

Board of Directors
AGENDA

Tuesday, October 1, 2024 @ 5:30pm

Item	Description	MRP
1.	Call to Order	Marjorie Belzile
2.	Declaration of Conflict of Interest	Marjorie Belzile
3.	Approval of Agenda*	Marjorie Belzile
4.	Approval of Previous Minutes: July 9, 2024*	Marjorie Belzile
5.	Business Arising from the Minutes	
6.	Standing Reports	
6.1.	Quarterly Update from the President & CEO	Geri Geldart
6.1.1.	Report from President & CEO*	
6.1.2.	Q1 Operating Plan Progress Report*	
6.1.3.	KPI Dashboard – Q1 2024 – 2025*	
6.2.	Research & Ethics Committee	Tracey Burkhardt
6.2.1.	Q1 Report of Committee Chair	
6.3.	Care Services Committee	Andrea Seymour
6.3.1.	Q1 Report of Committee Chair	
6.3.2.	Quality Framework – 2024/25 goals – for information*	
6.4.	Finance & Administration Committee	Pierre LeBlanc
6.4.1.	Q1 Report of Committee Chair*	
6.4.2.	Unaudited Financial Statements period ending June 30, 2024*	
6.5.	Governance & Audit Committee	Lyne St-Pierre-Ellis
6.5.1.	Q1 Governance & Audit Report of Committee Chair	
6.6.	Strategic Planning Committee	Bryanna White-Aubé
6.6.1.	Q1 Strategic Planning Report of Committee Chair*	
6.7.	Report from the York Care Foundation Board Chair*	Hector Losier
7.	New Business	
7.1.	Annual Workplan 2024 – 2025*	Geri Geldart
8.	Next Meeting: Monday, November 18, 2024 @ 5:30pm	

****Denotes attachment***

Proposed Motions

1. That the minutes of July 9, 2024, be approved.
2. That the Board of Directors approve the unaudited financial statements for the period ending June 30, 2024 as presented by the Finance Committee.
3. That the Board of Directors approve the Strategic Planning proposal as presented.
4. That the Board of Directors approve the Annual Work Plan 2024 – 2025 as presented.

**Minutes of meeting of the Board of Directors for York Care Centre, 100 Sunset Drive,
Fredericton NB,
Meeting on July 9, 2024 at 5:30pm**

Present: Virtual - Marjorie Belzile, Andrea Seymour, Donna Curtis-Maillet, Bryanna White-Aubé, Dana Burse, Wayne Albert
In Person - Lyne St-Pierre-Ellis, Pierre LeBlanc, Deborah Wybou, Geri Geldart (non-voting)

Staff: Heather Harris-Jones(virtual)

1. Call to Order & Introductions

The chair, Ms. Marjorie Belzile called the meeting to order at 5:31pm.

2. Declaration of Conflict of Interest

Ms. Belzile asked members to review the agenda and self identify if there was the potential for a conflict of interest. None identified.

3. Approval of Agenda

Ms. Geldart requested the addition of item 6.2 Front Entrance Project to the agenda.

It was moved by Lyne St-Pierre-Ellis and seconded by Deborah Wybou that the agenda be approved as revised with the addition of item 6.2 Front Entrance Project. All in favour.

- Motion carried

4. Approval of Minutes – June 24, 2024

It was moved by Lyne St-Pierre-Ellis and seconded by Deborah Wybou that the Minutes of June 24, 2024 be approved. All in favour.

- Motion carried

5. Business Arising from the Minutes

The revised 2024-2025 meeting schedule was distributed reflecting the new committee chairs.

6. New Business

None

6.1 Budget Update

6.1.1 Briefing Note

Ms. Harris-Jones presented a briefing note on the funding provided by Social Development for the 2024 – 2025 year. The package was reviewed, and the funding provided will allow York Care Centre to deal with the inflationary pressures that continue to occur. The Department of Social

Development requires York Care Centre to accept the budget allocation and return the appropriate paperwork before they will begin paying any 2024 – 2025 budget amendments.

6.1.2 2024 – 2025 Funding from DSD and Certification of Budget Allocation

Ms. Harris-Jones presented the funding allocation from Social Development which was included in the meeting package. Highlights included:

- On June 20, 2024, the 2024-2025 budget package was received from the Department of Social Development indicating a total funding amount of \$23,005,671. The previously approved budget for York Care Centre was based on an assumption that DSD funding would be \$23,055,975.
- Yearly adjustments – The DSD funding amount reflects changes related to salaries and benefits, WorkSafe premiums, property taxes, insurance premiums, loans and mortgages. Inflationary adjustments of 2.7% for supplies and 8.7% increase in care, dietary, fuel and electricity.
- Other adjustments include:
 - Increase to the CPP employer contribution for the newly implemented CPP Enhancement.
 - Addition of CPR training to the education funding. (previously a budget amendment)
 - Increase salary adjustment for RNs from 1.29% to 4% to allow funding for RN overtime increase of .5 which was previously claimed as a budget amendment.
- A revised budget for York Care Centre has not been prepared as the difference of \$50,304, between the approved budget and the Social Development funding, is not considered material. Funds will be allocated as needed to achieve a balanced budget.

Motion: It was moved by Pierre LeBlanc and seconded by Andrea Seymour that the Board of Directors accept the total budget funding of \$23,005,671 provided by the Department of Social Development to York Care Centre Inc. and have the Board Chair and President & CEO sign the Certification of Budget Allocation for the 2024 – 25 fiscal year. All in favour.

- Motion Carried

Motion: It was moved by Pierre LeBlanc and seconded by Deborah Wybou that the Board of Directors approve that no amended internal 2024-25 budget for York Care Centre is required for the 2024-25 year. All in favour.

- Motion Carried

6.2 Front Entrance Project

Ms. Geldart provided an update on the accessibility project for front entrance. The design has been finalized. One quote has been received for \$36,000. Still awaiting additional quotes. The Board of Directors have had the opportunity to review the proposed design.

Motion: It was moved by Lyne St-Pierre-Ellis and seconded by Pierre LeBlanc that the Board of Directors approve moving forward with the front entrance accessibility project to a maximum cost of \$50,000. All in favour.

- Motion Carried

7. Next Meeting: Tuesday, October 1, 2024 at 5:30pm.

The meeting was adjourned at 6:02pm on a motion by Andrea Seymour.

