope Pressures
2. Staffing – 4.0 hours of care
   > No commitment made by new government as of yet
3. New Beds

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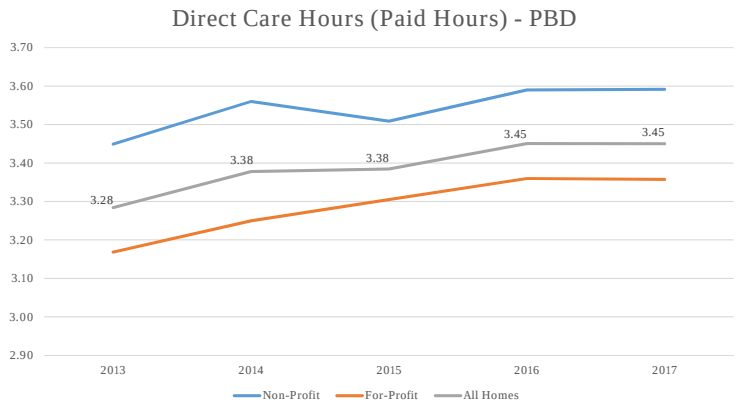
4.0 Hours of Care



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Questions

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North Simcoe Muskoka LHIN | RLISS de Simcoe Nord Muskoka

Long Term Care Governance and Leadership

Monday, May 6, 2019
Health Care Transformation – Collaborative Governance
2:00 PM – 2:45 PM

Robert Morton, Senior Advisor

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

Presentation Overview

- Government vs Governance
- Collaborative Governance
- Systems Thinking

2

Government and Health System Governance: a look back

- Home CARE agencies (municipalities, Health Units, Hospitals NP Agencies) to 42 CCACs
- 42 CCACs to 38 CCACs
- 16 DHCs to !4 LHINS
- 38 CCACs to 14 CCACs
- 14 CCACs and 14 LHINS merged
- Hospital Supervisors
- Bill 74

3

Patients First Act

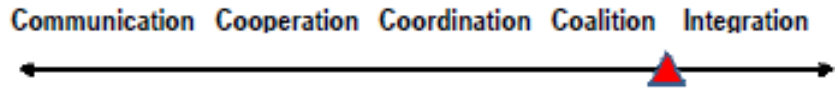
- Formal engagement between public health and LHINs
- LHIN sub-regions as a focus for care integration and planning
- Primary care planning and performance management
- CCAC and LHIN integration
- Aging with Confidence
- Four hours of care
- Additional beds

4

Collaborative Governance

Continuum of Collaboration

Informal and Local Collaboration → **Formal and Whole Agency Collaboration**

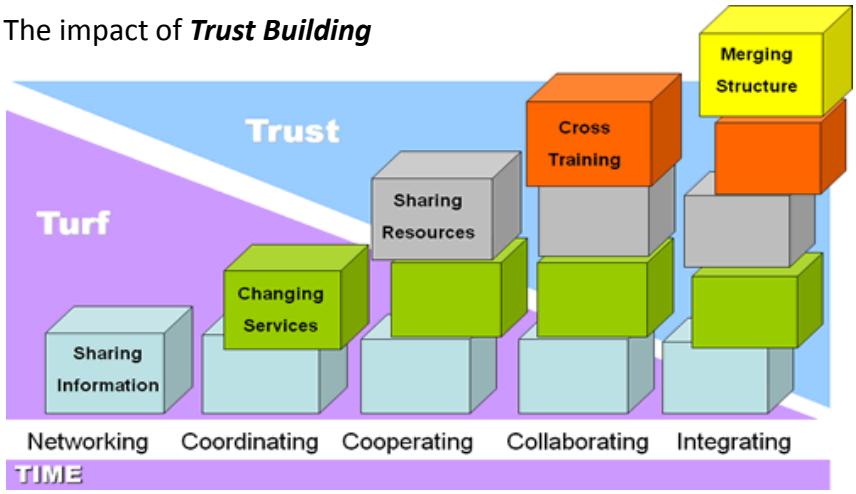


Communication	Cooperation	Coordination	Coalition	Integration
• Individuals from different disciplines talking together	• Providers working jointly on lower priorities on a case by case basis	• Formalized joint working group • No sanctions for non-compliance	• Joint structures created with willingness to sacrifice some autonomy	• Integration of services, staffing or initiatives between health system partners locally or system-wide and across sectors.

6

Collaboration – T, T, T.

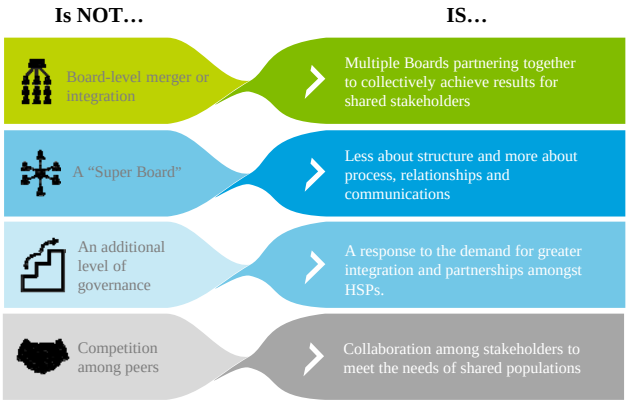
The impact of ***Trust Building***



http://www.actforyouth.net/youth_development/communities/collaboration.cfm

7

Collaborative governance is an emerging practice aimed at improving collaboration across organizations



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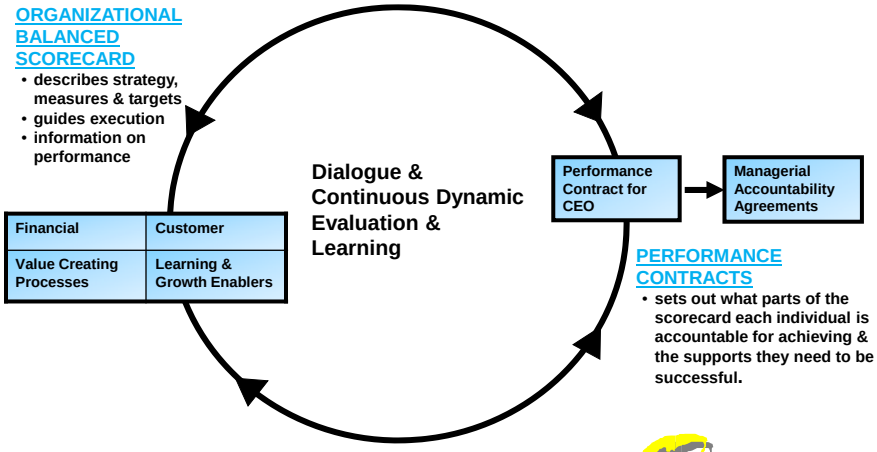
Accountability
- Organizational Level



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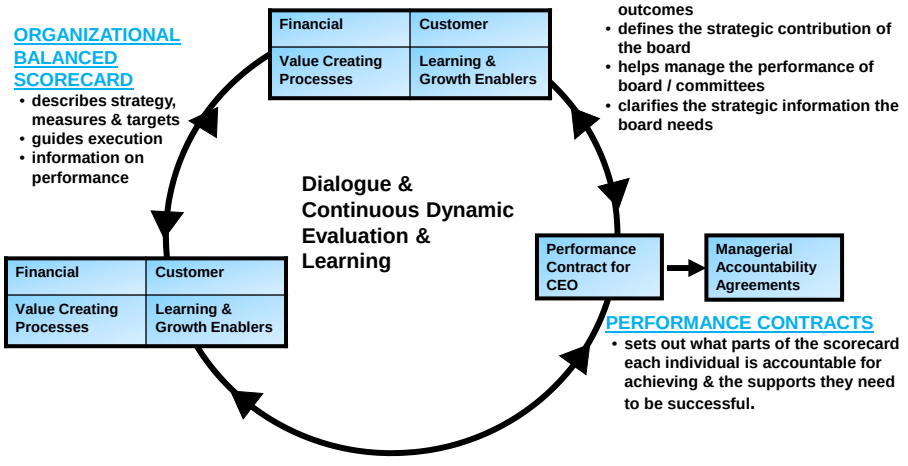
Accountability
- System Level



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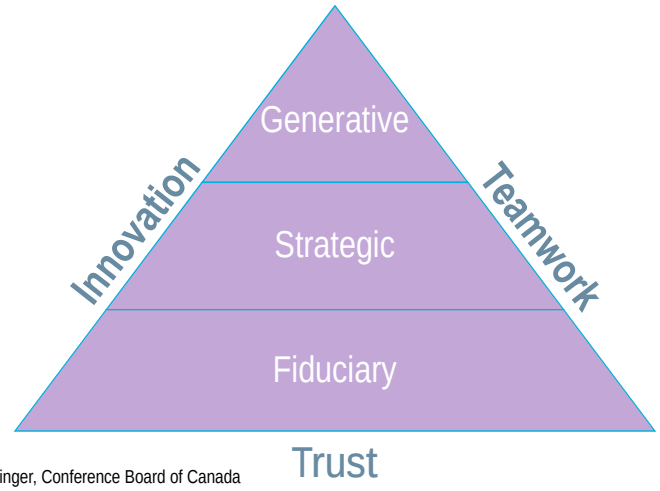
A Governance Model



Source: Jim Nininger, Conference Board of Canada

11

System Governance: Finding the Balance

Board members need to govern on a broader health system level

Board members need to focus on their own organization

12

Systems Thinking

"Each person's view is a unique perspective on a larger reality. If I can "look out" through your view and you through mine, we will each see something we might not have seen alone."

- Peter Senge

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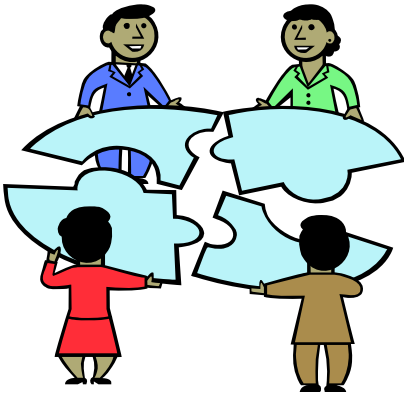
Systems Thinking:

"Seeing the whole, rather than the parts."



