

Board of Directors Meeting Agenda

Date: Thursday, October 24, 2024
 Time: 9:00 - 12:00
 Location: Boardroom / Microsoft Teams

Time	Agenda Item	Attachment
9:00	1. Call to Order (Dr. S. Robertson)	
(1 min)	1.1 Confirmation of Quorum	
	1.2 Land Acknowledgment	
(1 min)	1.3 Adoption of the agenda	P. 1
(1 min)	1.4 Declaration of Conflict of Interest	
9:03	2. Minutes (Dr. S. Robertson)	
(1 min)	2.1 Approval of previous meeting minutes - September 26, 2024	P. 2-6
(1 min)	2.2 Business arising from minutes	
9:05	3. Education Session	
(10 min)	3.1 Patient Story (R. Romany)	
9:15	4. Equity, Diversity & Inclusion	
(10 min)	4.1 The Foundation of IDEA (Dr. S. Robertson)	
9:25	5. Matters for Discussion/Decision	
(5 min)	3.1 Report of the Board Chair (Dr. S. Robertson)	
(5 min)	3.2 Report of the President & CEO (R. Alldred-Hughes)	P. 7-8
(5 min)	3.3 Report of the VP of Clinical Services, Quality & CNE (R. Romany)	P. 9-10
(5 min)	3.4 Report of the Chief of Staff (Dr. L. MacKinnon)	P. 11
(5 min)	3.5 Report of the Patient and Family Advisory Committee (J. Shackleton)	
(5 min)	3.6 Financial Statements - July 2024 (C. Nagy/L. Ramsay) THAT the Board of Directors review and receive the financial statements for July 2024 as presented.	P. 12-15
(10 min)	3.7 Enterprise Risk Management Review (C. Nagy/R. Alldred-Hughes) THAT the Board of Directors review and receive the Enterprise Risk Management report as presented.	P. 16-18
10:00	4. Consent Agenda (a formal request is to be made with the Board Chair to move an item out of the consent agenda for it to be discussed)	
	4.1 Draft Executive Committee Report	P. 19-20
	4.2 CEO Personal Business Commitments Update	P. 21-24
	4.3 COS Personal Business Commitments Update	P. 25-26
	4.4 Draft Finance, HR, and Audit Committee Report	P. 27-28
	4.5 Financial Statements Details	P. 29-30
	4.6 Acronyms and Key Terms	P. 31-34
	4.7 Glossary of Financial Terms	P. 35-37
	THAT the Board of Directors approve and receive all documents as presented in the consent agenda.	
10:01	5. Correspondence (Dr. S. Robertson)	P. 38
	6. Date of Next Meeting - November 28, 2024, 9:00am	
10:02	7. Closing Remarks & Adjournment (Dr. S. Robertson)	

Meeting moves to In Camera

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS

Date Thursday, September 26, 2024
 Time 9:15-12:00
 Location Boardroom/Microsoft Teams
 Present: Dr. S. Robertson, Chair L. Boyling, Vice-Chair C. Nagy, Treasurer
 Dr. R. Cardinal F. Wetering Dr. G. Raby
 C. Larocque G. McDonald G. Peters
 W. Rozon H. Salib F. Desjardins
 R. Alldred-Hughes, CEO K. MacGillivray, CHRO Dr. L. MacKinnon, COS
 L. Ramsay, CFO R. Romany, CNE J. Shackleton (PFAC)

Regrets: None

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 9:15.

1.1. Quorum

A quorum was present.

1.2. Land Acknowledgment

Dr. S. Robertson read the land acknowledgment.

1.3 Adoption of the Agenda

The agenda was reviewed.

Moved By: C. Larocque

Seconded By: G. Peters

THAT the agenda be adopted as presented.

CARRIED

1.4 Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

2. Minutes

2.3 Approval of the Minutes

The minutes of the last meetings held on June 19, 2024, and June 26, 2024 were presented.

Moved By: C. Larocque

Seconded By: G. Peters

THAT the minutes of the June 19, 2024, and June 26, 2024 meetings be approved as presented.

CARRIED

2.2 Business Arising from the Minutes

There was no business arising from the minutes.

3 Education Session

J. Mattice, Manager of Projects, Emergency Preparedness, and Security, presented on Emergency & Disaster Response at HGMH which included orientation to the Boardroom, the progress made of over the years with emergency preparedness, the current status and what is to come.

4 Strategic Actions Review

The strategic actions were shared for Q1.

Moved By: Dr. G. Raby

Seconded By: C. Larocque

THAT the Board of Directors review and receive the Q1 Strategic Actions Report.

All actions are currently on track or complete. An adjustment has been made to the action around implementing a virtual care model in the emergency department. The hospital continues to explore the virtual option, however, without funding this action is not currently feasible. Extra physician coverage has temporarily been added during peak periods throughout the week which has had positive results on wait times, reducing the number of patients who leave without being seen and also improved the physician initial assessment times.

CARRIED

5 Matters for Discussion/Decision

5.1 Chair Report (Dr. S. Robertson)

Dr. S. Robertson thanked Board Members for their support and participation in the two events that recently took place, Staff BBQ and Indigenous Ceremony. Upcoming events are the Board Retreat, taking place October 22nd at 6pm, the Foundation Harvest Tasting at The North on October 28th, and the Hospital Christmas Party on November 30th taking place at the Maxville Arena. Board Directors are strongly encouraged to attend these events.

The yearly OHA Board Self-Assessment Tool will be shared with Board Directors following the meeting. This is not to be completed by new Directors as they do not currently have the experience to answer these questions.

Dr. S. Robertson reminded Directors to reach out to their mentors or to R. Alldred-Hughes with any questions they might have around.

Board Directors were all challenged to sell 10 tickets for the Foundation Dream Vacation raffle. Once tickets are sold, they are to be brought back to the Foundation. It was noted that this is a cash prize and not a voucher for a trip.

5.2 President & CEO Report (R. Alldred-Hughes)

R. Alldred-Hughes thanked those who attended the two hospital events and updated the Board on different initiatives being worked on, including the analysis being done by the Champlain Association of Meditech Partners (CHAMP) for the health information system, the work on building a business case to increase surgery capabilities at the hospital, and the work of the IDEA committee on training to be provided to Leadership and the Board of Directors.

5.3 Report of the Vice President of Support Services & CFO (L. Ramsay)

L. Ramsay reported on the initiatives being worked on from Support Services including the implementation of Fairwarning software which monitors suspicious access to medical records, the parking lot resurfacing and sidewalk replacement, implementation of new door locks and new ATS switch, and the implementation of an employee portal which will allow staff to see their payroll information online.

5.4 Report of the Patient and Family Advisory Committee (J. Shackleton)

PFAC are working in collaboration with the SDG Library to provide access to patients to an e-library. This initiative will be launched on October 8th in hopes to help improve the mental health of patients. HGMH will be the first hospital to implement this initiative. R. Alldred-Hughes commended the committee on their engagement and bringing this idea forward and completing the work.

5.5 BPSO Champion (Dr. G. Raby)

Last Spring, one of the education sessions that the Board received was on BPSO and Directors were challenged to complete the education in order to become a BPSO Champion. Dr. G. Raby completed the training to better understand the work being done on BPSO and encouraged all other Directors to complete the training as well.

5.6 Financial Statements - April, May, and June 2024 (C. Nagy/L. Ramsay)

The financial statement were reviewed.

Moved By: Dr. G. Raby

Seconded By: C. Larocque

THAT the Board of Directors review and receive the financial statements for April, May, and June 2024 as presented.

Funding letters were received in May and the funds were received in July 2024 which is why this is not reflected on the statements. Rates for Out of Province patients have gone up, however, volumes for these patients are still lower. All managers were tasked with finding savings within their departments and a total of \$400,000 was found.

CARRIED

5.7 Capital Redevelopment Planning (C. Nagy/L. Ramsay)

Information was shared on Capital Redevelopment Planning.

Moved By: F. Desjardins

Seconded By: Dr. R. Cardinal

THAT the Board of Directors approve the recommendation of the Finance, HR, and Audit Committee with the issuance of a Request for Proposal (RFP) to hire a consultancy firm to support the development of a Pre-Capital Submission for Hôpital Glengarry Memorial Hospital.