Marjorie Belzile, Chair

Jennifer Vos, Recorder

DRAFT



Report to the Board

President & Chief Executive Officer

For the period: June 19 – September 25, 2024

Prepared By:

Gerri Geldart, President & Chief Executive Officer
Presented on October 1, 2024

1.0 STRATEGIC PLAN, OPERATIONAL GOALS AND KPI DASHBOARD

- Included in our meeting package is the Q1 Progress Report for the 24/25 Operating Plan for 2024-25.

2.0 CARE SERVICES

2.1 DSD INSPECTION

- Our annual inspection was conducted on September 10-11th. Preliminary results identified 19 infractions, an increase over 12 last year. We have just received the written report, and the team are preparing their response / action plan. There were no findings of significant risk. The full report and action plan will be reviewed at the next Care Committee.

2.2 CARE COMPLIANCE

- I am very pleased to share that we have maintained our Care Compliance at 100 – 105% since April 1st.

2.3 PHARMACY RFP

- The RFP for Pharmacy Services was issued in August. Proposals have been received. Interviews with proponents are scheduled for early October.

2.4 NURSING HOME WITHOUT WALLS

- The program held an official launch in August which was very well attended.

3.0 PEOPLE AND CULTURE

3.1 LABOUR RELATIONS

- CUPE – no movement on the outstanding contract.
- NBNU – negotiations have started. We don't expect any settlement prior to the settlement of the hospital sector agreement.
- Pension Plans – The transition of these plans is still in motion.

3.2 ORGANIZATIONAL DEVELOPMENT

- We have launched our Monthly Management Forum for the team of SLT and their direct reports. Our objectives with this group are to communicate, align and collaborate. The group has met three times. Response has been positive, but it does take time for group norms to become established.

4.0 FACILITIES AND INFRASTRUCTURE

4.1 MAJOR CAPITAL PROJECTS

- The Nurse Call Replacement project is moving along quickly. Responses to the RFP have been received. We anticipate an award in October.
- We have not received any update on the ventilation / air conditioning project, except that the engineers are working on the plan. We expect this will be a multi-year project.

4.2 FRONT ENTRANCE ACCESSIBILITY

- This project is complete, however, we are asking the contractor to install a second railing to prevent wheelchairs from veering into the rock garden.

4.3 HOUSING

- We continue to be in discussion with individuals from NB Housing. Now that our operating agreements have been signed, we will be able to move forward with roofing replacements for the apartment buildings over the next two years. NB Housing will provide partial funding for

these projects. We are also starting the process of applying for the rental supplement program. Given that our units are filled, and our rental rates are low, it may take time for us to introduce this program to our tenants.

4.4 SUZY-Q PROJECT

- The trial of the hot-cart food delivery system is well underway, being led by our CIRA team, with the deep involvement of our dietary and care services staff. This is most definitely a team effort. So far, so good.

5.0 OTHER ITEMS

5.1 A GOOD SUMMER

- I believe we had a good summer here at York Care Centre. Our staffing levels were good and we were able to grant 30 - 40 % more vacation time than we did in prior summers.
- The weather was also good, so our residents were able to get outside more. Our bus, although somewhat cranky, worked throughout the summer and many of our residents were able to enjoy group outings.
- With the support of the Foundation, we held three summer concerts. All were well attended and enjoyed.

5.2 NB ASSOCIATION OF NURSING HOMES.

- A new CEO has been appointed but an official announcement has not yet been made.
- The Association has prepared an election readiness toolkit and has asked that all homes make contact with local candidates. There has been some suggestion that larger homes, such as YCC, host a regional education session for candidates. We can discuss this further as a group.

5.3 RECENT EMAIL COMMUNICATION

- I will update the board, in person, on the background to recent communication received by the board.

5.4 CIRA SYMPOSIUM

- The Symposium was held on September 26th and we feel it was another successful venture. The team's hard work showed in an event that ran very smoothly. Evaluations have been very positive. Thanks to the board members who were able to attend.

Respectfully Submitted
Geri Geldart
September 27, 2024



Operating Plan - 2024 – 2025

Quarter 1 – Progress Report

Prepared August 2024

Pillar 1: Care to the Aging Population, Residents & Clients

YCC provides services to the residents living in our long-term care facility, those living in our independent apartments and supportive housing units, and other persons living in our catchment area. Within the range of services currently available, the Board of Directors is committed to continuing and enhancing its services to meet the changing demographics of YCC and its community.

Key Results
<p>A. Improved resident / client quality of life</p> <p>B. Improved quality of care and services.</p> <p>C. Improve resident / client and family satisfaction.</p> <p>D. Increase participation in outreach programs.</p> <p>E. Meet or exceed standards, licensing requirements and key performance indicators.</p> <p>F. Increase the number of activities available.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
To provide exceptional, person and family centred care and services through evidenced-based delivery models	Measure and improve the quality of care by completing bedside audits and using results to establish quality improvement objectives	<ul style="list-style-type: none"> • Conduct audits (10% of residents) in Q1 and Q3 with a 95% compliance target. 	<ul style="list-style-type: none"> • Falling Behind – Dixon complete, Other units outstanding. New deadline – Sept 3, 2024 <p><i>Resp - Jamie Roy</i></p>
To develop and implement a community outreach program.	Introduce and develop the Nursing Home Without Walls Program	<ul style="list-style-type: none"> • Recruit Manager, NHWW and market program by June 2024 • Recruit other staff and engage up to 75 new clients by Sept 2024. • Reassess outcome measures and determine plan for next year by Dec 2024 • Submit Proposal for next fiscal year by March 2025 	<ul style="list-style-type: none"> • COMPLETE <p><i>Resp - Jamie Roy</i></p>
To enhance resident/client focused activity programs	To improve resident and family input in therapeutic recreation programming.	<ul style="list-style-type: none"> • Create assessment form for residents and families by June 2024 • By March 2025, 50% of residents and 25% of family members will have completed the assessment form. • Data collected will be analyzed to determine plan for next fiscal year by March 2025 	<ul style="list-style-type: none"> • Falling Behind – Tool has been developed but requires further review prior to use. <p><i>Resp - Jamie Roy</i></p>

Pillar 2: Resources – People, Financial, Technological

For YCC to be a Centre of Excellence, it is essential that continued attention be given to our resources which include human, financial and technological resources.