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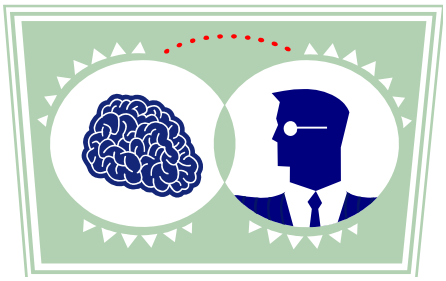
Systems Thinking: What Is It?

- A way of thinking about, and a language for describing and understanding, the forces and interrelationships that shape the behavior of human systems.



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Systems Thinking Explained:

- "It's about relationships, relationships, relationships...which part of the equation do we keep missing."

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Governance as a Leverage Point

- Framework for Governance in a Complex Adaptive System:
  - Health Service Providers to shift governance focus from "silo" to "system" by embedding the **"51/49 Approach"**
  - A 51% focus on HSP/organization and a 49% focus on the system

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Questions for Consideration

- How much time do you or should you spend on systems versus organizational priorities?
- What about your CEO? How much time and effort is reasonable for your CEO to spend on system issues/priorities?
- What does this mean for your Board?
- Is your Board engaged in local OHT discussions?
- Does your Board need anything to do anything different?

Long-Term Care
Reporting Indicators for Governing Bodies

Brian Swainson
Director, Seniors Services
York Region

Session Objectives

Governance structure for charitable, non-profit, municipal and first nations LTC Homes

Reporting Indicators in Long-Term Care

Quality Performance Management

Long-Term Care Governance Structure Charitable, Non-Profit Homes

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Charitable and/or Non-Profit LTC Homes

Governed by a **board of directors.**

- Fiduciary duty of a board director applies:
  - ✓ Duty of Care, and
  - ✓ Duty of Loyalty

Long-Term Care Governance Structure: Municipal Homes

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Municipal LTC Homes

Governed by a **committee of management** (2007, c.8, s.132(1, 2, 3))

Southern municipal homes

119 (1) Every southern municipality that is an upper or single-tier municipality shall establish and maintain a municipal home and may establish and maintain municipal homes in addition to the home that is required. 2007, c. 8, s. 119 (1).

Alternative ways to meet requirement

(2) The requirement in subsection (1) is met if the southern municipality participates in the establishment and maintenance of a joint home or helps maintain a municipal home or joint home under an agreement under section 121. 2007, c. 8, s. 119 (2).

Long-Term Care Governance Structure: Municipal Homes

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Municipal LTC Homes (cont'd)

Northern municipal homes

122 A northern municipality that is an upper or single-tier municipality and that has a population of more than 15,000 may establish and maintain a municipal home. 2007, c. 8, s. 122.

Joint homes – north

123 (1) A northern municipality that is permitted to establish and maintain a municipal home and one or more other northern municipalities may, under an agreement with each other, establish and maintain a joint home. 2007, c. 8, s. 123 (1).

Agreement to help maintain home – north

124 (1) A northern municipality that is not maintaining a municipal home or joint home may enter into an agreement with a municipality or municipalities maintaining a home or joint home, or with a board of management maintaining a home, to help maintain that home or joint home. 2007, c. 8, s. 124 (1).

Long-Term Care Governance Structure: First Nations Homes

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First Nations LTC Homes

Governed by a **board of management** (2007, c.8, s.129)

First Nations homes

129 (1) A council of a band may establish and maintain a First Nations home under this section. 2007, c. 8, s. 129 (1).

Joint First Nations homes

(2) The councils of two or more bands may, under an agreement with each other, establish and maintain a First Nations home under this section. 2007, c. 8, s. 129 (2).

Approval required

(4) The following apply with respect to a First Nations home established under this section:

1. If the Minister gives approval for the establishment of the home under section 130, a board of management shall be established as a corporation, by regulation, for the home.
2. The home shall be vested in the board of management and the board shall have charge of the home.
3. The Corporations Act does not apply to a board of management, except as provided for under the regulations.

Long-Term Care Governance
Oversight Responsibilities

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Compliance & Reporting

Ministry of Health and Long-Term Care:

- LTCH Act, 2007 and associated regulations and legislation, MOHLTC policies
- Local Health Integration Network: L-SAA
- And more… (refer to sample list on next slide)

Quality

- Quality indicators and quality improvement plans for long-term care
- Resident / family satisfaction
- Compliance inspection reports

Financial

- Operating budget, capital budget, reserves, payroll, short and long-term debt, cash flow, external audits, security of assets, internal controls, financial strength / sustainability, mandatory financial reporting, financial performance indicators, debt covenants, funding and revenue streams, …

Legal & Risk

- Insurance coverage: property, vehicle, errors and omissions, directors and officers, cyber liability
- Complaints and litigation
- Collective bargaining, grievances, settlements, arbitration decisions
- Health and safety
- Emergency Preparedness

Long-Term Care Governance
Oversight Responsibilities

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Advancing Senior Care

Compliance & Reporting

- A sample list of compliance considerations
- Information only; not to be considered complete or current

Short Form / Description	Reference / Resource
Long-Term Care Homes Act (LTCHA)	Long-Term Care Homes Act, 2007
Regulation 79/10 under LTCHA	Ontario Regulation 79/10 made under the Long-Term Care Homes Act, 2007
Amendment 246/13 to LTCHA	Ontario Regulation 246/13 made under the Long-Term Care Homes Act, 2007
Nursing Act	Nursing Act, 1991
Regulations under Nursing Act	Ontario Regulation 275/94 made under the Nursing Act, 1991
Misconduct, Nursing Act	Ontario Regulation 799/93 Professional Misconduct, made under the Nursing Act, 1991
Nursing Act - introduction	CNO - An Introduction to the Nursing Act, 1991
Regulated Health Professions Act (RHPA)	Regulated Health Professions Act, 1991
Certificates of Authorization, RHPA	Ontario Regulation 39/02 Certificates of Authorization, under the RHPA
Controlled Acts, RHPA	Ontario Regulation 107/96 Controlled Acts, under the RHPA
Funding for Therapy, RHPA	Ontario Regulation 59/94 Funding for Therapy or Counselling for Patients Sexually Abused by Members
RHPA Amendment	Bill 197, Regulated Health Professions Statute Law Amendment Act, 2009
AODA, 2005	Accessibility for Ontarians with Disabilities Act, 2005
AODA, Customer Service Standard, Reg 429/07	Accessibility Standards for Customer Service
AODA, IASR, Reg 191/11	Integrated Accessibility Standards Regulation
	Employment Standard (within the IASR)
	Information and Communications Standard (within the IASR)
	Transportation (within the IASR)
	Design of Public Spaces (Built Environment) Standard (within the IASR)
CNO	College of Nurses of Ontario
RNAO	Registered Nurses' Association of Ontario
ESA	Employment Standards Act, 2000
Info about ESA	Employment Standards
Fire Code	Fire Protection and Prevention Act, 1997
Regulations under FPPA	Ontario Regulation 213/07 made under the Fire Protection and Prevention Act, 1997
Medical Assistance in Dying - Federal	Government of Canada Resource Page
Medical Assistance in Dying - Provincial	MAID Ontario Statute law Amendment Act Bill 84
L-SAA	Long-Term Care Service Accountability Agreement
BPSA Act	Broader Public Sector Accountability Act, 2010
FIPPA	Freedom of Information and Protection of Privacy Act
PHIPA	Personal Health Information Protection Act, 2004
Health Care Consent Act	Health Care Consent Act, 1996
Quality of Care Information Protection Act, 2004 (Schedule B)	Quality of Care Information Protection Act, 2004 (Schedule B)

Meeting the Information Needs of Governors

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REPORTING INDICATORS
- Measures of quality
- Clinical performance
- Resident / family satisfaction
- Accountability
- Financial
- Human resources
- Strategic direction

FREQUENCY
- Monthly
- Quarterly
- Year-to-date
- Alignment with external requirements
- Adhoc / as needed

COMPARATORS
- Provincial average
- Prior period(s)
- Sector benchmarks
- Externally imposed target
- Internally developed target

FORMAT / APPROACH
- Risk Based Performance Management
- Balanced Scorecard
- Key Performance Indicators (KPIs)
- Custom / Hybrid

Meeting the Information Needs of Governors

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The determination of reporting indicators, frequency, comparators and format / approach is an ongoing iterative process, to keep pace with the environment.

This should be collaborative effort between Management and Board Members:

- **Management Initiated** – provide a suite of reporting indicators according to actual and anticipated information needs
- **Board Initiated** - Feedback or inquiries from the Board may also initiate changes to reporting indicators
- **Externally Imposed** – MOHLTC, LHIN, Other

Meeting the Information Needs of Governors

- ✓ Quality of clinical care
- ✓ Resident and family satisfaction
- ✓ Legislative or regulatory changes
- ✓ Provincial priorities
- ✓ Compliance matters
- ✓ Accreditation requirements
- ✓ Crisis management
- ✓ Continuous Quality Improvement
- ✓ Operational issues
- ✓ New initiatives
- ✓ Strategic direction
- ✓ Legal and risk
- ✓ . . .

Reporting Indicators

Measures of Quality & Clinical Performance

The Ontario government tasked Health Quality Ontario (HQO) with measuring and reporting to the public on the quality of long-term care and resident satisfaction.

HQO partnered with the Canadian Institute for Health Information (CIHI), the Institute for Clinical Evaluative Sciences, and the Workplace Safety and Insurance Board to develop the public reporting indicators for long-term care quality and resident satisfaction.