Moved By: F. Desjardins

Seconded By: Dr. R. Cardinal

THAT the Board of Directors approve the recommendation of the Finance, HR, and Audit Committee to use the Endowment fund to pay for the required fees associated with developing a Pre-Capital Submission for Hôpital Glengarry Memorial Hospital, if the fees cannot be covered by current operational dollars.

R. Alldred-Hughes explained the process for Capital Redevelopment Planning. By doing a pre-capital submission, grants can be applied for and the goal is to have this submission done by the end of the fiscal year. While the hospital does not have the operating dollars to be able to pay for this, there is money in the endowment fund in which it was approved be used for this.

CARRIED

5.8 Q1 Quality Improvement Plan Results 2024/2025 (C. Larocque/R. Romany)

The Quality Improvement Plan for Q1 was reviewed.

Moved By: W. Rozon

Seconded By: H. Salib

THAT the Board of Directors review and receive the results of the Q1 Quality Improvement Plan for 2024/2025.

There are 6 indicators being monitored this year. The results for Q1 are mostly positive with the exception of 2 indicators which are above target. The percent of patients who visited the ED and left without being seen by a physician which yielded 3.11% over target. The strategy to mitigate this is to have additional coverage during peak hours throughout the week to support faster access for lower acuity visits which will help improve the patient flow and reduce the number of patients who leave without being seen. This was implemented in July 2024 and we are hopeful that improvements will be noticed by the next quarter. The other indicator above target is the number of reported near misses related to controlled substances within the organization which finished the quarter with 13 report near misses over target. Pharmacy will be providing individual staff feedback to address errors and plan a diversion prevention education for staff orientation in the Fall of 2024.

CARRIED

6 Consent Agenda

The following were included in the meeting package under consent agenda and reviewed by members prior to the meeting:

- 6.1 Auxiliary Report
- 6.2 Draft Governance and Nominating Committee Meeting Report
- 6.3 Education Topics for Board of Directors
- 6.4 Equity, Diversity & Inclusion Update
- 6.5 Revised Disclosure Protection (Whistleblower) Policy (CO.01.018)
- 6.6 Revised Board Attendance Policy (GO.01.002)
- 6.7 Draft Finance, HR, and Audit Committee Meeting Report
- 6.8 Q1 HR Metrics Report
- 6.9 Project Updates
- 6.10 Draft Quality and Risk Management Meeting Report
- 6.11 Q1 Quality & Safety Scorecard Results
- 6.12 Q1 Patient Satisfaction Survey Results
- 6.13 Q1 Violent Incident Report
- 6.14 Q1 Complaints and Compliments Report
- 6.15 Patient Safety Actions Report

Moved By: C. Larocque

Seconded By: Dr. G. Raby

THAT the Board of Directors approve and receive all documents as presented in the consent agenda.

CARRIED

7 Correspondence

Correspondence was shared.

8 Date of Next Meeting

Thursday, October 24, 2024, at 9:00am

9 Closing Remarks & Adjournment

The meeting adjourned at 10:38.

K-L. Massia, Recording Secretary

Report of the President & CEO

October 24, 2024 Board Meeting

Mock Code Orange

On September 19, 2024, HGMH conducted a mock Code Orange tabletop exercise in collaboration with the Township of North Glengarry, aimed at preparing staff and local emergency services for a mass casualty incident. A Code Orange indicates a significant influx of patients due to a major emergency, requiring immediate and coordinated response from healthcare providers. Testing this protocol is crucial for hospitals, as it ensures that staff are well-prepared to manage overwhelming situations effectively, ultimately saving lives. Special thanks to Jen Mattice, Manager of Projects, Emergency Preparedness, & Security, for her exceptional organization of this important exercise, which strengthens our community's resilience and response capabilities.

St. Joe's Hamilton Equity, Diversity, Inclusion Town Hall Presentation

Following some work that I did with St. Joseph's Healthcare Hamilton in June, the team asked if I would present on a topic at their Equity, Diversity, & Inclusion Town Hall. On October 2, 2024 I had the pleasure of virtually attending this town hall and presenting on allyship. If interested, you can view the town hall presentation by using this link: [EDI Townhall Highlights - Draft 3.mp4 - Google Drive](#)

Leadership Breakfast

I recently had the opportunity to host a leadership breakfast for the leaders of HGMH, where I presented on the vital topic of creating safer spaces in healthcare. This discussion highlighted the importance of fostering an environment where both patients and staff feel secure and valued, as safe spaces are crucial for promoting open communication, enhancing collaboration, and ultimately improving patient care. The team received the presentation warmly, expressing appreciation for the insights shared and recognizing the need for ongoing dialogue and development in this area. Their enthusiasm has sparked a desire to pursue more professional development activities like this, underscoring a collective commitment to enhancing the workplace culture and ensuring that HGMH remains a safe and supportive environment for everyone.

Great River Ontario Health Team Update

The Great River OHT has shared their 2024-2027 Strategic Plan. The vision being, "where everyone's health and well-being matter" and a mission of, "working together to improve the healthcare system for all". The strategic directions include: Leadership & Collaboration, Integrated Care, Health Equity, and Community Engagement. [Click here to view this report.](#)

The GROHT is working on a number of initiatives that support the strategic direction, which include an East Region Virtual Care Clinic challenge to increase the volume of patients using this service, Enhanced Remote Care Monitoring Project, Essential Care Partner work, and a new and significant initiative which includes an application for a HART Hub.

In August, the Ontario Government announced a ban on supervised drug consumption sites within 200 meters of schools and childcare centres. This decision will lead to the closure of nine provincially funded sites and one self-funded site. Concurrently, the Ministry of Health (MOH) revealed an investment of up to \$378 million to support a three-year project aimed at establishing 19 Homelessness and Addiction Recovery Treatment (HART) Hubs. Ten of these new Hubs, including two Indigenous-focused ones, will be developed through a Call for Proposal due October 18th.

The Great River OHT has supported a proposal which is being led by the Canadian Mental Health Association of Champlain East and the City of Cornwall. Key partners have been actively involved in the planning efforts to date, and partnerships are expected to grow until the submission deadline. An Intent to apply was submitted to the MOH on Friday, September 20th.

Just a friendly reminder, that the GROHT will be attending the Board Retreat on Tuesday – this will be a great opportunity for you to ask any questions you have about this particular Ontario Health Team.

[The Royal 2024 Leaders for Mental Health Breakfast](#)

On Wednesday, October 9th, over 800 people from across the region gathered to support The Royal's efforts to help people get the right mental health and addictions care sooner. Established as the largest fundraising breakfast in eastern Ontario, this special event demonstrates focused on the special work that the Royal does for people with mental health and substance use disorders.

I was honoured to be asked by The Royal CEO, Cara Vaccarino, to be guest at her table. The event was very profound with patient stories, and research demonstrations. Together we continue to strengthen to relationship between The Royal and our hospital to serve the community.

Upcoming Events/Special Dates

October 7-11: National Healthcare Supply Chain Week, Healthcare Foodservice Workers Week, Sonography Week

October 15: National Pharmacy Technician Day

October 16: National Boss Day

October 20-26: Respiratory Therapy Week and National Healthcare Facilities and Engineering Week

October 21-25: Health Information Professionals Week

October 22: Board Retreat

October 23: Medical Office Assistant's Recognition Day

October 28-November 1: Patient Safety Week

November 30: Hospital Christmas Party

Report of the VP Clinical Services, Quality & Chief Nursing Executive

October 24, 2024 Board Meeting

Canadian Patient Safety Week- Oct 28- Nov 1, 2024



In our commitment to enhancing patient safety, we are actively engaged in developing activities for the upcoming week and implementing strategies that foster open communication and accountability to identify and mitigate healthcare harm. We are also collaborating closely with the Patient and Family Advisory Committee to ensure that the patient perspective remains central to our activities for the week and safety initiatives.

Additionally, we encourage the Board to reflect on the question, "What comes to mind when you think about healthcare harm. This reflection encourages the Board to consider their governance role in promoting a culture of safety, strategic oversight and support for initiatives that prioritize patient safety, while also empowering clinical teams to carry out effective harm reduction strategies.