Key Results
<p>A. Satisfied workforce through wellness and a safe workplace.</p> <p>B. Improve staffing processes to enhance overall care; more time with residents / clients.</p> <p>C. Responsible fiscal management with a focus on continuous quality improvement.</p> <p>D. Enhance training to staff, clarify roles and ensure adequate supervision across YCC.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Improve resident / client outcomes through efficient use of current funding model and resources	Negotiate a new Pharmacy Services contract.	<ul style="list-style-type: none"> New Contract in place by March 2025 	<ul style="list-style-type: none"> In-progress – RFP issued. <p>Resp - Heather Harris-Jones and Jamie Roy</p>
	Conduct an administration process review to address areas for improving efficiency and reducing overlap.	<ul style="list-style-type: none"> Processes reviewed and updated by March 2025 	<ul style="list-style-type: none"> Not Started <p>Resp - Heather Harris-Jones and Shelley Kenny</p>
	To improve management control, review the following processes: <ul style="list-style-type: none"> - shipping and receiving, - credit card policy, - inventory count procedure, - procurement process - financial statement format 	<ul style="list-style-type: none"> Processes reviewed and updated by March 2025 	<ul style="list-style-type: none"> In-progress <p>Resp - Heather Harris-Jones and Michel Boyer</p>
	To improve the knowledge and expertise of budget managers, provide education and support for the budget manager role.	<ul style="list-style-type: none"> Quarterly meetings with each budget manager, aiming for monthly meetings in Q3 and Q4 	<ul style="list-style-type: none"> In-progress <p>Resp - Heather Harris-Jones</p>
	To ensure employees have access to up-to-date policies and procedures, initiate a 3-year policy review process.	<ul style="list-style-type: none"> 33% of all administrative and clinical policies will be reviewed and updated within the fiscal year. 	<ul style="list-style-type: none"> In-progress – Inventory complete. “Policy on policies” complete. Review targets set. <p>Resp - Geri Geldart and Jennifer Vos</p>
Enhance the staff experience, increase recruitment and improve retention.	To improve the workplace experience by developing and implementing a staff engagement framework	<ul style="list-style-type: none"> Finalize the draft engagement framework developed in 23/24 by August 2024. Establish implementation milestones for 24/25 and 25/26 by September 2024 	<ul style="list-style-type: none"> In progress <p>Resp - Geri Geldart and Shelley Kenny.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Enhance the staff experience, increase recruitment and improve retention (continued)	To support the development of a positive workplace culture, introduce the 20 Tenets Program from “Better Culture”	<ul style="list-style-type: none"> • Program to be introduced by September 2024 • Achieve and maintain at least 65% participation in the program 	<ul style="list-style-type: none"> • Complete – Introduced in August. • In-progress <p>Resp - Geri Geldart and Shelley Kenny</p>
	Evaluate the effectiveness of the mentorship program introduced in 2024.	<ul style="list-style-type: none"> • Evaluation complete by December 2024 	<ul style="list-style-type: none"> • Not started <p>Resp- Shelley Kenny</p>
	Complete a staff rotation review for the Support Services departments.	<ul style="list-style-type: none"> • Review to be complete by December 2024. 	<ul style="list-style-type: none"> • Not started <p>Resp - Shelley Kenny and Michel Boyer</p>
	To increase engagement of management staff, introduce a monthly management forum focused on alignment, communication and collaboration.	<ul style="list-style-type: none"> • Management Forum to be established by September 2024. 	<ul style="list-style-type: none"> • COMPLETE • First meeting held in July 2024 <p>Resp - Geri Geldart</p>
	Provide two professional development workshops for leaders.	<ul style="list-style-type: none"> • Workshops to be delivered in Fall 2024 and Winter 2025 	<ul style="list-style-type: none"> • Not started <p>Resp - Shelley Kenny</p>
	Offer one wellness education day focused on personal well-being	<ul style="list-style-type: none"> • Workshop to be delivered by June 2024 	<ul style="list-style-type: none"> • COMPLETE • Wellness Day held in May 2024 <p>Resp - Geri Geldart</p>
	To improve work-life balance, increase the amount of paid vacation taken.	<ul style="list-style-type: none"> • Vacation hours taken in Q2 and Q3 will be at least 5% higher than previous years. 	<ul style="list-style-type: none"> • In-progress – New vacation approval targets in use for Care Services. Tracking for all depts underway. <p>• Resp - SLT</p>

Pillar 3: Environment – Building, Grounds and Equipment.

The internal and external environments are essential to ensure the well-being of our residents and ensure that staff and volunteers are functioning within a supportive and safe environment.

Key Results
<p>A. Continuous improvements in the internal and external surroundings.</p> <p>B. Positive feedback from residents, clients and families regarding our efforts to maintain our infrastructure in a “near new” state.</p> <p>C. Positive feedback from residents, clients and families articulating our ability to create a “home-like” atmosphere.</p> <p>D. Number of incidents are reduced/eliminated</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Maintain the internal / external surroundings of all our residential facilities at a “near new” state.	Complete a 5- and 10-year maintenance plan for 91, 95, 116 and 120 to ensure the buildings remain viable and sustainable.	<ul style="list-style-type: none"> A maintenance plan completed by December 2024 	<ul style="list-style-type: none"> In-progress – NB Housing agreements in place. Building inspections will be scheduled. Awaiting results of inspection of 95 Sunset. Maintenance plans will follow. <p>Resp - Michel Boyer</p>
Ensure a safe and secure environment for residents, clients and staff.	In collaboration with DTI and Infrastructure, replace the Nurse Call System.	<ul style="list-style-type: none"> A new nurse call system has been installed in the LTC facility by end of March 2025 	<ul style="list-style-type: none"> In-progress – RFP issued. Selection will occur in Sept/Oct. <p>Resp - Michel Boyer</p>
	In collaboration with the DTI, assist with the completion of the engineering study for cooling in resident rooms.	<ul style="list-style-type: none"> Study to be completed, conditional on schedule established by DTI 	<ul style="list-style-type: none"> In-progress – Engineering plans in development with expected due date of mid-Sept. Anticipate a three phase project. <p>Resp - Michel Boyer</p>
	Engage engineers to develop options to improve flow at the front entrance. If feasible, carry out the recommendations	<ul style="list-style-type: none"> Study completed and recommendation submitted for consideration to proceed. 	<ul style="list-style-type: none"> Complete – plans completed. Contractor engaged. Construction nearing completion. <p>Resp - Michel Boyer</p>
Explore options to expand the senior’s housing program.	Establish operating agreements with DSD to take advantage of the financial benefits available for non-profit housing	<ul style="list-style-type: none"> Operating Agreements to be in place by September 2024. Assessment of potential participation in the provincial rent supplement program complete by Dec. 2024 	<ul style="list-style-type: none"> Complete – operating agreements signed in <p>Resp - Heather Harris-Jones</p>
	Assess the viability of the seniors housing development proposal	<ul style="list-style-type: none"> Report on viability of project to be presented by March 2025 	<ul style="list-style-type: none"> Not started <p>Resp - Geri Geldart and Heather Harris-Jones</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
	Assess the potential to convert Hawkins House to a Level 2 Special Care Home.	<ul style="list-style-type: none"> Analysis to be presented by March 2025 	<ul style="list-style-type: none"> Not started <i>Resp - Geri Geldart, Heather Harris-Jones and Jamie Roy.</i>
Develop and implement a comprehensive risk management plan.	To develop a comprehensive risk matrix to identify and prioritize potential risks	<ul style="list-style-type: none"> Risk matrix to be completed by December 2024 	<ul style="list-style-type: none"> In-progress <i>Resp - Geri Geldart</i>
	Risk mitigation plans to be developed	<ul style="list-style-type: none"> Risk mitigation plans to be in place by March 2025 	<ul style="list-style-type: none"> Not started <i>Resp - Geri Geldart</i>