Refer to: **https://www.hqontario.ca/System-Performance/Long-Term-Care-Home-Performance**

Reporting Indicators

AdvantAge Ontario
Advancing Senior Care

Public Reporting Indicators, Compliance Inspection Reports, Home Performance Levels

- ✓ Board awareness/understanding of public reporting
- ✓ Provincial level vs. individual Home level
- ✓ Direct relationship or inverse relationship
- ✓ Home performance, system performance, or reflection of higher acuity residents
- ✓ Effectiveness & relevance
- ✓ Compliance status, findings, action plans, risk and reputation
- ✓ Timeliness of data, proactive vs. reactive

Reporting Indicators

AdvantAge Ontario
Advancing Senior Care

Public Reporting Indicators, Compliance Inspection Reports, Home Performance Levels

Frequency and types of inspections:

- ❑ Annual Resident Quality Inspection
- ❑ Complaints Inspection
- ❑ Follow-up Inspection

Findings of non-compliance:

- ❑ WN – Written Notification
- ❑ VPC – Voluntary Plan of Correction
- ❑ DR – Director Referral
- ❑ CO – Compliance Order
- ❑ WAO – Work and Activity Order

Requirement to post public copy of compliance inspection reports in the Home for a period no less than 2 years.

Refer to: **http://publicreporting.ltchomes.net**

Reporting Indicators
HQO – Public Reporting at the **Provincial** Level

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Advancing Senior Care

ATTRIBUTE	HEALTH TOPIC	INDICATOR
Accessible	Wait Times	Median number of days to long-term care home placement
Effective	Incontinence	Percentage of residents with worsening bladder control
Effective	Activities of Daily Living	Percentage of residents with increasing difficulty carrying out normal everyday tasks
Effective	Cognitive Function	Percentage of residents whose language, memory, and thinking abilities have recently decreased
Effective	Pain	Percentage of residents with pain that recently worsened
Safe	Falls	Percentage of residents who had a recent fall
Safe	Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently worsened
Safe	Restraints	Percentage of residents who were physically restrained
Safe	Medication Safety	Number of residents prescribed a drug that should never be used among the elderly per 100,000 residents aged 65 years or older, per year
Appropriately Resourced	Health Human Resources	Number of injuries per 100 long-term care workers per year
Focused on Population Health	Infections	Percentage of residents with one or more infections

Reporting Indicators
HQO – Public Reporting at the **LTC Home** Level

AdvantAge Ontario
Advancing Senior Care

ATTRIBUTES OF QUALITY	CATEGORY	REPORTING INDICATOR
Effective	Incontinence	% of residents with worsening bladder control
Safe	Falls	% of residents who had a recent fall
	Pressure Ulcers	% of residents who had a pressure ulcer that recently got worse
	Restraints	% of residents who were physically restrained

Reporting Indicators
Measures of Quality & Clinical Performance

Quality Indicator	Improved / Enhanced Indicator Information
% of residents using anti-psychotic medications	% of residents using anti-psychotic medications without having a diagnosis of psychosis
Number or % of residents sustaining falls	• (Number of residents sustaining more than one fall in the reporting period) / (Number of residents sustaining a fall in the reporting period) • Number of injuries due to falls / Number of falls
Numbers of restraints used	Number of restraints used: • Physician ordered • Resident or family requested • Registered staff initiated
Number of residents with pressure ulcers	Number of residents with pressure ulcers: • Admitted or transferred from Hospital with pressure ulcers • Admitted from community with pressure ulcers • Developed in Home

Reporting Indicators
Measures of Quality & Clinical Performance - CIHI

Each Long-Term Care Home does mandatory data submissions to the Canadian Institute for Health Information (CIHI) throughout the year.

Management has access detailed reporting at the Individual LTC Home level and at the Provincial Level through secure access to CIHI.

The following slides itemize a partial list of the LTC Home indicators captured via this mandatory reporting to CIHI.

Reporting Indicators
Measures of Quality & Clinical Performance - CIHI

AdvantAge Ontario
Advancing Senior Care

Indicator Category	Indicator
Other Clinical Issues	Has an indwelling catheter
Other Clinical Issues	Worsened bowel continence
Other Clinical Issues	Worsened bladder continence
Other Clinical Issues	Has urinary tract infection
Other Clinical Issues	Improved bowel continence
Other Clinical Issues	Improved bladder continence
Other Clinical Issues	Has a feeding tube
Other Clinical Issues	Has pain
Other Clinical Issues	Worsened pain
Other Clinical Issues	Has had weight loss

Reporting Indicators
Measures of Quality & Clinical Performance - CIHI

AdvantAge Ontario
Advancing Senior Care

Indicator Category	Indicator
Psychosocial Function	Worsened behavioural symptoms
Psychosocial Function	Improved behavioural symptoms
Psychosocial Function	Worsened cognitive ability
Psychosocial Function	Improved cognitive ability
Psychosocial Function	Worsened communication ability
Psychosocial Function	Improved communication ability
Psychosocial Function	Has symptoms of delirium
Psychosocial Function	Worsened mood from symptoms of depression

Reporting Indicators
Measures of Quality & Clinical Performance - CIHI

Indicator Category	Indicator
Safety	Taken antipsychotics without a diagnosis of psychosis
Safety	Has fallen
Safety	Has one or more infections
Safety	Has a stage 2 to 4 pressure ulcer
Safety	Worsened stage 2 to 4 pressure ulcer
Safety	Has a new stage 2 to 4 pressure ulcer
Safety	Daily physical restraints
Safety	Worsened/unchanged respiratory condition

Reporting Indicators
Measures of Quality & Clinical Performance - CIHI

The LTCH Act and O.Reg 79/10 specify **required programs** at the LTC Home, and periodic review / evaluation requirements, in areas including but not limited to:

- ✓ Falls prevention and management ; Skin and wound care
- ✓ Continence care and bowel management ; Pain management
- ✓ Recreation and social activities ; Nutrition care and hydration
- ✓ Medical services ; Religious and spiritual practices ; Volunteers

Boards should be aware of the Home's compliance with this requirement (existence and review) on a periodic/annual basis.

Reporting Indicators
Measures of Quality & Clinical Performance - CIHI

AdvantAge Ontario
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Another Example – Case Mix Index

Case Mix Index (CMI) in Long-Term Care is a very broad and complex topic.

- Case Mix Index is a relative value (with 100% being the average or norm) assigned to a diagnosis-related group of residents in Long-Term Care
- Case Mix Index is a measure of resident acuity and complexity of care
- Case Mix Index is a multiplicative factor in the funding formula for Nursing and Personal Care
- The higher the CMI, the more complex the acuity of the resident

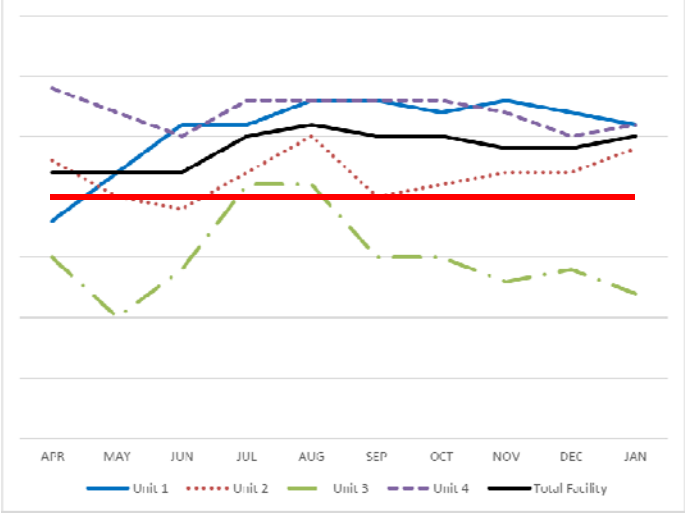
Reporting Indicators
Measures of Quality & Clinical Performance - CIHI

AdvantAge Ontario
Advancing Senior Care

Another Example
Case Mix Index

Funded CMI

Funded CMI is based on Adjusted CMI results from the previous fiscal year.



Reporting Indicators
Resident & Family Satisfaction

Per the Long-Term Care Homes Act (S.85):

> *"Every licensee of a long-term care home shall ensure that, at least once in every year, a survey is taken of the residents and their families to measure their satisfaction with the home and the care, services, programs and goods provided at the home…"*

The LTCH Act also outlines requisite Action, Advice and Documentation that must follow the completion of the annual satisfaction survey.

Governors should receive reporting from Management of the Home's annual compliance with this requirement, as well as year-over-year trending, planned improvement activities and analytical commentary as appropriate.

Reporting Indicators
Accountability

Per the Long-Term Care Homes Act (S.85):

Governors should be aware of Management's monitoring of the LTC Home's compliance status with regard to significant mandatory reporting requirements.

The Long-Term Care Service Accountability Agreement (L-SAA) between each Long-Term Care Home and the associated Local Health Integration Network (LHIN) itemizes Accountability Reporting Requirements on L-SAA "Schedule C".

There are also other mandatory external reporting requirements (financial, statistical, quality, legislative).

Reporting Indicators
Accountability – Sample Report to Governors

DUE DATE	COMPLETED on / before DUE DATE	ACCOUNTABILITY / AGREEMENT ENTITY	L-SAA * REQUIREMENT	ACCOUNTABILITY ITEM
31-Jan-19	Yes	Ministry of Health and Long-Term Care		Quarterly Physiotherapy/GroupEx Reporting (Oct-Dec)
28-Feb-19	Yes	Ministry of Health and Long-Term Care, via CCRS	Y	CCRS RAI MDS quarterly submission (Oct-Dec)
01-Mar-19	Yes	LHIN	Y	Annual Statement of L-SAA Compliance for the previous year
31-Mar-19	Yes	Ministry of Health and Long-Term Care (CCIM)		Quarterly IAR Privacy Audit
01-Apr-19	Yes	Health Quality Ontario & LHIN	Y	Annual Quality Improvement Plan Submission to HQO
30-Apr-19		LHIN	Y	French Language Services Annual Submission to LHIN
31-May-19		Ministry of Health and Long-Term Care	Y	OHRS/MIS Trial Balance Submission for the previous year
31-May-19		Ministry of Health and Long-Term Care, via CCRS	Y	CCRS RAI MDS quarterly submission (Jan-Mar)
5-Jul-19		MOHLTC	Y	Annual Staffing Report submission for the previous year
Etc.				

This is just a partial sample of required reporting that should be tracked and monitored. Consult your L-SAA and any other LHIN and MOHLTC agreements and policies to create and confirm an Accountability Tracker for your Home(s).