Ontario Health Initiatives

Alternative Level of Care (ALC) Leading Practices

To enhance patient care and hospital efficiency, we have set clear goals aligned with leading practices and submit quarterly progress reports in April, July, October, and January. Our primary objectives include optimizing resource utilization by transferring patients who no longer require acute care to appropriate settings, thus improving overall hospital capacity and patient flow. By effectively managing Alternate Level of Care (ALC) patients, we aim to streamline admissions and discharges, reducing wait times and promoting better health outcomes.

At HGMH, we are implementing several initiatives to support these goals. We are improving our organizational environment by repainting inpatient rooms, installing wayfinding signage, and updating essential patient furniture. We also focus on enhancing the older adult and caregiver experience by aiming for 75% of our staff to complete Essential Care Partner education and ensuring that 90% of patients are screened for clinical frailty at admission and discharge. Through these efforts, we strive to create a safer and more supportive healthcare environment for all patients.

Home First Approach

The Home First approach is central to provincial strategy for transforming healthcare delivery from hospitals to community settings. We provide quarterly progress reports in October, January, April, and July, highlighting our commitment to ensuring that patients can remain at home whenever possible and ultimately return home upon discharge. This strategy is particularly important as we aim to reduce the number of patients designated as Alternate Level of Care (ALC), especially given the increasing demand for long-term care homes and seasonal surges in respiratory illnesses.

Currently, over 5,000 patients with ALC status are occupying hospital beds, with 46% waiting for long-term care placement.

To address these challenges, Ontario Health has outlined specific actions to support patient flow and system efficiency. A gap analysis of 35 directives has been conducted, leading to an action plan for HGMH that focuses on evaluating and improving existing workflows for patient assessments within 48 hours of admission and discharge planning. This includes ensuring timely communication with patients and their families regarding discharge options and necessary follow-up services. We are also enhancing community support and follow-up by close collaboration between the clinical team and our discharge planner, ensuring that patients returning home receive appropriate support and timely follow-up with their family physician or nurse practitioner.

Thriving Together: Elevating Employee Satisfaction and Retention through Professional Development

During a recent team meeting, the Rehab team highlighted the importance of continuing education, especially since some staff members are early in their careers. They expressed a strong desire to leverage their manager's and other peers' extensive knowledge and experience. In response, the team agreed to dedicate 30 minutes every Wednesday to learning and sharing valuable information, including new practices and evidence-based techniques. This initiative not only aims to enhance professional growth but also fosters a culture of collaboration and support among team members. Given the high competition with private practices, these roles are challenging to recruit and retain, making professional development essential for attracting and keeping top talent. By committing to regular learning sessions, the department hopes to empower staff and improve patient care outcomes.

Report of the Chief of Staff

October 2024

Professional Development:

In recognition of October as Healthy Workplace Month, I am participating in the Canadian Mental Health Association Ontario, Your Health Space, On-line learning series: Strategies to manage and mitigate the effects of stress in the health care workplace. I have encouraged my Chief colleagues, Dr. El Salibi, Chief of Emergency Medicine and Dr. Read, Chief of In-Patient and Ambulatory Medicine, to do so as well.

P4R (Pay for Results):

- The Return Visit Quality Improvement Program has put forward an annual objective of 50 patient case reviews. The first submission is expected to be due in May 2025. Cases are being presented and reviewed by the physician group quarterly at the Educational Case Review meetings (which take place after each Professional Staff Association meeting). Our third session took place on October 17th, 2024.
- As of the end of August, our 90th percentile emergency department wait time to inpatient bed was 3.1, well below our goal of 6 hours.
- Our LWBS (leaving without being seen) numbers, are improving with the initiation of a second physician working for a 4 hour block during our busiest days (as of July, 2024). The percentage for our second quarter (July to September) is 7.8%, down from the 10.8% of our first quarter (April to June). The percentage for September is 7.4%.

Professional Staff Association Updates:

Flu shots are available and the physician group has been encouraged to be vaccinated.

DECISION SUPPORT DOCUMENT FOR

- Board of Directors
 Board Committee –
 Senior Leadership Team
 Other (please specify):

Date Prepared: October 2, 2024 Meeting Date Prepared for: October 9, 2024 - Finance, HR, and Audit Committee
 Subject: July 2024 Financial Statements
 Prepared by: Linda S. Ramsay

- DECISION SOUGHT*
 FOR DISCUSSION/INPUT
 FOR INFORMATION ONLY

PURPOSE

- Financial Statement explanations of variances between Actual and Budgeted amounts for the months of July 2024.
Note: Budget figures presented are based on the annual amount divided by 12 months.

RECOMMENDATION / MOTION

THAT the Board of Directors review and receive the financial statements for July 2024 as presented.

ANALYSIS OF FINANCIAL INFORMATION

- July 2024:
 - The hospital received the funding up to July 2024 for all of the amounts specified in the funding letter received at the end of May from Ontario Health East.
 - One time funding is the first trimester P4R funding.
 - Notice of the continuation of ED surge funding (previously known as COVID – Surge) was received in June. Funds were received in July, and payout to the physicians was done at the same time.
 - P4R physician coverage began in July. A second physician works on busier days (Monday, Friday and Sunday) for 4 hours. The idea is for this second physician to see the patients triaged as CTAS 4 and 5. Hoping this initiative to help lower the number of patients that leave without being seen and reduce overall wait times in the ER.
 - Patient revenues from Other payers reflect the increase of out of province volume for the month of July.
 - Due to the low occupancy volume during the month of July, there was little income generated for private and semi-private rooms requests and ALC patients.
 - Compensation and Employee reflect the staffing needs for the month due to low occupancy.
 - Other expenses: Cost of the new switch and related expenses have been isolated and costed to operations. This is in the hope of getting emergency funding from OH. Should funding not be forthcoming, expenses will be transferred to the Building Service Equipment assets prior to the end of the fiscal year.
- Other funding
 - The hospital received notice in late June that it would receive \$ 1,482,615 in Health Infrastructure Renewal Funding (HIRF) of which \$ 1,450,000 is specifically identified as an Exceptional Circumstance Project Grant that will be used to repave all of the parking areas, including the helipad, curbs and sidewalks.

ANALYSIS OF STATISTICAL INFORMATION

- Overall census for the month of July was at 57.11 %. This enabled us to reduce staffing levels, often times sending staff home after 4 hours or limiting the use of agency nurses.
- As mentioned previously, total ER and Out of province volumes were up for the month.

FUTURE ITEMS TO CONSIDER

- Bill 124 funding for the period of October 2024 to March 2025 is still unknown. Funding for the first half of the year was \$ 371,400.
- Work on the parking areas of the hospital will begin at the end of September. The whole area has been cut in 4 phases. Phase 1 and 2 will be completed this fall before November 1. Phase 3 and 4 will be done in the spring.
- Due to the work happening within the parking lot, gates will need to be opened for staff and the public as we need to be redirecting traffic daily. Parking revenues for those 6 weeks will be nonexistent.
- New rates as awarded by arbitration for CUPE will begin September 29, 2024. CUPE received 3 % for this final year of their collective agreements.