Pillar 4: Partnerships – Strategic Alliances, Public Relations, Communications

To maintain and improve the services being provided both within the YCC facilities and within our catchment area, it is imperative that strong partnerships be established with out residents, staff, volunteers, health professionals, families, government and non-government agencies, and the community as a whole. Our partnership with the York Care Foundation is essential not only to increase the visibility of YCC but also to ensure that the Foundation can assist with financial and operational requirements.

Key Results
<p>A. Increase volume and effectiveness of partnerships.</p> <p>B. Increase in number of volunteers, volunteer hours and programs.</p> <p>C. Residents, clients and families needs and preferences are met through partnerships.</p> <p>D. Improve communication with all stakeholders and partners.</p> <p>E. Increase marketing initiatives that promote YCCs profile in the community.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
To increase awareness and understanding of goals, objectives and proposed actions with YCC (Staff, Families, Volunteers and Partners).	Develop a monitoring framework for the board to assess achievement of their stated “Ends”.	<ul style="list-style-type: none"> Monitoring framework to be presented by Sept 2024 	<ul style="list-style-type: none"> Not started <p>Resp - Geri Geldart</p>
	Develop and implement a social media content plan to support programs/services.	<ul style="list-style-type: none"> Plan to be developed by September 2024 	<ul style="list-style-type: none"> In-progress <p>Resp - Geri Geldart and Tara Thibault</p>
	Refresh the YCC video displays (donor boards, etc.)	<ul style="list-style-type: none"> Refreshed displays by Oct 2024. 	<ul style="list-style-type: none"> In-progress <p>Resp - Tara Thibault</p>
	Complete a refresh of the York Care Centre website	<ul style="list-style-type: none"> Refresh completed by March 2025. 	<ul style="list-style-type: none"> In-progress <p>Resp - Geri Geldart and Tara Thibault</p>
	Support the Board in the development of the 2025 – 2030 Strategic Plan	<ul style="list-style-type: none"> Strategic Plan complete by March 2025 in preparation for June 2025 Annual Meeting. 	<ul style="list-style-type: none"> Not started <p>Resp - Geri Geldart</p>
To increase YCCs leadership position in the community by improving the level and the volume of effective partnerships.	Establish a fund development plan for York Care Foundation	Plan to be developed and approved by December 2024	<ul style="list-style-type: none"> Not started <p>Resp - Geri Geldart</p>
	Increase the number of volunteer hours over the course of the year.	<ul style="list-style-type: none"> Determine baseline number of hours for on unit/spiritual volunteers by Dec 2024. By March 2025, increase the number of volunteer hours by 10%. 	<ul style="list-style-type: none"> Not started <p>Resp - Jamie Roy</p>

Pillar 5: Research – Discovery, Innovation, Knowledge Transfer

YCC wants to build a self-sustaining research centre that will focus on improving care, delivering services through a person-centered approach, and to implement evidence based best practices to the betterment of YCC clients.

Key Results
<p>A. Improved quality of life for residents, clients, families and staff.</p> <p>B. Situated at the forefront of health and aging research and recognized as a reputable research organization.</p> <p>C. Increase level of quality research projects, partnerships and collaborations.</p> <p>D. Increase amounts of monetary support from granting agencies, governments, communities and foundations.</p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
To increase involvement in research activities that focus on promoting and improving the social, emotional and physical well-being of seniors.	Improve the dining experience through the introduction of the Suzy-Q method of meal delivery (CABHI Grant)	<ul style="list-style-type: none"> Acquire the Suzy-Q equipment by June 2024 Implementation process complete by Sept 2024 Final evaluation report by Dec 2024 	<ul style="list-style-type: none"> Complete In-progress but somewhat delayed by COVID outbreak. <p>Resp - Kelsey Rusk, Michel Boyer & Jamie Roy</p>
To foster relationships with researchers, stakeholders and members of the community.	Increase the enrollment of long term care staff at the annual research symposium	<ul style="list-style-type: none"> December 2024 	<ul style="list-style-type: none"> In-progress <p>Resp - Kelsey Rusk</p>
To promote and support the translation and transfer of research outcomes, new knowledge and innovation for the betterment of the aging population.	Develop a sustainability plan for 2 RACE with Me	<ul style="list-style-type: none"> Plan developed by September 2024 	<ul style="list-style-type: none"> Not started <p>Resp - Kelsey Rusk</p>
	Develop a sustainability plan for Genie	<ul style="list-style-type: none"> Plan developed by September 2024 	<ul style="list-style-type: none"> Not started <p>Resp - Kelsey Rusk</p>

- 🟢 Top 3 Ranking
- 🟡 Middle 4 Ranking
- 🔴 Bottom 5 Ranking
- ⬆️ Performance Improving
- ⬆️ Performance Declining
- ↔️ Performance Staying about the Same

Quality of Life - Resident Survey **SQLI - Most recent data - Dec 2023**

Plans underway for the 2024 survey

	2021	2022	2023	Rank	Progress
Personal Control (max 25)	17	16.0	15.0	🟡	⬇️
Staff Responsiveness (max 25)	18.5	17.5	17.6	🟢	⬆️
Social Life (max 30)	14	11.5	14.0	🟢	⬆️
Food (max 9)	5	5.3	5.6	🟢	⬆️
Caring Staff (max 14)	8.8	7.9	8.6	🟢	⬆️