Reporting Indicators
Accountability: L-SAA Performance Indicators

Example

Schedule D – Performance

1.0 Performance Indicators

The HSP's delivery of the Services will be measured by the following Indicators, Targets and where applicable Performance Standards. In the following table:
n/a means 'not-applicable', that there is no defined Performance Standard for the indicator for the applicable year.
tbd means a Target, and a Performance Standard, if applicable, will be determined during the applicable year.

INDICATOR CATEGORY	INDICATOR P=Performance Indicator E=Explanatory Indicator M=Monitoring Indicator	2019/20 Performance Target	2019/20 Performance Standard
Organizational Health and Financial Indicators	Debt Service Coverage Ratio (P)	n/a	n/a
	Total Margin (P)	n/a	n/a
Coordination and Access Indicators	Percent Resident Days – Long Stay (E)	n/a	n/a
	Wait Time from LHIN Determination of Eligibility to LTC Home Response (M)	n/a	n/a
	Long-Term Care Home Refusal Rate (E)	n/a	n/a
Quality and Resident Safety Indicators	Percentage of Residents Who Fell in the Last 30 days (M)	n/a	n/a
	Percentage of Residents Whose Pressure Ulcer Worsened (M)	n/a	n/a
	Percentage of Residents on Antipsychotics Without a Diagnosis of Psychosis (M)	n/a	n/a
	Percentage of Residents in Daily Physical Restraints (M)	n/a	n/a

2.0 LHIN-Specific Performance Obligations
Not Applicable.

Reporting Indicators Financial - Example

Occupancy

- ✓ Long-Stay Beds must achieve 97% occupancy to receive 100% of the LOC per diem funding;
- ✓ Short-stay respite beds will receive 100% of the LOC per diem funding regardless of the actual occupancy achieved;
- ✓ Convalescent care beds will receive 100% of the base LOC per diem funding regardless of the actual occupancy achieved but they must achieve a minimum occupancy rate of 80% to receive 100% of the Additional Subsidy;
- ✓ Interim short-stay beds must achieve 90% occupancy to receive 100% of the LOC per diem funding.

Reporting Indicators Financial

Occupancy- Sample Reporting

Minimum Threshold	Indicator	Mar YTD	Jun YTD	Sep YTD	Dec YTD
97%	Occupancy: Long-Stay Beds	98.6%	98.7%	99.0%	99.0%
…	Occupancy: Respite Beds	…	…	…	…
…	Occupancy: Convalescent Care Beds	…	…	…	…
40%	Proportion of Basic Rate Long-Stay Beds*	40.8%	40.7%	40.6%	40.7%

* Under legislation, obligation to have a minimum of 40% of LTC Long-Stay Beds at basic rate

Reporting Indicators
Overall Stewardship

The law imposes a wide range of duties and liabilities on directors and officers because the scope of authority of the corporation's management is very broad. In general, these duties and liabilities reflect the position of trust that directors and officers hold in relation to the corporation and its members.

For example, directors are jointly and severally liable to pay employee income tax deductions that the corporation fails to remit …

- *"As at this report date, all required statutory deductions & remittances have been made to-date."*

Purchase insurance to protect directors and officers against liabilities incurred in the exercise of their duties (often called D&O Insurance)

- *Annual confirmation of appropriate and sufficient insurance coverage for the corporation.*

Reporting Indicators
Quality Performance Management – One Approach

There are many ways to develop and maintain an environment of quality performance management, and continuous quality improvement, giving both Management and Governors the information they need, at the right level of detail and at the right frequency.

✓ Management uses this information to manage day-to-day operations and manage operational risk.

✓ Governors use this information to govern the organization, to make informed decisions, to set strategy, and to mitigate risk.

Reporting Indicators
Quality Performance Management – One Approach

Management should establish a series of management committees at the operational level to measure, report, and analyze quality and performance in all aspects of the Home.

Committees may include representatives from: management, other senior leadership from all functional areas, staff performing specialized functions (RAI Coordinator, Behavioral Support Resource, Registered Dietitian, Social Worker, etc.), as well as contracted providers, such as Physiotherapy and Pharmacy.

Representatives from the Governors may or may not be at these committees, however the reports and minutes from these committees should be reviewed by Governors at least quarterly to meet their oversight obligation.

Reporting Indicators
Quality Performance Management – One Approach

Such committees could include:

- ✓ Quality Improvement Committee
- ✓ Professional Advisory Committee
- ✓ Best Practice Committee
- ✓ Program Evaluation Committee
- ✓ Accreditation Committee
- ✓ Finance and Audit Committee
- ✓ Property Committee
- ✓ Compliance and Risk Committee

Reporting Indicators
Quality Performance Management – One Approach

AdvantAge Ontario
Advancing Senior Care

A **Quality Improvement Committee (QIC)** , as a management committee with Governor representation, enables and facilitates :

- regular reporting and analysis of organizational quality performance indicators
- development of action plans to address deficiencies
- identification of quality improvement initiatives
- monitoring of outcomes
- analysis of risk and implementation of risk mitigation strategies

Reporting Indicators
Quality Performance Management – One Approach

AdvantAge Ontario
Advancing Senior Care

All functional areas participate in the Quality Improvement Committee, ensuring complete coverage of all clinical, support, and administrative areas:

- ✓ Nursing – Skin and Wound, Falls Prevention, Infection Control, Education
- ✓ Activation – Recreation, Social, Spiritual
- ✓ Dietary and Nutrition
- ✓ Environmental - Housekeeping, Laundry, Maintenance
- ✓ Administration, Finance, Human Resources

Reporting Indicators
Continuous Quality Improvement

AdvantAge Ontario
Advancing Senior Care

Consider the approach for Reporting Indicators and Continuous Quality Improvement that will be effective for your LTC Home.

1. Determination of reliable and relevant reporting indicators
2. Monitoring, interpretation, communication of results
3. Development and implantation of effective action plans
4. Go to step #1

Consider possible areas of improvements for your Home's approach to Reporting Indicators to Governors.

AdvantAge Ontario
Advancing Senior Care


GREAT IN A CRISIS:
WHAT TO DO WHEN THE $#!+ HITS THE FAN
@WARRENWEEKS
@WARREN_WEEKS
WARREN@WEEKSMEDIA.CA
416-238-6361

FIVE YEARS FROM NOW, PEOPLE ARE LESS LIKELY TO REMEMBER WHAT HAPPENED AND MORE LIKELY TO REMEMBER HOW YOU HANDLED IT

AN ISSUE

Doesn't present immediate risk to the org's reputation or bottom line
Handled well, can create opportunities
Typically handled during office hours
Provides you with more possible choices
Less urgency and lower costs

A CRISIS

Presents (or has the potential to present) negative, long-term damage to reputation and/or bottom line

Needs to be responded to in minutes, not hours

Can take place (and needs to be addressed) at any time of day

Decreases your possible choices

Urgency and costs are higher

A CRISIS IS...

An unexpected situation or event that could:

Adversely impact your ability to conduct business and serve your customers

Tarnish your organization's reputation, image or brand

Involve the safety of employees or customers

_ Q. BUSINESS

The New York Times

GET UPDATES

Costs for Boeing Start to Pile Up as 737 Max Remains Grounded

FINANCIAL POST

NEWS • INVESTING • MARKETS • PERSONAL FINANCE • INNOVATION • FP COMMENT • ENTREPRENEUR • EXECUTIVE • FP MAGAZINE

Boeing shares, vanguard of the Dow, crushed after second 737 MAX **crash**

This is the second deadly crash of this passenger Jet in Just five months

CNBC

MARKETS BUSINESS INVESTING TECH POLITICS CNBC TV

SIGN IN PRO WATCHLIST MAKE IT

AIRLINES

Southwest removes Boeing 737 Max from flight schedule through early August as grounding persists

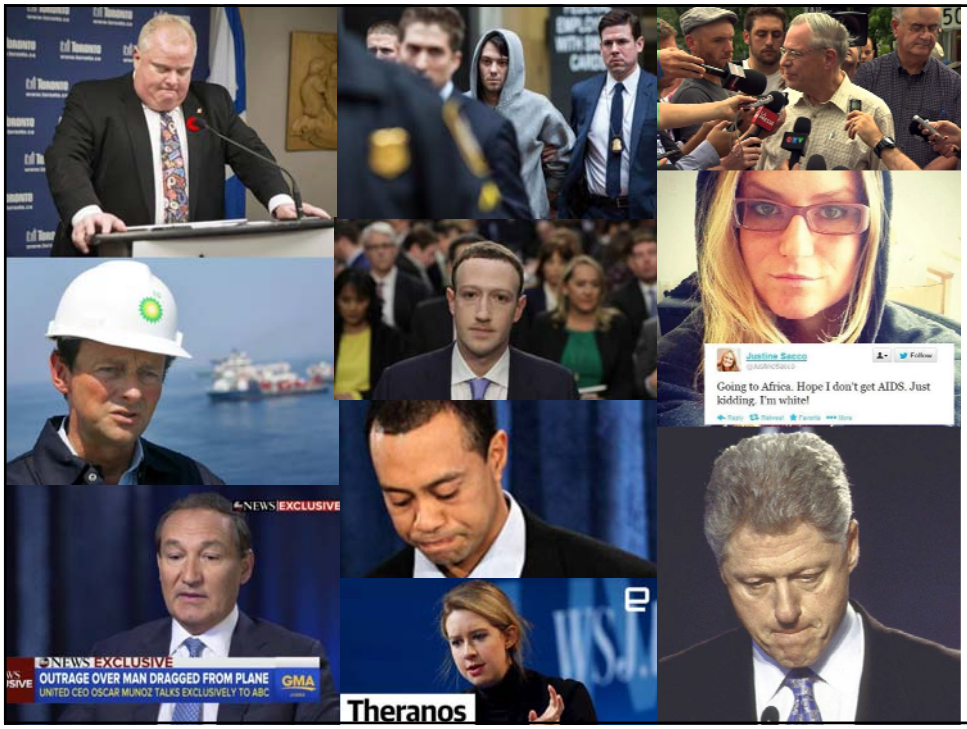
PUBLISHED FRI, APR 12 2019 • 9:21 AM EDT | UPDATED 4 HOURS AGO