SUPPORTING DOCUMENTS/ATTACHMENTS

- Financial Statements July 2024

**HOPITAL GLENGARRY MEMORIAL HOSPITAL
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDING JULY 31, 2024**

ACTUAL Jun-24	BUDGET Jun-24	VARIANCE Jun-24	ACTUAL Jul-24	BUDGET Jul-24	VARIANCE Jul-24
1,327,138	1,353,683	(26,545)	1,895,998	1,353,683	542,315
			50,000	0	50,000
197,745	152,083	45,662	225,532	152,083	73,449
32,483	16,667	15,816	32,483	16,667	15,816
215,935	199,269	16,666	227,820	199,269	28,551
16,016	16,666	(650)	2,303	16,666	(14,363)
(3,333)	(3,333)	0	(3,333)	(3,333)	0
52,719	40,076	12,643	40,124	40,076	48
14,167	17,917	(3,750)	14,167	17,917	(3,750)
<u>1,852,870</u>	<u>1,793,028</u>	<u>59,842</u>	<u>2,485,094</u>	<u>1,793,028</u>	<u>692,066</u>
1,104,843	1,011,579	93,264	942,303	1,011,579	(69,276)
367,434	274,847	92,587	235,283	274,847	(39,564)
258,326	197,210	61,116	299,698	197,210	102,488
18,358	32,851	(14,493)	24,444	32,851	(8,407)
26,681	21,683	4,998	24,996	21,683	3,313
349,469	347,002	2,467	374,508	347,002	27,506
18,167	18,167	0	18,167	18,167	0
32,291	32,293	(2)	32,291	32,293	(2)
<u>2,175,569</u>	<u>1,935,632</u>	<u>239,937</u>	<u>1,951,690</u>	<u>1,935,632</u>	<u>16,058</u>
<u>(322,699)</u>	<u>(142,604)</u>	<u>(180,095)</u>	<u>533,404</u>	<u>(142,604)</u>	<u>676,008</u>

Revenue:
MOHLTC Base Allocation
MOHLTC Base Allocation - one time funding
MOHLTC Special HHR programs
Alternate Emergency Funding Payments
Physician Payments
Patient revenues from other Payers
Differential and Co-Payment
Bad Debts
Recoveries and Miscellaneous
Amortization Grants/Donations - Equipment

Total Revenues

Expenses

Compensation - Salary and Wages
Employee Benefits
Medical Staff Remuneration
Medical and Surgical Supplies
Drugs and Medical Gases
Other Expenses
Amortization of Software License and Fees
Amortization of Equipment

Total Expenses

Surplus/(Deficit) From Operations

ACTUAL YTD - JULY 2024	BUDGET YTD - JULY 2024	VARIANCE YTD - JULY 2024
5,877,458	5,414,731	462,727
50,000	0	50,000
0	0	0
817,153	608,333	208,820
129,928	66,667	63,261
848,655	797,074	51,581
50,730	66,666	(15,936)
(13,327)	(13,333)	6
196,553	160,301	36,252
56,668	71,667	(14,999)
<u>8,013,818</u>	<u>7,172,106</u>	<u>841,712</u>
4,054,294	4,046,292	8,002
1,101,215	1,099,346	1,869
1,078,794	788,835	289,959
88,779	131,392	(42,613)
103,436	86,730	16,706
1,430,585	1,387,990	42,595
72,668	72,667	1
129,164	129,168	(4)
<u>8,058,935</u>	<u>7,742,420</u>	<u>316,515</u>
<u>(45,117)</u>	<u>(570,314)</u>	<u>525,197</u>

ACTUAL Jun-24	BUDGET Jun-24	VARIANCE Jun-24	ACTUAL Jul-24	BUDGET Jul-24	VARIANCE Jul-24
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ACTUAL YTD - JULY 2024	BUDGET YTD - JULY 2024	VARIANCE YTD - JULY 2024
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Loss of Revenues compared to Budget

Out of province								
	113,124	138,739	136,399	138,739		493,946	554,956	(61,010)
In Patient O/P								
	34,164	6,250	3,942	6,250		42,048	25,000	17,048
								(43,962)
Rental Income								
	3,917	4,666	4,642	4,666		16,398	18,665	(2,267)
Foundation								
	0	0	0	0		0	0	0
Interest - income								
	859	0	0	0		7,076	0	7,076
Parking								
	24,027	19,166	20,166	19,166		92,227	76,665	15,562
								20,371

Details of Other Expenses

Supplies (4000)								
	73,988	90,276	107,235	90,263		362,354	361,082	1,272
Services (6000)								
	62,953	58,593	71,139	58,593		237,850	234,359	3,491
Equipment, R & M and software support (7100)								
	104,670	95,484	73,811	95,478		371,603	381,930	(10,327)
Contracted Out services (8000)								
	98,774	95,795	97,433	95,794		403,250	383,182	20,068
Building and grounds (9000)								
	9,084	6,854	24,890	6,853		55,527	27,416	28,111
	<u>349,469</u>	<u>347,002</u>	<u>374,508</u>	<u>346,981</u>		<u>1,430,584</u>	<u>1,387,969</u>	42,615



DECISION SUPPORT DOCUMENT FOR

- Board of Directors, Board Committee, Senior Leadership Team, Other

Date Prepared: October 2, 2024 Meeting Date Prepared for: October 9, 2024 – Finance, HR, and Audit Committee, October 24, 2024 – Board of Directors
Subject: Enterprise Risk Management – 2024/2025
Prepared by: Robert Alldred-Hughes, President & CEO

- DECISION SOUGHT, FOR DISCUSSION/INPUT, FOR INFORMATION ONLY

PURPOSE

- The purpose of this briefing note is to outline the top enterprise risks to HGMH, along with associated actions that HGMH is taking to mitigate these risks.

RECOMMENDATION / MOTION

- THAT the Board of Directors review and receive the Enterprise Risk Management report as presented.

IMPLICATIONS TO OTHER STANDING COMMITTEES

Are there any material or significant implications for other Standing Committees? No Yes, please specify:

- All of the enterprise risks identified are currently being monitored through the applicable Standing Committees.

SITUATION & BACKGROUND

A brief description of the background to the issue.

- The Enterprise Risk Management (ERM) Program was first developed in 2021. It was developed to be a proactive, consistent framework to better identify, understand, and respond to all types of risk.
The process to arrive at the results is to aggregate risk information and exposure as well as to provide accountability and transparency of risks at all levels of the organization.
We continue to use HIROC's ERM Likelihood & Impact Matrix. This allows the individual managers and departments to measure the impact and likelihood against HIROC standards.
The results of the ERM exercise will influence the operational plan in the subsequent fiscal period.
This program assists the Senior Leadership and Board of Directors to understand the risks arising across the organization, their impact on strategy and objectives and to align Senior Leadership and Board understanding on the level of risk tolerance.
Day-to-day operational risks continue to be managed within the traditional reporting structures of the hospital (front line staff > Manager > Senior Leader) and not every operational risk is catalogued as a part of the ERM report.

Table with 2 columns: Patient care risk identification, Monitoring of incident reports, HIROC's Self-Assessment Program, Accreditation

Quality of Care reporting:	Medical Advisory Committee, Quality of Care Committee, Internal Quality Committee, Quality & Patient Safety Committee of the Board
Financial risk identification:	Finance & Human Resources Committee through monitoring of performance against budget and monthly Compliance Report; internal control risk identification through the annual external audit
Day-to-day operational risks:	identification and management between Manager and Senior Leader

ENTERPRISE RISK MANAGEMENT PROCESS

1. The management team was responsible for identifying risks within their portfolios, and completing documentation on the risk, risk rating, and mitigation strategies.
2. Following this work, the Senior Management Team participate in a review and validation process to validate the risk items and scoring of each item
 - Any notable clinical, financial, reputational, operational, and/or strategic risks that require monitoring at a senior leadership and Board level.
3. The Senior Leadership Team identifies the ‘Top Risks’
 - Key themes related to reputational, operational and/or strategic risks are considered when identifying all risks
4. Risk report reviewed by the Finance & Human Resources Committee of the Board
5. Report presented to Board of Directors annually

Rating of Very High, High, Moderate, & Low

- Impact if the risk materializes, how severe would the impact be to the hospital
- Likelihood – what is the probability of the risk materializing

Risk Tolerance

- The hospital’s approach to managing the risk:
 - Accept: Take no immediate action; monitor the risk only
 - Mitigate: Take action to reduce the likelihood or impact of the risk (i.e. control)
 - Eliminate: Reduce risk to zero by taking actions to eliminate the risk (i.e. resolve)

Top Risk Categories

- Potential significant impact on strategy
- Potential significant impact on patient care and/or safety
- Potential significant financial impact
- Timing (potentially imminent)
- Event has occurred, working to prevent recurrence
- Requires significant and/or complex mitigation efforts

SUMMARY

A total of 68 risks have been identified, which is a significant change from prior year as we included the management group in portfolio risk identification. There are 4 risks identified as high risk, and 7 risks as moderate, the remaining 57 risks are considered low risk. The risks submitted were collated; health system funding, cyber security, and equipment replacement/capital funds, were issues across the different portfolios and held the highest risk in terms of likelihood from occurring, and impact if the risk occurs. The following table presents the risks that were identified as High with associated action plans and monitoring.