Quality of Life - Family Survey **SQLI - Most recent data - Dec 2023**

Dec 2023 is the first year this survey was used

	YCC	Rank	Progress
Basic Needs	72.0	3/10	
Respect and Trust	69.0	1/10	
Visiting the Facility	69.0	1/10	
Engaging in Care	64.0	2/10	
Global Rating	61.0	1/10	

Quality of Care

	Q3 23/24	Q4 23/24	Q1 24/25	Target	Progress
Antipsychotics-no Dx psychosis (%)	4	6	6	5	Stable
Residents with Pain (% of residents)	3	5	4	5	Stable
Residents with Worsened Pain (%)	3	12	8	12	Improved
Symptoms of Depression Worsened	18	13	18	18	Stable
Falls in last 30 days (% of residents who fell)	19	18	17	20	Improved
Falls with major injury - %	2	1	2	0	Stable

New Pressure Ulcer	4	2	1	3	Improved
Pressure Ulcer Worsened	5	3	2	3	Improved
Physical Restraints (%)	18	14	12	14	Improved
Hospitalizations (%) includes overnight stays	7	10	5	3	Improved
COVID - Days on Outbreak Status	18	78	0	0	Improved

Quality of Worklife

	Q3 23/24	Q4 23/24	Q1 24/25	Target	Progress
YCC - a great place to work - % agree	71	66	70	80	Improved
Recommend as a place to work - % agree	68	69	69	80	Stable

Human Resource Indicators

	Q3 23/24	Q4 23/24	Q1 24/25	Target	Progress
Care hrs short per day	-45	-5	13	0	Improved
RN hrs act to standard (%) in quarter	84	87	93	100	Improved
Retention Rate -12 month look-back (%)	82	80	78	85	Stable
Temp Agency Use Hours in Quarter	2320	612	65	0	Improved
Resignations in 1st year employed	6	6	9	< 5	Unstable
Sick time / 1957 paid hours (std)	13.6	13.6	11.6	13	Improved
Overtime % of Pd Hrs in quarter	7.2	6.0	5.0	4	Improved
Worksafe Claims in quarter	0	3	2	0	Improved

Financial & Support Indicators

	Q3 23/24	Q4 23/24	Q1 24/25	Target	Progress
YCC YTD Expense Budget to Act Var \$	312,075	9,698	42,183	0	Better
YCC YTD Net Surplus(Deficit) \$	302,594	41,763	346,925	308,985	Better
YC Fdn - Net Profit Calendar Yr -Jul 24	34,911	2,818	34,915	18,359	Improved
Food Cost per Resident Day \$	12.19	12.40	12.61		Stable
Vacant Bed Day Penalty \$	47,250	8,875	Not avail	0	
Temp Agency Use \$ in Quarter	124,959	37,508	4,307	-	Improved

Operating Plan

	Q1 24/25	Q1 Target
% Objectives Complete or On Track	15%	11%
% Objectives Falling Behind	4%	0%



Quality at York Care Centre

A Framework for Improvement

Background

Quality of care and services at York Care Centre starts with what matters most to our residents. Our mission to provide an enhanced quality of life is achieved by using a person-centred approach to care. As we seek to fulfill this mission, we are ever mindful of our values of Character, Accountability, Respect and Excellence

Our commitment to quality is embedded in our Vision to be a Centre of Excellence in Long Term Care. To achieve this mission, we commit to the ongoing improvement in the quality of life, the quality of care, the provision of a safe and supportive environment and making York Care Centre the best place to work.

Values and Principles

Four core values guide the behavior of our organization. In addition we will follow five principles as we begin our quality improvement work.

Values	Principles
<ul style="list-style-type: none">• Character: Doing the right thing• Accountability: For the prudent use of resources• Respect: For our community of care and each other.• Excellence: We strive for continuous improvement	<ul style="list-style-type: none">• Person-Centred: Individuals have unique values, personal history and personality and that each person has an equal right to dignity, respect, and to participate fully in their environment.• Voice: The voice of our residents and families will be welcomed through genuine involvement in sharing and providing feedback.• Our staff: Our staff are considerate, competent and highly motivated people whose values, attitudes and behaviors reflect our primary goal of supporting people to have the best possible quality of life.• Professional Standards: We are knowledgeable of and comply with professional standards.• Education and Training: Education is essential to the development of a caring and competent workforce.

Objectives

The objective of our quality improvement work is to improve outcomes (quality of life, quality of care and safety) for residents of York Care Centre by:

- Identifying our strengths and gaps so that we can prioritize our improvement efforts. We will do this through regular monitoring of key performance indicators and regular surveys of residents, families and staff.
- Taking a balanced approach to our improvement work, by ensuring the important domains of care and service are addressed. Areas of focus for the quality improvement workplan will be identified annually, and as needed throughout the year.
- Strengthening the quality improvement skills of our team. Education will be provided to staff to support their participation in the quality improvement program.
- Demonstrating our accountability for the delivery of high quality care and services by sharing the results of our quality improvement work with the Board of Directors, Residents' Council, Family Advisory Committee and our staff.

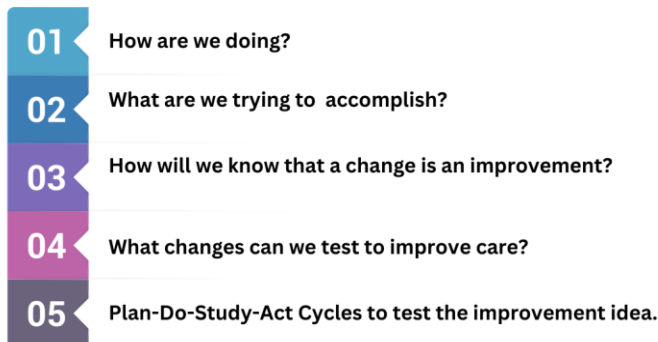
Domains of Quality

Quality in long term care refers to the extent to which the care and services provided to residents meet their needs and expectations and are consistent with professional standards. York Care Centre has identified four domains of quality which are important to the delivery of high quality long term care.