Emma Newburger
@EMMA_NEWBURGER

SHARE

KEY POINTS

- Southwest Airlines has removed the Boeing 737 Max jet from its schedule through Aug. 5, which marks a key summer travel period.
- It's unclear how many flights will be canceled as a result.
- Other major airlines like American and United have canceled thousands of flights because of the prolonged groundings



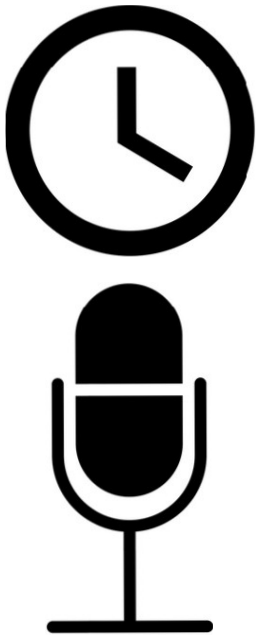
IF YOU DON'T OWN THE CRISIS, THE CRISIS WILL OWN YOU

CONTAIN THE SITUATION
MINIMIZE SPECULATION

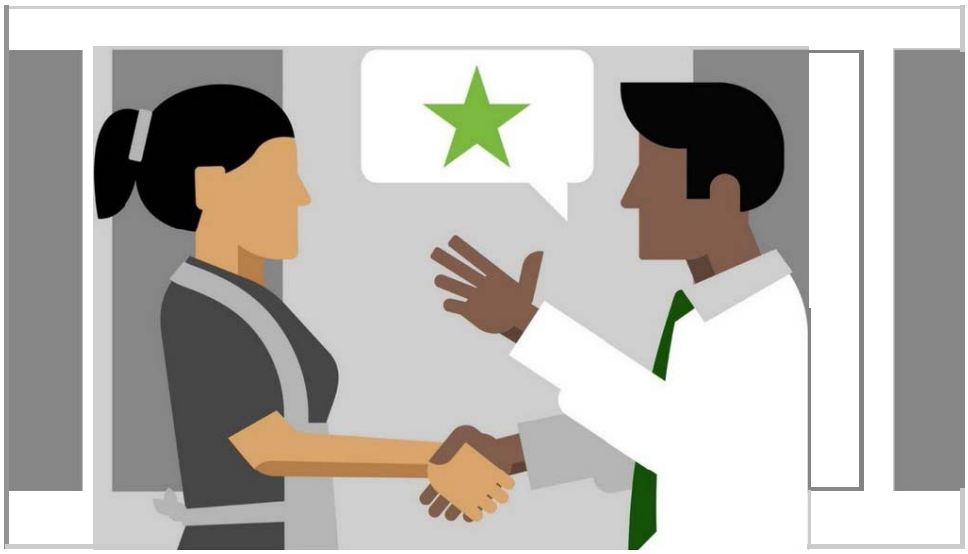
DEMONSTRATE CREDIBILITY (WORDS & ACTIONS)

SHOW GENUINE CONCERN FOR THOSE AFFECTED

PROVIDE ACCURATE, TIMELY INFORMATION



PROTECT CUSTOMER CONFIDENCE




ALLEVIATE EMPLOYEE CONCERNS


SET A LISTENING
PROTOCOL

YOUR CRISIS COMMUNICATIONS PLAN

YOUR CRISIS COMMUNICATIONS PLAN

Keep it simple

YOUR CRISIS COMMUNICATIONS PLAN

Keep it simple

Require team members to keep a copy at home

YOUR CRISIS COMMUNICATIONS PLAN

Keep it simple

Require team members to keep a copy at home

Who activates it? When?

YOUR CRISIS COMMUNICATIONS PLAN

Keep it simple

Require team members to keep a copy at home

Who activates it? When?

Steps for internal/external comms

YOUR CRISIS COMMUNICATIONS PLAN

Keep it simple

Require team members to keep a copy at home

Who activates it? When?

Steps for internal/external comms

Who's responsible for what?

YOUR CRISIS COMMUNICATIONS PLAN

- Keep it simple
- Require team members to keep a copy at home
- Who activates it? When?
- Steps for internal/external comms
- Who's responsible for what?
- Which tools will you use?

KEY MESSAGES

- Demonstrate empathy
- Provide a status update
- Identify the cause
- Outline the timetable
- Apologize if appropriate
- Show what you're doing to fix it


THE GREAT
MEDIA INTERVIEW

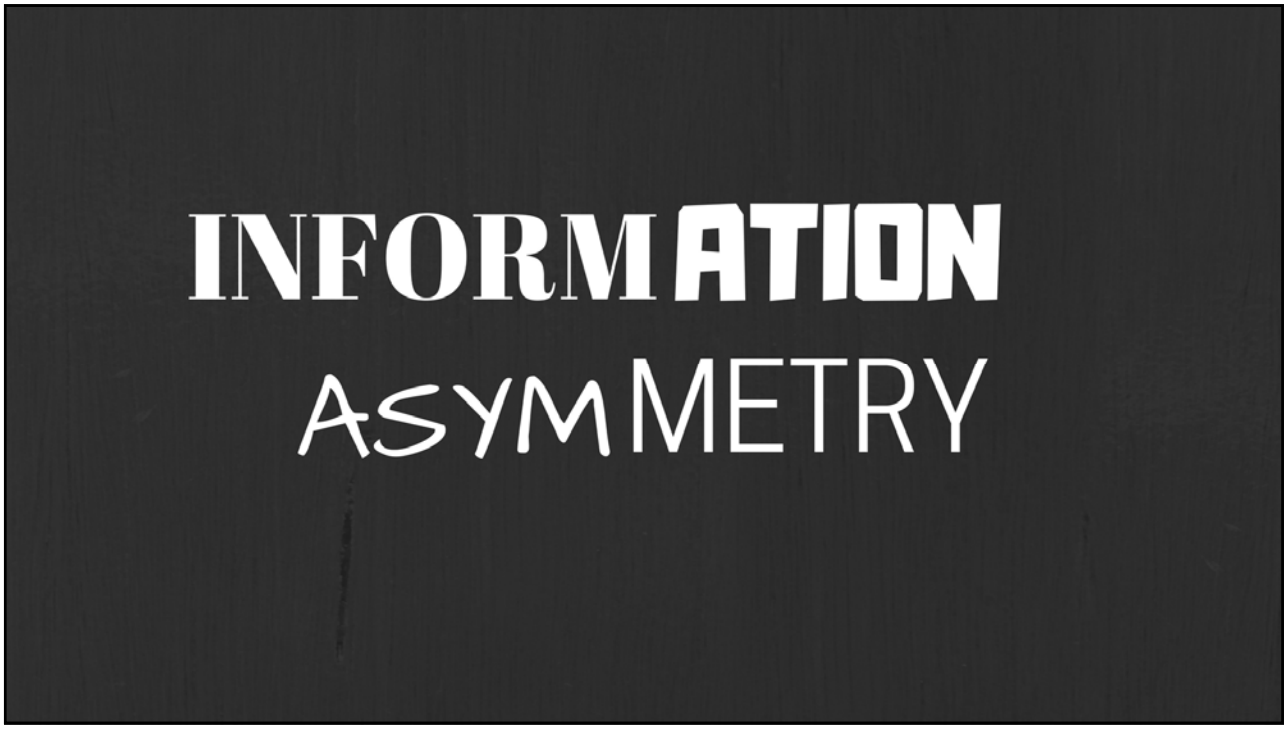

Freedom Industries President Speaks To Reporters
Press esc to exit full screen
WV WATER CRISIS
LIVE
GARY SOUTHERN
PRES., FREEDOM INDUSTRIES
0:00 / 1:21
Scroll for details


50
LA PRESSE
CTV


MAPLE
LEAF


THE
BRAND
OF EXCELLENCE
XL Foods Inc.
Lakeside Packers

SIGNS OF A SOCIAL MEDIA CRISIS



HOME » LIFESTYLE » FEATURES

The Big Read: How one stupid tweet blew up Justine Sacco's life

1.8K 61

Saturday, March 07, 2015

by Jon Ronson

As she made the long journey from New York to South Africa, to visit family during the holidays in 2013, Justine Sacco, 30 years old and the senior director of corporate communications at IAC, began tweeting acerbic little jokes about the indignities of travel.

There was one about a fellow passenger on the flight from John F Kennedy International Airport: "Weird German Dude: You're in First Class. It's 2014. Get some deodorant. Inner monologue as I inhale BO. Thank God for pharmaceuticals."

Then, during her layover at Heathrow: "Chilly — cucumber sandwiches — bad teeth. Back in London!" And on December 20, before the final leg of her trip to Cape Town: "Going to Africa. Hope I don't get Aids. Just kidding. I'm white!"