Risk	Summary	Action Plan	Organizational Monitoring
HIGH RISKS			
Health System Funding <div style="background-color: red; color: white; padding: 2px; display: inline-block; font-weight: bold;">High</div>	Currently experiencing a working capital deficit of \$1.8M related to prior years operating deficits. This coupled with increased operating costs,	HGMH will continue to work with the Ontario Health, Ministry, MPP, and local leaders to have the funding addressed by the MOH. Highlighting working capital deficits with Ontario Health and the Ministry of Health. OHA currently	<ul style="list-style-type: none"> • Senior Leadership Team • Ontario Health East • Finance and Human Resources Committee

Risk	Summary	Action Plan	Organizational Monitoring
	and reduce funding challenges the hospital to maintain a balanced budget.	advocating for hospitals on working capital matter in addition to HGMH advocacy. e leadership team is actively working at initiatives to reduce spending within their portfolios, where possible, to ensure efficiencies are realized.	
Physical Infrastructure High	The original hospital design poses structural impediments to optimal care in selected areas, such as accessibility, bariatrics, and infection control.	Hospital to explore future renovations and redevelopment plans that support future health care delivery that meets the needs of the community. The current mitigation plans include regular assessment of safety concerns, and maintaining the buildings current infrastructure with regular plans for upgrades being implemented.	<ul style="list-style-type: none"> • Senior Leadership Team • Finance and Human Resources Committee • Board Quality Committee • QIP Dashboard
Information Technology High	HGMH has increased our investment to address the increased cybersecurity threats.	<ul style="list-style-type: none"> • Designing and implementing a multi-factor authentication model for all external and administrative access. • Regionally, a Local Delivery Group (LDG) lead by The Ottawa Hospital will provide additional support, guidance and implementation of cybersecurity measures. HGMH is an active participant in this work. • Microsoft ATP1 scan all incoming mail for malware, spam, executable, it also is another level of virus scanning via Defender. • Crowdstrike EDR scan desktops for unusual behavior. • Backups - Immutable 7 days backup offsite and Daily backup stored at Rogers DataCentre in Ottawa. • Employees receiving Cyber training at Orientation. • Reports sent to Information technology staff by iSecurity. • Creation of a Cyber Incident Response Plan, to be used in the event of an incident. • Password policy updated to 16 characters with complexity. • All virtual machines are backed up daily and snapshots are now taken prior to work being done on any server. 	<ul style="list-style-type: none"> • CHAMP Steering Committee • Local Delivery Group • Senior Leadership • Information Technology Team • Finance and Human Resources Committee
Capital Funding High	Hospital capital equipment and infrastructure needs are significant. Current needs equate over \$5M over the next 4-year horizon.	<ul style="list-style-type: none"> • The hospital is currently providing advice and support to the HGMH Foundation as alternatives are considered to increase donations. And the HGMH Foundation is working on increase giving campaign, redesigning their approach to fundraising. • Hospital Infrastructure Renewal applications are consistently completed with a future focus on what our hospital needs are to ensure a safe environment. 	<ul style="list-style-type: none"> • Senior Leadership Team • Finance and Human Resources Committee • Board of Directors • HGMH Foundation Board

MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE

Date Wednesday, October 9, 2024
Time 5:00PM
Location Boardroom / Microsoft Teams
Present: Dr. S. Robertson, Chair L. Boyling C. Nagy
R. Alldred-Hughes, CEO Dr. L. MacKinnon, COS

Regrets: None

1. Call to Order

Dr. S. Robertson, Chair, called the meeting to order at 17:27.

1.1. Quorum

1.2. A quorum was present.

1.3. Adoption of the Agenda

The agenda was reviewed.

Moved By: L. Boyling

Seconded By: C. Nagy

THAT the agenda be adopted as presented.

CARRIED

1.4. Declaration of Conflict of Interest

There were no conflicts of interest declared at this time.

2. Minutes

2.1. Approval of the Minutes

The minutes from the meeting held on April 10, 2024, were reviewed.

Moved By: C. Nagy

Seconded By: L. Boyling

THAT the minutes of the meeting of April 10, 2024, be approved as presented.

CARRIED

3. Matters for Discussion/Decision

3.1 Review Terms of Reference

The committee terms of reference were reviewed. Discussion ensued around the definition of Francophone to which it was agreed that the wording should be changed to bilingual (English and French).

Moved By: L. Boyling

Seconded By: C. Nagy

THAT the Executive Committee recommend to the Governance and Nominating Committee the Terms of Reference as amended.

CARRIED

3.2 Review Progress on Personal Business Commitments of the CEO and COS

3.2.1 Personal Business Commitments of the CEO

The personal business commitments of the CEO were reviewed. There were no concerns with the progress being made and everything is on track.

CARRIED

3.2.2 Personal Business Commitments of the COS

The personal business commitments of the COS were reviewed. There were no concerns with the progress being made.

4. Date of Next Meeting

Wednesday, April 9, 2025

DRAFT



OCTOBER 2024 UPDATE

Personal Business Commitments (2024 - 2025)

Robert Alldred-Hughes, President & Chief Executive Officer

Introduction

The Ontario Government passed the Excellent Care For All Act (ECFAA) and Bill 16 in 2010 which required Hospital Boards to establish a pay for performance component of executive compensation and achieve targets tied to a Quality Improvement Plan.

My Personal Business Commitments are tied to Hôpital Glengarry Memorial Hospital's (HGMH) Quality Improvement Plan (QIP), the HGMG Board Strategic Plan, our Accreditation, directive from the Ontario Health and Ministry of Health and any impacting factors that have been identified through an environmental scan. These form the context that has shaped the 2024-2025 Personal Business Commitments. Clearly, health funding and its emphasis on cost efficiency and quality outcomes (value for money), the focus on clinical performance, the patient experience, patient and family centered care and the need for integration and partnerships are key drivers to positioning, not only HGMH, but the health system as a whole for continued high performance and success.

In order to ensure that expected levels of performance are clearly articulated and understood, measures have been aligned with three performance assessment categories (PAC) – Quality, Financial and Strategic / Significant Initiatives as per HGMH's Executive Compensation Philosophy, Strategy and Policy. The performance assessment categories will be rated on the following scale:

Quality: 50% weighting
Financial: 30% weighting
Strategic: 20% weighting

Although selected commitments have been identified in this document for the performance pay component of executive compensation determination, it is important to note that an unrelenting focus will also be placed on other areas such as those identified in the QIP, the Patient Safety Plan, the Strategic Plan, Enterprise Risk Management and so forth.

Finally, my Personal Business Commitments serve as the framework and the priorities for all leaders within HGMH. Each senior leader is expected to develop their Personal Business Commitments to align with the Chief Executive Officer's, support the Strategic Plan, the Quality Improvement Plan as well as align with corporate metrics/balanced scorecard.

	Goal	2023/2024 Performance	2024/25 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	Implement a virtual care model to support reduced wait times and enhance physician initial assessment times in the emergency department during peak periods.	N/A	Virtual Care model in ED Implemented	Implemented 3 Physician shifts throughout the week during peak periods beginning July 1, 2024. Decreased LWBS rates, PIA times, and wait times.		✓	✓	✓
	Provide leadership training related to Diversity, Equity, Inclusion & Anti-Racism.	0% of leaders currently trained.	100% of Leaders Trained	Plan underway for education to be rolled out beginning in October. Will also include Board of Directors.	✓	✓	✓	✓
	Develop a business case for Surgical Services at HGMH to support care close to home and wait time reduction in the region.	N/A	Business Case Developed	Options analysis to be completed in October 2024. Engagement with staff and physicians, OH, regional hospitals. Business case to be developed based on this information and analysis.		✓		✓
	Support the Patient & Family Advisory Committee to develop and implement two initiatives that continue advancing person and family centred care.	Committee has not been tasked with this in the past.	Two initiatives implemented	Library program set to launch October 2024, lead by PFAC. PFAC provided feedback for the training of ECPs.		✓	✓	