Quality of Life	Quality of Care	Safe and Supportive Environment	Best Place to Work
<p>Enabling residents to live their best possible life by respecting autonomy, preserving dignity, preserving and developing meaningful relationships, providing opportunities for fulfilling activities and respecting their background and culture.</p>	<p>Ensuring our care processes comply with professional standards, with a clear focus on evidence-informed practices in areas such as continence care, dementia care, falls prevention, pain management, palliative care, restorative care, skin and wound care.</p>	<p>Ensuring our facilities and equipment meet health and safety standards, yet still reflect a home-like environment.</p>	<p>Enabling a competent and engaged workforce, supported by effective and accountable leaders, to provide residents with a safe, caring and supportive environment.</p> <p>Staffing levels are sufficient to meet the care standards.</p> <p>Staff are supported through ongoing training and development</p>

Model for Improvement

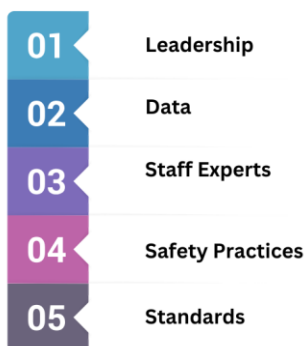
Our model for improvement is a simple and common-sense approach to the work of quality improvement. Five basic questions, and their answers, provide the structure for our work. The model for improvement is an iterative process, meaning it is ongoing and continuous. As new areas for improvement are identified, the process begins again, with the aim of continually improving the quality of care and services.



1. **How are we doing?**
 - a. We will identify, measure and report key performance indicators
 - b. Regular surveys will be used to gather feedback and resident and family satisfaction, quality of life, staff engagement and quality of worklife.
 - c. Inspection Reports will be used to assess our compliance with professional standards.
2. **What are we trying to accomplish?**
 - a. Conversations with our residents, staff and leaders will help us identify areas for improvement.
3. **How will we know that a change is an improvement?**
 - a. We will identify what we will track to determine if this change is an improvement.
4. **What changes can we test to improve care?**
 - a. Teams will collaborate with residents to identify potential changes/solutions
5. **Plan-Do-Study-Act Cycles to test the improvement ideas.**
 - a. A simple, structured, small scale approach to identify problems, test solutions and implement changes in a systemic and controlled manner.
 - b. Teams will consider how best to sustain and build on successful changes.

Our Resources

The team will have access to a variety of resources as they engage in quality improvement work:



1. Leadership

- a. The Board of Directors sets the strategic direction for the organization, and with the Senior Team, provides the leadership and resources to deliver high quality services.

2. Data

- a. York Care Centre utilizes the InterRAI LTCF Resident Assessment Tool. Data from the tool is used to assess the Quality of Care.
- b. York Care Centre also participates in the Seniors Quality Leap Initiative (SQLI) which is an international quality improvement collaborative which is focused on improving the quality of life and quality of care in long term care facilities.
- c. A variety of surveys are utilized to assess family and resident satisfaction, resident quality of life and staff engagement and quality of worklife.

3. Staff Experts

- a. York Care Centre is proud of the broad range of clinical experts on our team, including experts in nutrition, falls prevention, infection control, wound care, palliative care, rehabilitation and therapeutic recreation.

4. Safety Practices

- a. Safety practices which support resident and staff safety are guided by our staff in Human Resources and Facilities & Infrastructure.

5. Standards

- a. The NB Nursing Home Standards and the professional standards of the regulated health professionals who work at York Care Centre are respected and guide our improvement efforts.

Annual Plan 2024/25

Key Performance Indicators for All Domains of Quality

1. Senior leaders will report on key performance indicators quarterly.

Quality of Life and Quality of Care Domains

1. As part of the SQLI collaborative, YCC will consider improvement opportunities for the following quality of care and quality of life elements.
 - Inappropriate use of anti-psychotics
 - Restraint reduction
 - Falls Prevention
 - Pressure injury prevention & wound care practices
 - Social engagement.
2. Introduce a bedside audit process to improve compliance with care standards.
3. Improve the dining experience in long term care and in supportive housing. Trial the use of Suzy-Q in long term care. Explore alternatives for Hawkins House.
4. Increase the number of volunteer hours provided for resident-focused activities.
5. Introduce the Nursing Home Without Walls program to the Fredericton North.

Safe and Supportive Environment Domain

1. Replacement of the Nurse Call and Wireless telephone systems
2. Improving mechanisms for cooling air in resident rooms.
3. Work with NB Housing to improve building maintenance in apartment buildings.
4. Revamp the front entrance to improve accessibility.
5. With support of York Care Foundation, refresh the Tower 2 Environment.
6. Cybersecurity training for YCC staff.

Best Place to Work Domain

1. Establish an employee engagement framework with milestones for 24/25 and 25/26.
2. Professional development focus for 24/25 will be on effective teams.
3. Increase the amount of paid vacation taken by YCC staff while meeting care compliance standard.
4. Support improvement in workplace culture through the “20 Tenets of Culture” program for personal / professional development.

**Finance Committee Chair’s Summary Report to Board of Directors
Three months ending June 30, 2024**

- The Finance Committee met on September 23, 2024
- Reviewed the June 30 quarterly reports.
- Recommended financial reports to June 30, 2024 to be presented to the Board of Directors.
- Quarterly report changes were discussed. Two notable changes are currently in place – quarterly reports only are presented – the monthly reports have been deleted from the Finance and Administration Committee meeting package and also from the Board meeting package. The second change is that due to the lack of activity, annual reports only will be provided for York Properties Inc. A report on all proposed changes is targeted for the November 4, 2024 Board meeting.

Summary of unrestricted financials as of June 30, 2024:

Company	Cash Balance	Payables/Accruals	Surplus(deficit)
York Care Centre	\$1,804,000	\$3,586,000	\$347,000
York Developments Inc.	520,000	289,000	36,000
CIRA	388,000	354,000	2,400
Totals	\$2,712,000	\$4,229,000	\$384,400

Observations:

- All companies have a cash balance
- All payables can be paid as they become due
- All companies are in a breakeven or in a surplus position
- No significant variations from budgeted revenues and expenditures

Other KPI observations over past 12 months:

- Employee retention rate stable at about 80%
- Sick days per FTE has dropped 11.58 days from as high as 14.32 days in Q2 in 2023-24
- Sick time as percentage of total paid hours dropped to 4.4% from about 5.2%
- Overtime hours at 5% of total worked hours is at lowest percentage in 12 months
- RN hours is at 93% of target
- Professional care hours (RN/LPN) at 98% of target

In summary the KPIs are trending positively.

Facilities, building, and Infrastructure

- Two large projects – replacement of the Nurse Call System and portable phone system and resident rooms air conditioning are proceeding as expected. Michel working with external consultants, The Nurse Call System project is at the review of proposal stage with a decision expected by the end of September. The air conditioning project is in the design stage.
- Another flood at (91 Sunset Drive). Cost slightly over \$47,000 – insurance claim was submitted, and insurance deductible waived as tenant’s insurance to cover part of the claim.