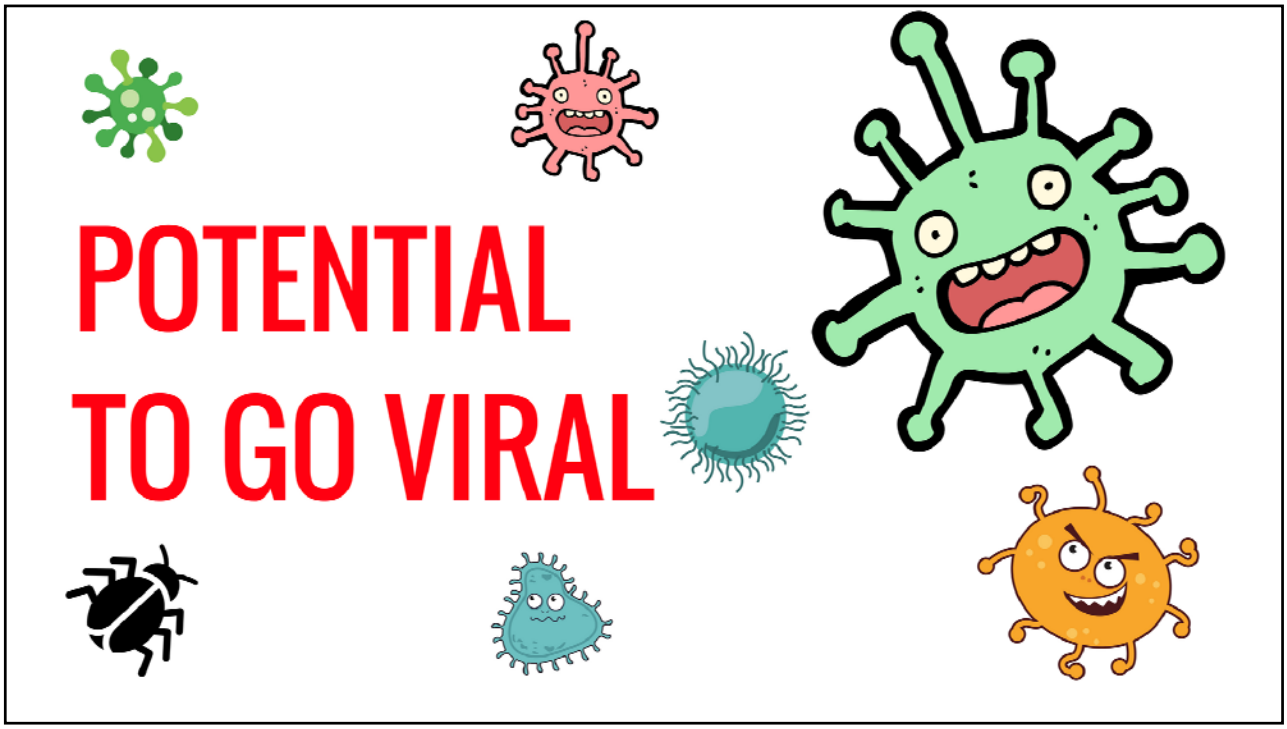
DECISIVE

CHANGE FROM THE NORM

The tweet was seen by 76,000 users.

To make things worse, BA failed to respond to the promoted tweet for eight hours.

POTENTIAL FOR NEGATIVE IMPACT ON REPUTATION

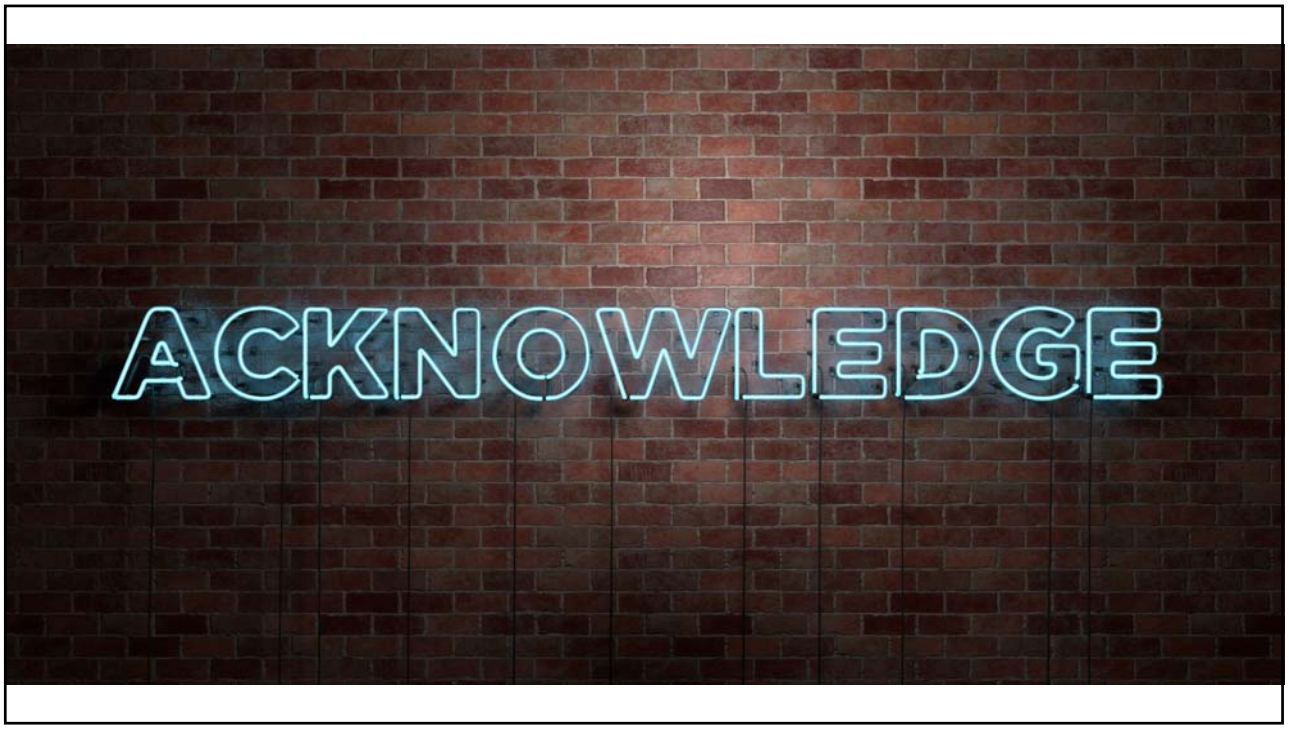

POTENTIAL
TO GO VIRAL


Domino's
The Pizza Delivery Experts
13081
Open

Timeline of Domino's Pizza response

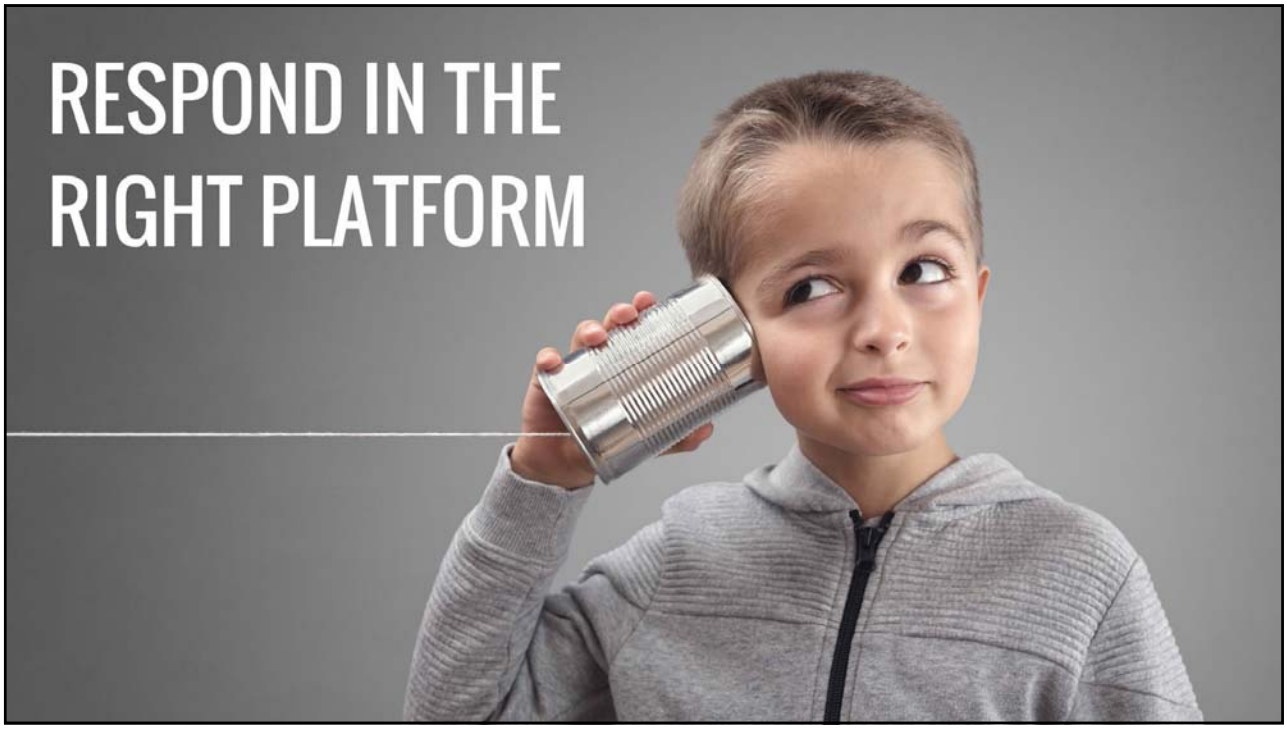
- April 12: Video posted to YouTube (29K views)
- April 13: Domino's alerted to video by media outlet
- April 14: Employees fired, health dept and police contacted (video jumps to 700K views)
- April 15: Video surpasses 1 million views, is removed
- April 15: Domino's creates Twitter account, CEO responds in YouTube video

"Two things we didn't anticipate. The first thing we didn't anticipate was the pass-along value, or the pass-along nature of this particular video, because there was a lot of 'Man, you ought to see this going on'. And the sheer explosion of interest from the traditional media."
Tim McIntyre, VP Communications