FINANCIAL	Develop an operational efficiencies plan that that reduces cost and does not impact the quality & safety of the programs and services currently offered.	<i>Implemented efficiencies that reduced cost by \$200K in 2023/2024</i>	Develop a plan	Leadership developed opportunities to reduce operating costs by \$400K. Currently being implemented with full savings being realized in 2025/2026.				✓
	Advocate with Ontario Health & Ministry of Health to support funding to support Bill 124 pressures and other operating pressures.	<i>Projected deficit of \$1.7 Million</i>	Balanced Budget	Half of Bill 124 pressures currently provided. Will spend Q 3 and 4 advocating based of Q2 results and forecast.				✓
STRATEGIC	Explore the viability of a Health Hub in Alexandria in collaboration with the Great River Ontario Health Team, to support Primary Care, Emergency Department diversion, and sustainable physician recruitment and retention.	N/A	Develop a collaborative plan with GROHT and Physicians	2 meetings occurred with GROHT, CMHA, Alexandria FHO, EOHU.		✓	✓	✓
	Develop a creative recruitment brand that markets the hospital to prospective talent in a meaningful way.	N/A	Recruitment brand completed to reduce vacancy rate.	Recruitment brand developed, and currently in use.		✓		

	Begin the capital redevelopment planning process that supports the development of a plan that meets the needs of the communities we serve.	N/A	Have initiated to work to develop a capital redevelopment plan.	Request to Board going in September for RFP to develop pre-capital submission.		✓	✓	✓
	Continue to work collaboratively the Ministry of Health and the HGMH Foundation to bring Computerized Tomography (CT) to HGMH, with the goal of obtaining approval for implementation.	Business case submitted.	Obtain approval for CT from MOH	Approval received in May of 2024.		✓		✓



Personal Business Commitments (2024 - 2025)

Dr. Lisa MacKinnon, Chief of Staff

Introduction

The Ontario Government passed the Excellent Care For All Act (ECFAA) and Bill 16 in 2010 which required Hospital Boards to establish a pay for performance component of executive compensation and achieve targets tied to a Quality Improvement Plan.

My Personal Business Commitments are tied to Hôpital Glengarry Memorial Hospital's (HGMH) Quality Improvement Plan (QIP), the HGMG Board Strategic Plan, our Accreditation, directive from the Ontario Health and Ministry of Health and any impacting factors that have been identified through an environmental scan. These form the context that has shaped the 2023-2024 Personal Business Commitments. Clearly, health funding and its emphasis on cost efficiency and quality outcomes (value for money), the focus on clinical performance, the patient experience, patient and family centered care and the need for integration and partnerships are key drivers to positioning, not only HGMH, but the health system as a whole for continued high performance and success.

In order to ensure that expected levels of performance are clearly articulated and understood, measures have been aligned with three performance assessment categories (PAC) – Quality, Financial and Strategic / Significant Initiatives as per HGMH's Executive Compensation Philosophy, Strategy and Policy. The performance assessment categories will be rated on the following scale:

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Although selected commitments have been identified in this document for the performance pay component of executive compensation determination, it is important to note that an unrelenting focus will also be placed on other areas such as those identified in the QIP, the Patient Safety Plan, the Strategic Plan, Enterprise Risk Management and so forth.

	Goal	2023/2024 Performance	2024/25 Target	Current Performance	Quality Improvement Plan	Strategic Plan	Accreditation	OH/ MOH
QUALITY	90 th percentile emergency department wait time to inpatient bed	6.63 hours	6 hours	3.1 hours Reviewing statistics with ER staff at Department meetings.	✓	✓	✓	
FINANCIAL	Ensure at least 50 chart reviews are completed annually from the Emergency Department to maintain Emergency Department pay For Results (ED P4R) funding levels	N/A	50 annually	5 We are waiting for further direction from Ontario Health who will provide the criteria for “return visit audits” once we are officially onboarded. Until this time, we are conducting quality case reviews with our Professional Staff Association.	✓	✓		
STRATEGIC	Explore the viability of a Health Hub in Alexandria in collaboration with the Great River Ontario Health Team, to support Primary Care, Emergency Department diversion, and sustainable physician recruitment and retention.	N/A	Develop a collaborative plan with GROHT and Physicians	Community Health Hub Draft created, follow up meeting to be convened in the near future.		✓	✓	✓

REPORT OF THE MEETING OF THE FINANCE, HR, AND AUDIT COMMITTEE

October 9, 2024 at 6:00PM in the Boardroom / MS Teams

Present: C. Nagy, Chair L. Boyling Dr. S. Robertson
Dr. G. Raby L. Ramsay
R. Alldred-Hughes, CEO K. MacGillivray, CHRO

Regrets: F. Desjardins

Summary of Discussion

1.0 Approval of Agenda

Agenda: The agenda was reviewed.

Moved By: L. Boyling

Seconded By: Dr. G. Raby

THAT the agenda be approved as presented.

CARRIED

Declaration of Conflict of Interest: there were no conflicts declared.

2.0 Minutes

Report from the Previous Meeting: The report of the meeting of September 11, 2024, was shared.

Moved By: Dr. S. Robertson

Seconded By: L. Boyling

THAT the report of the meeting of September 11, 2024, be approved as presented.

CARRIED

Business Arising:

There was no business arising from the minutes.

3.0 Matters for Discussion/Decisions

3.1 Financial Statements - July 2024

The financial statements ending July 31, 2024, were reviewed.

Moved By: Dr. G. Raby

Seconded By: Dr. S. Robertson

THAT the Finance, HR, and Audit Committee review and receive the financial statements for July 2024 as presented.

L. Ramsay explained the statements ending July 31, 2024 which show a surplus of \$533,404 and a year-to-date deficit of \$45,117. The one-time funding received if for the first trimester P4R funding. P4R physician coverage began in July whereas a second physician works in the

Emergency Department on Mondays, Fridays, and Sundays for four hours to see patients triaged as CTAS 4 and 5 to help lower the number of patients who leave without being seen.

Work started on the parking lot and the gates will remain up during this work which means revenues will be down during this time.

CARRIED

3.2 Enterprise Risk Management Review

Enterprise risk management was reviewed.

Moved By: L. Boyling

Seconded By: Dr. G. Raby

THAT the Finance, HR, and Audit Committee review and receive the Enterprise Risk Management as presented.

R. Alldred-Hughes explained the process taken to identify the top enterprise risks as well as the rating categories and risk tolerance. A total of 68 risks were identified with 4 of them identified as high risk, 7 as moderate risks, and the remaining 57 low risks. The high risks identified were Health System Funding, Physical Infrastructure, Information Technology, and Capital Funding. The action plans for each of these risks were reviewed and discussed.

CARRIED

4.0 Matters for Information

4.1 Statistical Information - July 2024

The statistical information was reviewed for the month of July 2024.

4.2 Declaration of Compliance - July 2024

The declaration of compliance for July 2024 was included in the package.

4.3 Financial Statement Details

The Financial Statement Details were provided as information to help Board members better understand the details found on the financial statements.

4.4 Acronyms and Key Terms

The Acronyms and Key Terms were provided as information to help Board members better understand the acronyms and key terms used.

4.5 Glossary of Financial Terms

The glossary of financial terms were provided as information to help Board members better understand financial terms used.

7.0 Date of Next Meeting

Next meeting: November 13, 2024

The meeting scheduled for January 8th, 2025 will be rescheduled to January 15th, 2025
K-L. Massia, Recorder

**HÔPITAL GLENGARRY MEMORIAL HOSPITAL
FINANCIAL STATEMENTS DETAILS
FOR FINANCE COMMITTEE**

REVENUES:

FINANCIAL STATEMENT TERM	EXPLANATION
MOHTLC base allocation	Base allocation received from the Ministry
AFA Payments	Payment received on behalf of the ED physicians. All must be distributed to physicians. Corresponding expense in Medical Staff Remuneration
Physician Payments	Payment received on behalf of the HOCC physicians. All must be distributed to physicians. Corresponding expense in Medical Staff Remuneration
Patient revenues from other payers	Monies received from various sources related specifically to patients: Non-resident of the province, Non-resident of the country, Worker's Safety Insurance Board, Professional and Technical fees from OHIP procedures, self-pay, sale of medical supplies to patients
Differential and Co-payment	Monies received from patients for semi-private and private room accommodations, includes payments from ALC patients and chronic care co-payments.
Bad Debts	Receivable accounts that have been determined has being uncollectible
Recoveries and Miscellaneous	Includes all revenues not included in any other category: rental income, parking, pool income, cafeteria sales, interest etc...
Amortization Grants/Donations	Reduction in the amount received for the acquisition of an asset, calculated at the same rate as the depreciation of the asset.