Pierre LeBlanc, Chair
Finance Committee
2024-09-26

YORK CARE CENTRE INC.
Statement of Financial Position
6/30/2024

	Current Quarter	Prior Quarter	Difference
<u>ASSETS</u>			
CURRENT			
CASH AND CASH EQUIVALENTS	1,804,524	2,037,502 *1	-232,978
CASH - RESTRICTED FUNDS	84,616	66,549	18,067
ACCOUNTS RECEIVABLE			
- RESIDENTS	76,894	115,209 *2	-38,315
- DEPT of SOCIAL DEVELOPMENT	36,895	64,062	-27,167
- HST	40,789	46,517	-5,729
- OTHER	94,942	70,335	24,607
INVENTORIES	97,837	97,837	0
PREPAID EXPENSES	500,107	34,466 *3	465,641
LONG TERM RECEIVABLE	0	0	0
TOTAL CURRENT ASSETS	<u>2,736,604</u>	<u>2,532,477</u>	<u>204,126</u>
CASH RESTRICTED FOR FUTURE CAPITAL	0	0	0
LAND, BUILDING AND FURNITURE (Net)	25,539,909	25,909,694	-369,785
TOTAL FIXED ASSETS	<u>25,539,909</u>	<u>25,909,694</u>	<u>-369,785</u>
TOTAL ASSETS	<u><u>28,276,513</u></u>	<u><u>28,442,172</u></u>	<u><u>-165,659</u></u>
<u>LIABILITIES</u>			
CURRENT			
PAYABLES & ACCRUALS	3,489,074	3,227,983 *4	261,092
DEFERRED REVENUE	97,299	235,498 *5	-138,199
TOTAL CURRENT	<u>3,586,373</u>	<u>3,463,480</u>	<u>122,893</u>
LONG TERM			
LONG TERM DEBT	11,716,565	12,290,135	-573,570
DEFERRED CONTRIBUTIONS	1,401,386	1,470,736	-69,350
TOTAL LIABILITIES	<u>13,117,951</u>	<u>13,760,871</u>	<u>-642,920</u>
<u>FUND BALANCES</u>			
FUNDS RESTRICTED	74,816	66,548	8,268
UNRESTRICTED	11,150,447	9,880,079	1,270,368
NET INCOME (LOSS) FOR PERIOD	346,925	1,271,193	-924,268
TOTAL FUNDS	<u>11,572,188</u>	<u>11,217,820</u>	<u>354,368</u>
TOTAL LIABILITIES & FUNDS	<u><u>28,276,513</u></u>	<u><u>28,442,172</u></u>	<u><u>-165,659</u></u>

Notes:

1. Decrease mainly due to transfer to YDI of funds for NHWW \$127K.
2. Decrease due to a lot of reassessments and payments received by SD or Public Trustee. At August end balance \$47K
3. Increase to due annual property tax and insurance invoices (amortized monthly).
4. Increase due to the Property Taxes booked to the account Payment Received in Advance (amortized monthly).
5. Decrease mainly due to transfer to YDI of funds for NHWW \$127K.

YORK CARE CENTRE INC.
Statement of Operations - Year to Date
3MONTHS ENDING 6/30/2024

	Actual Previous YTD	Actual Current YTD	Budget Current YTD	Variance Budget vs Actual
REVENUE AND RECOVERIES				
Operating Revenue	5,748,930	5,707,324	5,762,494	-55,170
Recurring Budget Amendments	0	0	0	0
Non-recurring Budget Amendments	25,865	36,895	36,895	0
Administration	116,104	109,642	110,323	-681
Care Services	36,169	51,931	16,532	35,400
Operations	91,639	98,724	82,516	16,208
Deferred Contributions	72,623	69,350	69,350	0
TOTAL REVENUE AND RECOVERIES	<u><u>6,091,330</u></u>	<u><u>6,073,867</u></u>	<u><u>6,078,110</u></u> *1.	<u><u>-4,243</u></u>
OPERATING EXPENSES				
Administration	1,071,372	1,081,034	1,118,142	*2. 37,108
Care Services	2,484,507	2,606,163	2,642,056	*3. 35,893
Operations	1,571,175	1,594,359	1,558,889	*4. -35,471
Mortgage Interest & Depreciation	773,412	445,386	450,039	*5. 4,653
TOTAL EXPENSES	<u><u>5,900,466</u></u>	<u><u>5,726,942</u></u>	<u><u>5,769,125</u></u>	<u><u>42,183</u></u>
NET SURPLUS (DEFICIT)	<u><u>190,864</u></u>	<u><u>346,925</u></u>	<u><u>308,985</u></u>	<u><u>37,940</u></u>
Less: Transfer to replacement reserve		<u>825</u>	<u>0</u>	<u>-825</u>
(Increase) or Decrease in Operating Fund Accumulated Deficit		<u><u>346,100</u></u>	<u><u>308,985</u></u>	<u><u>38,765</u></u>

Notes (Actual to Budget):

1. Lower revenue due to lower funding from SD \$55.2K (prior year rates) offset by Secondment Revenue \$35.4K, Dietary Recovery Revenue \$8.0K (previously netted against expense) & Café Revenue \$3.1K, Other Revenue \$2.7K.
2. Lower due to lower overall Salary/Payroll Costs \$33.7K, Get Inspired/Adver./Communication \$4.4K, Prof. Fees \$18.4K offset by higher Education \$9.1K, Recruitment \$7.3K, Office Supplies \$2.9K.
3. Lower due to lower overall Salary Costs \$32.3K, Equipment \$4.9K offset by higher supplies \$1.3K.
4. Higher due to higher Supplies Costs \$32.2K, Maintenance \$19.5K, Equipment \$4.2K, Computer Hardware /Software \$13.5K, Vehicles \$1.1K offset by lower Salary Costs \$2.1K, Utilities \$21.2K and Linen/Mattress \$11.8K.
5. Lower Depreciation due to delayed capital purchases \$4.6K.