ACKNOWLEDGE


ASSEMBLE YOUR TEAM


CENTRALIZE
INFORMATION


RESPOND IN THE
RIGHT PLATFORM

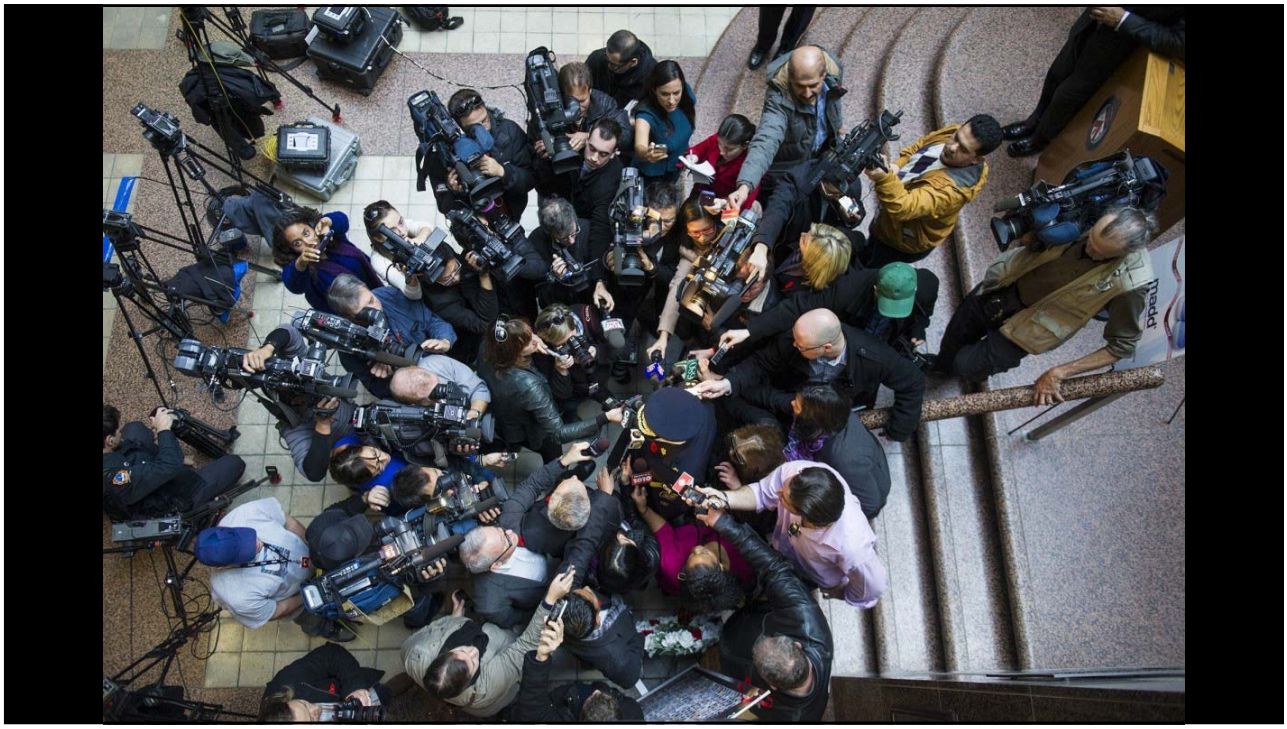

APOLOGIZE
(AND MEAN IT)


FAQ
CREATE A CRISIS FAQ


CREATE A
PRESSURE
RELIEF
VALVE


KNOW WHEN TO
TAKE IT OFFLINE


EQUIP YOUR PEOPLE



Hotel Owner Apologizes for Policy That Charged $500 for Bad Reviews

1.6k SHARES Share on Facebook Share on Twiner

ave/Gettylmages

TRAVEL

'Historic' Inn Charges $500 Per Negative Online Review

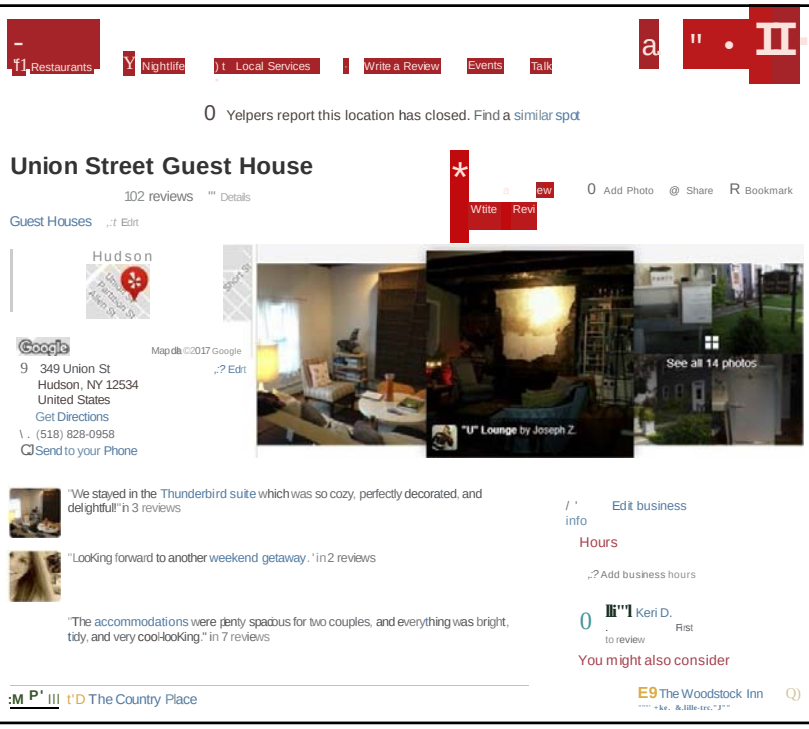
Charlotte Alter
Aug 04, 2014

A hotel in Hudson, N.Y. that advertises itself as a great option for weddings and gatherings has some hidden fine print: if you or your guests post a negative review of your stay online, you'll be charged $500.

The PR tactic totally backfired, since the Union Street Guest House's punitive online review policy has now been written up in the New York *Post* and Business Insider. And the wording of the policy is hilariously stuffy:

> Please know that despite the fact that wedding couples love Hudson and our Inn, your friends and families may not. This is due to the fact that your guests may not understand what we offer - therefore we expect you to explain that to them. USGH & Hudson are historic. The buildings here are old (but restored). Our bathrooms and kitchens are designed to look old in an artistic "vintage" way. Our furniture is mostly hip, period furniture that you would see in many design magazines. (although comfortable and functional - obviously all beds are brand new.) If your guests are looking for a Marriott type hotel they may not like it here.

In other words, your idiot guests probably won't appreciate how nice this hotel is, since they are Marriott-loving philistines who don't understand "hip, period



• THE ORIGINAL SLOW COOKER •

CROCK·POT

MARKETSINSIDER PORTFOLIO search

MARKETS STOCKS INDICES COMMODITIES CRYPTOCURRENCIES CURRENCIES ETFS NEWS

The maker of Crock-Pot is plunging as people freak out over a character's shocking death on 'This Is Us'

Joe Ciolli
0Jan. 25, 2018, 02:30 PM

t!i SHARE

SPONSORED FINANCIAL CONTENT

Market summary > Newell Brands
NYSE: NWL - Mar. 5, 4:01 p.m. EST

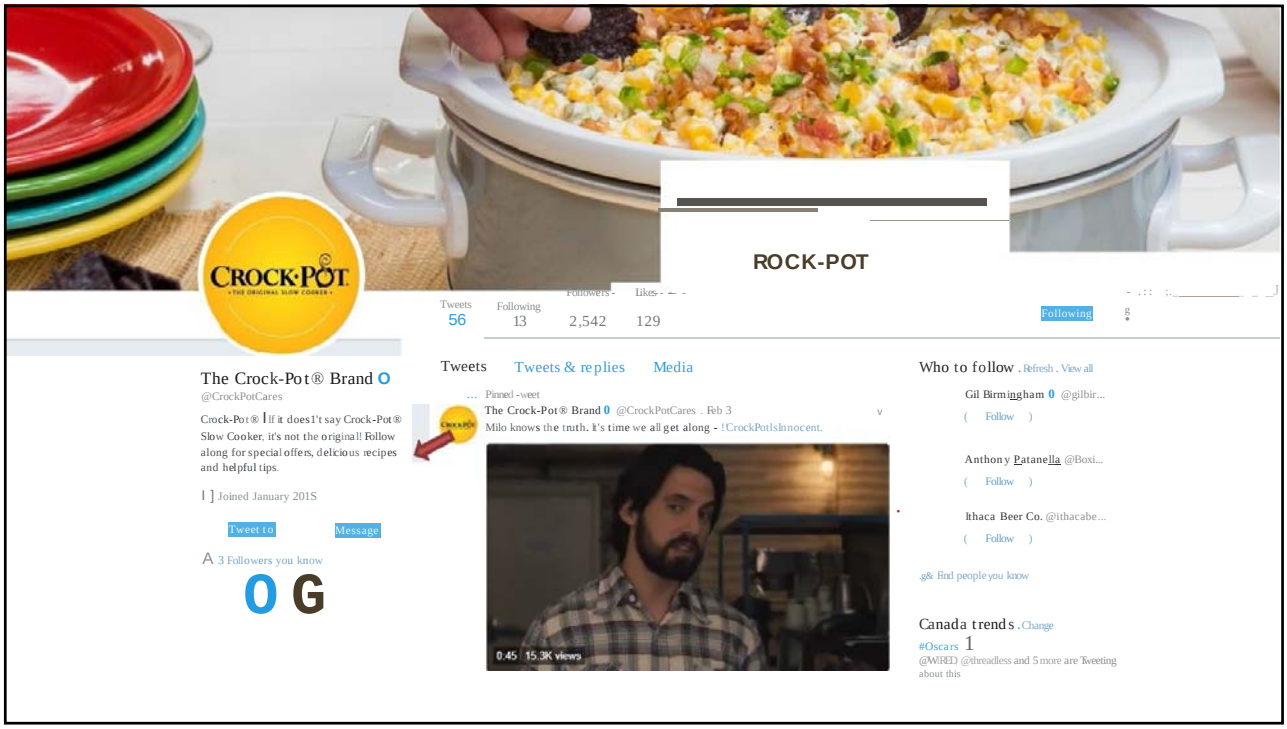
28.09 00%)