**HÔPITAL GLENGARRY MEMORIAL HOSPITAL
FINANCIAL STATEMENTS DETAILS
FOR FINANCE COMMITTEE**

EXPENSES:

FINANCIAL STATEMENT TERM	EXPLANATION
Compensation – salary and wages	Sum of gross salaries and purchased compensation expense.
Employee benefits	Employer contribution to the cost of various benefits provided to the employees some by legislation (Employer Health Tax, Employment Insurance etc..) and others by collective agreements (Long Term Disability, Extended Health Care, Dental etc..)
Medical Staff Remuneration	All amounts paid to physicians: Chief of Staff (COS), Chief of Emergency (COE), professional fees to physicians from Schedule of Benefits, etc..
Medical and Surgical Supplies	Expenses such as instruments, sutures, bandages, gloves, gowns, etc... (touch the patient)
Drugs and Medical Gases	Expenses of pharmaceutical and therapeutic products
Other expenses	All other expenses that cannot be categorized in other classification. Includes: Electricity, Insurance, Office Supplies, Transportation costs, purchased services, maintenance repairs, preventative/support contracts, professional fees, computer supplies etc...
Amortization of software licences and fees	Reduction in the value of a software and/or license fee with the passage of time. Calculated as per the MIS standards.
Amortization of Equipment	Reduction in the value of an asset with the passage of time, due in particular to wear and tear, and/or obsolescence. Calculated as per MIS standards.

OTHER VOTES:

FINANCIAL STATEMENT TERM	EXPLANATION
Other votes - Revenues	Money received from the MOHLTC for the property taxes paid
Other votes - Expenses	Money paid to the Municipality for the property taxes

**HÔPITAL GLENGARRY MEMORIAL HOSPITAL
ACRONYMS AND KEY TERMS
FOR FINANCE COMMITTEE**

HOSPITAL TERMINOLOGY		
ACRONYM / KEY TERM	WHAT IT STANDS FOR	ADDITIONAL DETAILS
AEF	Alternate Emergency Funding	An alternate funding plan where a group of Emergency Department physicians, receive a special budget for all physician services provided in the ER.
ALC	Alternate Level of Care	A level of care given to hospital patients that are healthy and stable enough to be cared for elsewhere. Typically patients stay in hospital as ALC if they are waiting for additional care outside of the hospital.
BPSO	Best Practice Spotlight Organization	Designation that support best practice guideline, implementation, rapid learning and evidence-based practice sustainability to optimize clinical and health outcomes.
Connecting Ontario NER	Connecting Ontario Northern and Eastern Region	Is a repository funded by eHealth Ontario that will give clinicians secure and timely access to electronic patient health information.
CTAS	Canadian Triage and Acuity Scale	Tool that enables Emergency Departments to prioritize patient care requirements.
eHealth Ontario		Now part of Ontario Health. Tasked with enabling physicians and health care providers to establish and maintain electronic health records for all of Ontario.
EMR/EHR	Electronic Medical Record/Electronic Health Record	A centralized computer system that collects patient clinical and demographic information.
EMPI	Enterprise Master Patient Index	Standard in patient data matching for healthcare data and workflow requirements.
FHO	Family Health Organization	Primary health care organization that include a team of family physicians, nurse practitioners, registered nurses and other professionals who work together to provide primary health care for their community. The provide care during regular and extended office hours.
HAPS/HSAA	Hospital Annual Planning Submission/Hospital Services Accountability Agreement	HAPS is the hospital sector funding framework (budget proposal). Once approved it will be part of the HSAA which makes the hospital accountable not only to achieve a balanced budget position, but outlines other financial and performance obligations that the hospital pledges to meet.
HBAM	Health Based Allocation Model	An Ontario funding model that distributes an amount of health care funding to organizations in accordance with population projections and their ability to provide cost-effect care.
HIRF	Health Infrastructure Renewal Fund	Program that provides funds to supplement a hospital's existing renewal program and help address renewal needs (e.g. roofing systems, windows) on a priority basis

HOSPITAL TERMINOLOGY		
ACRONYM / KEY TERM	WHAT IT STANDS FOR	ADDITIONAL DETAILS
HOCC	Hospital On Call Coverage	Program to enhance and stabilize the delivery of hospital on-call services to admitted patient, to facilitate the provision of after-hours on-call services in acute care hospitals.
HSFR	Health System Funding Reform	Main benefit is to provide patient-centered care which will focus on individuals and ensure that funding is tied more directly to the quality care that is needed and will be provided. Geared to a smarter use of limited resources, which will drive a sustainable health care system based on quality.
HSIP	Health System Improvement Pre-Proposal	Process to request additions or enhancements to programs offered by health service providers to improve access and care to Ontarians.
HSP	Health Service Provider	Includes medical practitioners and health organizations
LOS	Length of Stay	Term to describe the duration of a single episode of hospitalization.
MIS	Management Information System	National Standards for gathering and processing data and for reporting financial and statistical data on the day-to-day operations of a health service organization.
Non-urgent	Non Urgent Transportation	Service that provides transportation service for Non-Urgent patients by stretcher accompanied by qualified personnel paid by the health organization.
OHFS	Ontario Healthcare and Statistical System	Portal where healthcare agencies submit financial and statistical data.
OHRs	Ontario Healthcare Reporting Standards	Standards by which health care organizations collect financial and statistical data.
OHIP	Ontario Health Insurance Plan	The government run health insurance plan in Ontario
PHI	Personal Health Information	A term used to generalize all health information related to a patient.
QA	Quality Assurance	A term used to describe activities that are undertaken to ensure the quality of any task performed is at an acceptable level.
QBP	Quality Based Procedure	A clinical procedure that is used to help calculate hospital budgets based on comparing a hospital's actual costs to typical costs.
QIP	Quality Improvement Plan	A government mandated annual strategy to improve quality.
RFI	Request for Information	Procurement document used to elicit information on particular products and/or services
RFQ/RFP	Request for Quote/Proposal	Procurement document that requests vendors to supply goods or services from detailed specifications

HOSPITAL TERMINOLOGY		
ACRONYM / KEY TERM	WHAT IT STANDS FOR	ADDITIONAL DETAILS
SOB	Schedule of Benefits	A list of fees paid under OHIP to physicians and other health care professionals for various services they provide to patients.
SRI	Self-Reporting Initiative	Means the self-reporting solution for information collection and sharing among Health Service Providers, Local Health Integration Networks and the Ministry of Health and Long Term Care.
VOR	Vendor of Record	Procurement arrangement through an RFP that authorizes one or more qualified vendors to provide goods/services for a defined time period, including pricing.

LEGISLATION		
ACRONYM / KEY TERM	WHAT IT STANDS FOR	ADDITIONAL DETAILS
AODA	Accessibility for Ontarians with Disabilities Act	Provincial legislation that ensures the accessibility of individuals related to goods, services, facilities, employment, accommodation and buildings.
BPSAA	Broader Public Sector Accountability Act	Legislation that establishes rules and accountability standards for the public sector, including hospitals.
ECFAA	Excellent Care for all Act	Provincial legislation that focuses on organizations to be accountable to deliver high quality patient care.
FLSA	French Language Services Act	Guarantees an individual's right to receive services in French from Government of Ontario ministries and agencies.
PHA	Public Hospitals Act	Provides the framework within which public hospitals operate.
PHIPA	Personal Health Information Protection Act	PHIPA provides a set of rules for the collection, use and disclosure of personal health information.
QCIPA	Quality of Care Information Protection Act	Under the legislation, information provided to hospital quality of care committees that deal with quality improvement would be shielded from disclosure in legal proceedings.