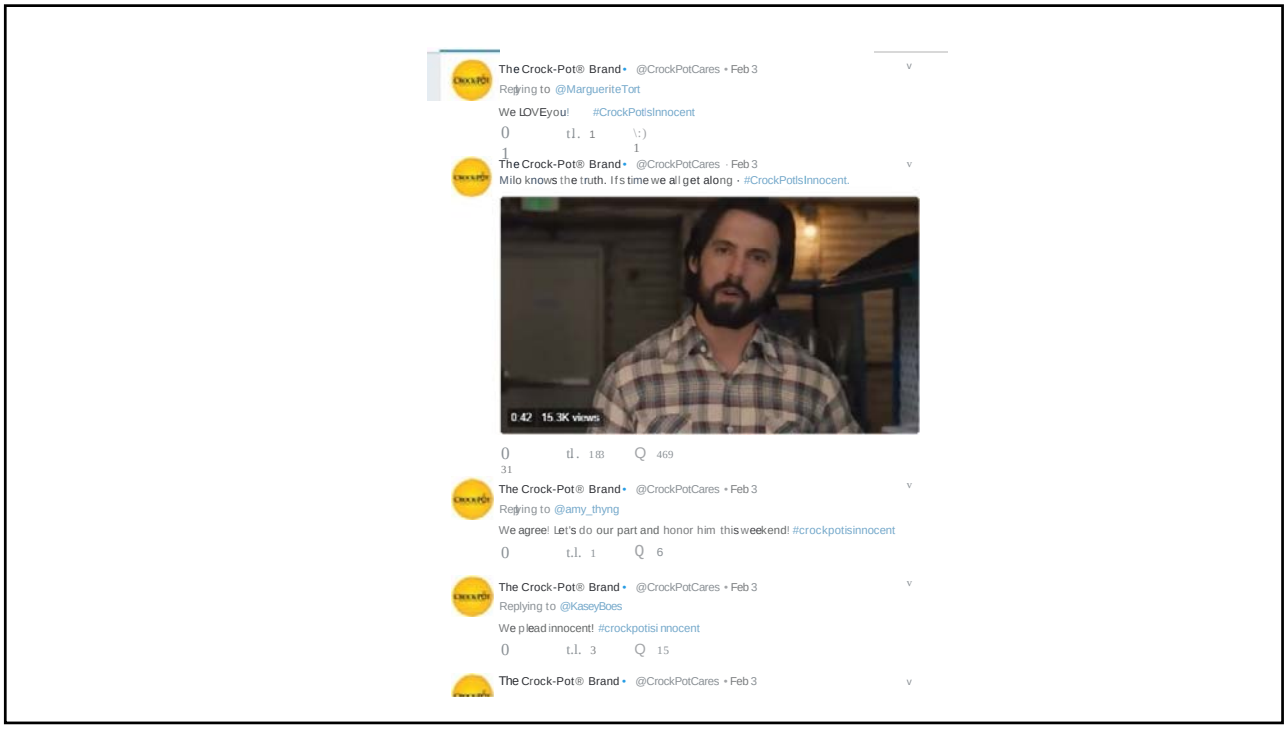
1 5 1 month 3 months 1 5 years max

Dec 26 Feb 26

Open		Mkt cap	13.77B
High		P/E ratio	
		Div yield	3.28%

Financial news, comparisons and more


ROCK-POT
Tweets 56
Following 13
Followers - 2,542
Likes - 129
Following
The Crock-Pot® Brand O
@CrockPotCares
Crock-Pot® If it doesn't say Crock-Pot® Slow Cooker, it's not the original! Follow along for special offers, delicious recipes and helpful tips.
Joined January 2015
Tweet to
Message
3 Followers you know
Tweets
Tweets & replies
Media
Pinned Tweet
The Crock-Pot® Brand @CrockPotCares · Feb 3
Milo knows the truth. It's time we all get along - #CrockPotIsInnocent.
0:45 15.3K views
Who to follow · Refresh · View all
Gil Birmingham @gilbir...
Follow
Anthony Patanella @Boxi...
Follow
Ithaca Beer Co. @ithacabe...
Follow
Find people you know
Canada trends · Change
#Oscars
@WIRED @threadless and 5 more are Tweeting about this


The Crock-Pot® Brand @CrockPotCares · Feb 3
Replying to @MargueriteTort
We LOVEyou! #CrockPotIsInnocent
The Crock-Pot® Brand @CrockPotCares · Feb 3
Milo knows the truth. It's time we all get along · #CrockPotIsInnocent.
0:42 15.3K views
The Crock-Pot® Brand @CrockPotCares · Feb 3
Replying to @amy_thyng
We agree! Let's do our part and honor him this weekend! #crockpotisinnocent
The Crock-Pot® Brand @CrockPotCares · Feb 3
Replying to @KaseyBoes
We plead innocent! #crockpotisinnocent
The Crock-Pot® Brand @CrockPotCares · Feb 3

Karin Patrick @KarinHPatrick · Feb 3

Replying to @CrockPotCares

Brilliant Crock Pot! You could have fought this, but instead you've embraced the moment (and our favorite show) This hashtag is a wonderful lighthearted moment in a lead up to an episode we dread.... And how cool for the show to play along! #CrockPotIsInnocent #ThisIsUs

Q tl. ( ) 19

michelle renee schop @mrsschopp · Feb 3

Replying to @CrockPotCares

Absolutely. This is great. Milo is such a good kind person to do this. #CrockPotIsInnocent

Q tl. ( ) 5

Peacn_Kels @peach_kel · Feb 3

Replying to @CrockPotCares

I love this! I'm taking all my crock pots out now getting ready for the big game.

Q tl. ( ) 4

Shonnie Jackson @shesomthinelse · Feb 3

Replying to @CrockPotCares

Nah, that #CrockPotGuiltyAF

0 1 tl. ( ) 6

1 more reply

Leslie Pepper @lesliepepper · Feb 3

Replying to @CrockPotCares

Well played, Crock-Pot. Well played.

Q tl. ( ) 2

Amy @MyWhizzer13 • Feb 3

Replying to @CrockPotCares @PhotoGal26

I have chili in my @CrockPotCares crockpot right now. Meatballs in crockpot on the menu tomorrow too! I harbor no hard feelings!

Q tl. ( ) 2

Shantillylace•
@shantel575

(Follow)

Gee thanks #thisisus us for ruining #CROCKPOT cooking. Now every time I use mine I'll be sad AND afraid " "

3:00 PM - 24 Jan 2018

1 Retweet 7 Likes ft

0 1 t.l. 1 () 7

Tweet your reply

The Crock-Pot® Brand • @CrockPotCares · Jan 24

Replying to @shantel575

We totally get it! Last night's episode was , & we're still not over it either! We want to assure you that we're committed to safety & you can continue to use our products with confidence. We test our #CROCKPOT rigorously before they hit shelves. Pls OM us with any questions.

Q 39 t.l. 95 0 306

Shantillylace @shantel575 · Jan 24

No worries, I have no intention of giving up my crockpot 5

Kayla N. @kayNiedz 24 Jan

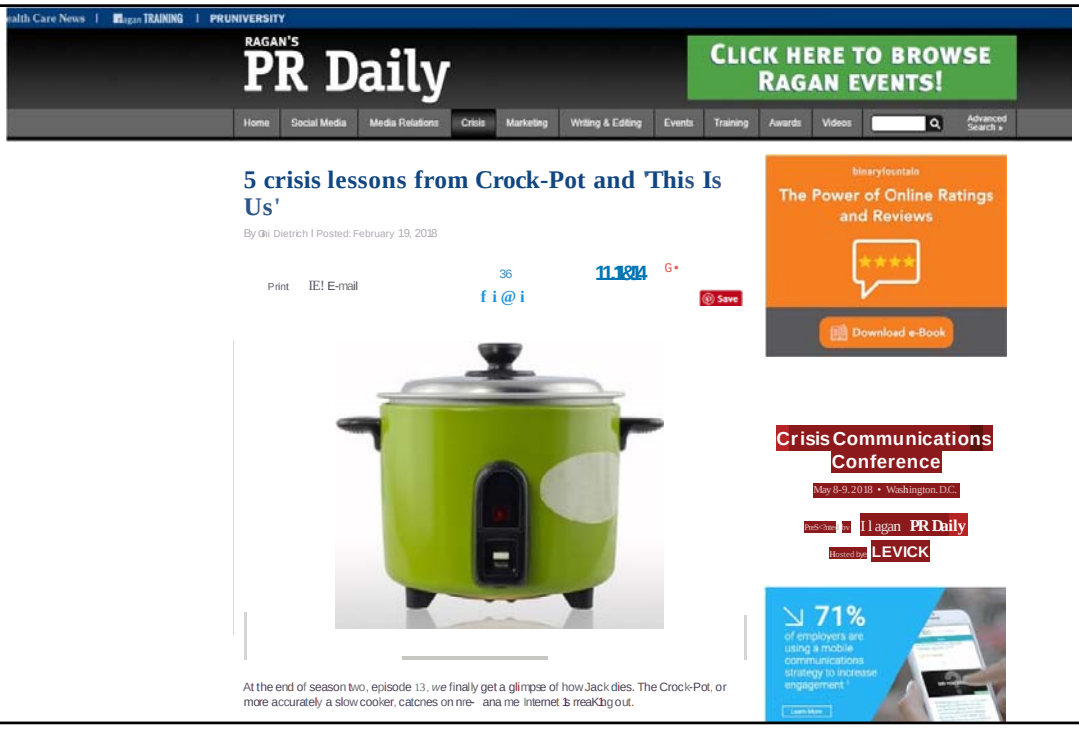
thanks to @NBCThisisUs for crushing my soul week after week. additionally, i'll no longer be making #crockpot chili after last night's episode.

The Crock-Pot® Brand
@CrockPotCares

We're 💔 over last night's episode, too! Kayla, we're innocent until proven guilty. Since the '70s we've been providing families with quality & safe products, ask your parents if you don't lieve us. DM us w/ any ?? & we'd be happy to u more about our safety standards!

1:58 PM - Jan 24, 2018

♡ 30 See The Crock-Pot® Brand's other Tweets



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Crock-Pot's Response to Its Tragic Role in 'This Is Us' Is a Lesson in Smart PR

Don't let things boil over; respond quickly with empathy, key messages, and facts. But before you read, know there's a big spoiler here for the show's fans.

By Amy George *Owner, By George Communications* @amybgeorge

aam@ma

1 COMMENTS

Milo Ventimiglia as Jack in NBC's "This Is Us." *CREDIT: Getty Images*

I'm a big fan of NBC's *This Is Us*, my slow cooker, and good P.R. And, wow, how they've all

WHAT THEY DID RIGHT

- Responded swiftly (Twitter, Facebook, Superbowl commercial, Ellen)

- Demonstrated empathy (one-to-one tweets that showed concern for the consumer and the character)

- Followed up with the facts (with 100 million sold, no complaints similar to the fictional events in last night's episode...the design of our product renders this type of event nearly impossible)

FIVE YEARS FROM NOW, PEOPLE ARE LESS LIKELY TO REMEMBER WHAT HAPPENED AND MORE LIKELY TO REMEMBER HOW YOU HANDLED IT