HUMAN RESOURCES/INDIVIDUALS		
ACRONYM / KEY TERM	WHAT IT STANDS FOR	ADDITIONAL DETAILS
CUPE	Canadian Union of Public Employees	A union that represents workers in health care in the broader public service of the province of Ontario.
ONA	Ontario Nurses Association	A trade union that represents registered nurses working in hospitals, long-term care facilities, public health agencies and industries throughout the province of Ontario.

AGENCIES		
ACRONYM / KEY TERM	WHAT IT STANDS FOR	ADDITIONAL DETAILS
CCO	Cancer Care Ontario	The Ontario government's main advisor on health care for cancer and renal systems.
Ontario Health atHome (CCSS/CCAC)	Ontario Health atHome (formerly the Community Care Support Services – Champlain or Community Care Access Centre)	A health agency that helps provide more care to patients and caregivers in their home or in their community.
CIHI	Canadian Institute for Health Information	A Canadian health agency that collects and reports on clinical and non-clinical data.
CMHA	Canadian Mental Health Association	An organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness.
CMPA	Canadian Medical Protective Association	Protecting the professional integrity of physicians and promoting safe medical care in Canada.
CPSO	College of Family Physicians and Surgeons of Ontario	The body that regulates the practice of medicine to protect and serve the public interest.
CSCE	Centre de Santé Communautaire de l'Estrie	A non-profit organization funded by the Ontario Ministry of Health that employ interprofessional teams of staff to provide primary health care, illness prevention and health promotion programs and services that promote wellness in the community.
GROHT	Great River Ontario Health Team	Ontario Health Team that covers the United Counties of S, D & G, City of Cornwall, Akwesasne, parts of Russell TWP and rural Southeastern Ottawa.
HFO	Health Force Ontario	Organization that supports the government's health workforce objectives and contributes to the planning, recruitment, retention, transition and distribution of health practitioners in Ontario.
HQO	Health Quality Ontario	A partner transforming Ontario's health care system so that it can deliver a better experience of care and better outcomes for Ontarians and better value for money
MOHLTC	Ministry of Health and Long Term Care	Portion of the provincial government that governs healthcare, long-term care and health promotion/prevention.
OH	Ontario Health	Agency created by the Government of Ontario to connect and coordinate our province's health care. Replaced the LHINs administration.
OHA	Ontario Hospital Association	Supports hospitals across the province by providing hospital staff and leadership with high-quality products and services, education opportunities, and championing health system innovation and policy.
OHT	Ontario Health Team	Are a new way of organizing and delivering care that is more connected to patients in their local communities
OMA	Ontario Medical Association	Represents the political, clinical and economic interests of the province's medical profession
Ornge	Formerly Ontario Air Ambulance Corporation	Provides air ambulance services and medical transport to people who are critically ill or injured.

**HÔPITAL GLENGARRY MEMORIAL HOSPITAL
GLOSSARY OF FINANCIAL TERMS
FOR FINANCE COMMITTEE**

HOSPITAL TERMINOLOGY	
FINANCIAL TERM	EXPLANATION
Accrual Accounting	Recognition and reporting of the effects of transactions on the assets and liabilities of the hospital in the time period in which they relate rather than only when cash is received or paid
Amortization	The spreading of an intangible asset cost over that asset's useful life.
Capital Assets (Tangible)	Items acquired by the Hospital that have economic lives extending beyond the accounting period. The assets are recorded at historical costs. Such assets are available for use, may require operating and maintenance expenses and may need to be replaced in the future. Includes land, buildings, equipment, information technology systems, machinery etc...
Census	The number of inpatients present at the specific time each day, usually midnight
Current Assets	Is any asset which can reasonably be expected to be converted to cash within one year. Includes, cash, accounts receivable, inventories etc.
Current Liabilities	Is any liability/debt that is due within one year. Includes accounts payable, accrual liabilities, short term debts.
Current Ratio	<p>Is the ratio of current assets to current liabilities. Measures whether or not the Hospital has enough resources to meet its short-term obligations.</p> <p style="text-align: center;"><u>Current assets</u> Current liabilities</p> <p>If current liabilities exceed the current assets, the ratio will be less than 1 and indicate a cash flow problem.</p>
Deferred Capital Contribution	Monies received to acquire a capital asset or intangible asset. Capital contribution is recorded in revenues over the estimated useful life of the related assets
Depreciation	Every fixed asset purchased will depreciate over its useful life, reflecting the concept that fixed assets lose value over time. By definition, fixed assets are capitalized (i.e.: appear on the balance sheet) and are depreciated on the income statement as a non-cash expense. This basically for the hospital to set aside the cash for replacement purposes. Accountants use pre-determined useful life data for various types of fixed assets as per the OHRS guidelines

HOSPITAL TERMINOLOGY	
FINANCIAL TERM	EXPLANATION
Full Time Equivalent (FTE)	<p>A measurement of the personnel employed in term of a full-time labor capability.</p> <p>1 FTE = 1950 hours/year or 37.50 hours/week</p> <p>i.e.: Part-time employee working 22.50 hours a week</p> <p>$22.50 / 37.50 = .60$ FTE</p>
Functional Center	A division, department or unit performing an activity within the Hospital (i.e.: Administration, Finance, Medicine unit, Radiology, Physiotherapy)
Intangible Asset	A capital asset having no physical existence. Such as software licenses
Internal Control	Is defined in accounting and auditing, as a process for assuring achievement of an organization's objectives in operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations and policies. A broad concept, internal control involves everything that controls risks to an organization.
Management and Operation Support (MOS)	Are the personnel whose primary function is the management or support of the operation of the functional center i.e.: managers, administration assistants, senior managers
Materiality	Relative importance, when measured against a standard of comparison.
Occupancy Rate	<p>The occupancy rate compares the actual inpatient utilization to the maximum possible utilization if every bed was full every day.</p> <p>i.e. Medicine Occupancy rate:</p> <p>$17 \text{ patients} / 22 \text{ beds} = 77 \%$</p>
Post-retirement benefits	Dental, supplementary health and hospital benefits supplied to retired employees
Public Sector Accounting Board (PSAB)	Independent body with the authority to set accounting principles and standards for the public sector, which includes hospitals.
Purchased/Contracted Services	<p>Contractual services provided by outside contractors or a third party</p> <p>Purchased services from a third party due to lack of internal resources</p>
Straight-line basis of amortization/depreciation	Method which the annual amortization/depreciation expense is calculate by dividing the historical cost of the asset by the number of years of expected use
Total Margin	Excess of revenue over expenses generated from operations

HOSPITAL TERMINOLOGY	
FINANCIAL TERM	EXPLANATION
Unit Producing Personnel (UPP)	Staff whose primary function is to carry out the activities that contribute directly to the mandate of the functional centre i.e.: nurse, physiotherapist, clerk

HOSPITAL TERMINOLOGY	
HUMAN RESOURCES	EXPLANATION
Casual Employee	Casual employees are part-time employees that make no commitment to be available to work. They are offered work once all regular part-time nurses have been given the opportunity to work up to their availability.
Purchased Services	When the hospital hires individuals to perform tasks, which are normally provided by hospital staff.
Regular Full-Time	A regular full time employee is one who is scheduled 37.50 hours a week.
Regular Part-Time	A regular part-time employee for ONA regularly works less than 37.50 hours per week and offers to make a commitment to be available to work on a predetermined basis. A regular part-time employee for CUPE is one who is scheduled to work up to 24 hours and offers to make a commitment to be available to work on a predetermined basis.
Temporary Full-Time	Employees that are hired for a specific term not to exceed 6 months, to replace an employee who will be on approved leave of absence. The term may be extended a further six months, if mutually agreed. The employee, if part-time, will still be considered part-time but be working full time hours (37.50)
Temporary Part-time	Employees that are hired for a specific term not to exceed 6 months, to replace an employee who will be on approved leave of absence. The term may be extended a further six months, if mutually agreed. Scheduling rules, less than 37.50 for ONA and up to 24 hours for CUPE are applied.

Correspondence

September 19, 2024 – The Review: [Indigenous Ceremony at Alexandria Hospital](#)

September 24, 2024 – The Hamilton Spectator: [Truth and Reconciliation event at Alexandria Hospital](#)

September 25, 2024 – Penticton Herald: [Truth and Reconciliation event at Alexandria Hospital](#)