YORK DEVELOPMENT INC
Statement of Financial Position - CONSOLIDATED
6/30/2024

	Current Quarter	Prior Quarter	Difference
<u>ASSETS</u>			
CURRENT ASSETS			
CASH	520,037	385,407 *1	134,630
ACCOUNTS RECEIVABLE	32,748	34,815	-2,067
HST RECEIVABLE	2,291	3,647	-1,355
PREPAID EXPENSES	77,503	60,310	17,193
TOTAL CURRENT ASSETS	<u>632,579</u>	<u>484,179</u>	<u>148,400</u>
RESTRICTED CASH AND DEPOSITS			
REPLACEMENT RESERVE FUND	238,239	291,456 *2	-53,217
DEFERRED VACANCY SUBSIDY	46,753	46,117	636
TOTAL RESTRICTED CASH & DEPOSITS	<u>284,992</u>	<u>337,573</u>	<u>-52,581</u>
FIXED ASSETS			
BUILDING & LAND 91 SUNSET DR	518,208	518,208	0
BUILDING & LAND 95 SUNSET DR	516,127	516,127	0
BUILDING & LAND 120 SUNSET DR	973,166	973,166	0
BUILDING & LAND 116 SUNSET DR PROJECT#2	1,333,457	1,333,457	0
BUILDING & LAND 116 SUNSET DR	2,062,837	2,062,837	0
BUILDING IMPROVEMENTS & EQUIPMENT	921,623	921,623	0
ACCUMULATED DEPRECIATION	-4,388,826	-4,349,655	-39,171
TOTAL FIXED ASSETS	<u>1,936,591</u>	<u>1,975,762</u>	<u>-39,171</u>
TOTAL ASSETS	<u><u>2,854,163</u></u>	<u><u>2,797,514</u></u>	<u><u>56,649</u></u>
<u>LIABILITIES</u>			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE & ACCRUED LIABILITIES	154,174	68,340 *3	85,834
DEFERRED REVENUE	134,578	136,813	-2,235
TOTAL CURRENT LIABILITIES	<u>288,752</u>	<u>205,153</u>	<u>83,599</u>
LONG TERM DEBT			
MORTGAGE 116 SUNSET DRIVE	1,522,967	1,556,019	-33,052
TOTAL LONG TERM LIABILITIES	<u>1,522,967</u>	<u>1,556,019</u>	<u>-33,052</u>
DEFERRED CONTRIBUTIONS			
DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS	2,502	3,002	-500
TOTAL DEFERRED	<u>2,502</u>	<u>3,002</u>	<u>-500</u>
FUND BALANCES			
REPLACEMENT RESERVE RESTRICTED	238,239	258,861	-20,622
VACANCY SUBSIDY RESERVE	46,753	46,117	636
EARNED SURPLUS	719,362	667,214	52,148
NET INCOME (LOSS) FOR PERIOD	35,588	61,148	-25,561
TOTAL EQUITY	<u>1,039,942</u>	<u>1,033,340</u>	<u>6,602</u>
TOTAL LIABILITIES & FUND BALANCES	<u><u>2,854,163</u></u>	<u><u>2,797,514</u></u>	<u><u>56,649</u></u>

Notes:

1. Increase due to funds received for NHWW \$127K and delayed Year end transfer from Replacement Reserve.
2. Decrease due to delayed Year end transfer to Operating account.
3. Increase mainly due to receipt of funds for NHWW (Posted at Year end to InterCo Liability).

YDI YORK DEVELOPMENT INC
Statement of Operations - CONSOLIDATED
3 MONTHS ENDING 6/30/2024

	Actuals YTD June 30	Budget YTD June 30	Variance
Independent Housing			
Total Revenue	135,026	139,148	-4,122
Operating Expenses			
Wages & Benefits	24,265	23,478	-787
Maintenance	69,755	74,550	4,796
Administration	35,856	36,515	658
Depreciation	4,117	4,292	175
Total Operating	133,993	138,835	4,842
Net Earnings	1,033	313	*1. 719
Supportive Housing			
Total Revenue	232,187	210,563	21,624
Operating Expenses			
Wages & Benefits	92,363	84,509	-7,854
Tenant Support Costs	13,278	15,293	2,015
Maintenance	35,405	41,291	5,886
Administration	27,748	29,417	1,669
Depreciation	35,054	35,967	913
Total Operating	203,847	206,476	2,629
Net Earnings	28,340	4,086	*2. 24,253
ADP			
Total Revenue	42,353	38,496	3857
Operating Expenses			
Wages & Benefits	26,721	25,559	-1,162
Program Support Costs	5,808	7,017	1,209
Administration	3,609	4,250	641
Depreciation	0	0	0
Total Operating	36,137	36,826	688
Net Earnings	6,215	1,670	*3. 4,545
NHWW			
Total Revenue	12,456	16,700	-4,245
Operating Expenses			
Wages & Benefits	6,298	9,800	3,502
Program Support Costs	72	150	78
Administration	6,085	6,750	665
Depreciation	0	0	0
Total Operating	12,455	16,700	4,245
Net Earnings	0	0	*4. 0
TOTAL NET EARNINGS	35,588	6,070	29,518

Notes: (Actuals to Budget)

1. Higher Net Earnings due to lower expenses mainly in Maintenance Cost Center \$4.8K offset by lower revenue \$4.1K. Lower RR \$12.0K, Ground Maint. \$1.9K offset by higher R&M \$8.1K, supplies \$1.0k. Revenue was lower due to lower Rental Income \$3.2, no Student Funding \$2.0K.
2. Higher Net Earnings due to higher revenue \$21.6K and slightly lower expenses \$2.6K. Revenue was higher due to higher Care Hr Rev. \$17.7K and interest \$3.4K. Expenses were lower in Maint. Cost Center mainly due to lower R&M/RR \$5.3K, Other 0.6K, Admin Cost Center Costs due to essentially no audit costs \$1.7K, Tenant, Support - lower food costs \$2.0K and lower Dep \$1.0K offset by higher wages \$7.9K
3. Higher Net Earnings due to higher revenue \$3.8K offset by slightly lower expenses \$0.7K. Revenue was higher for Interest Income \$1.8K and Client Pay/SD Rev \$2.0K. Expenses were lower in Tenant Support - Food \$1.2K, Admin - Adv. \$0.6K that were offset by higher overall payroll costs \$1.2K.
4. Lower than budget revenue \$4.2K and offsetting lower expenses Wages \$3.5, Admin/Program Costs \$0.7K due to delayed start with program.

Centre for Innovation and Research
Statement of Financial Position
6/30/2024

	Current Quarter	Prior Quarter	Difference
<u>ASSETS</u>			
CURRENT			
CASH AND CASH EQUIVALENTS	388,303	248,277 *1	140,026
ACCOUNTS RECEIVABLE	4,478	1,013	3,465
ALLOWANCE FOR DOUBTFUL ACCOUNTS	0	0	0
HST RECEIVABLE	940	8,854	-7,914
PREPAID EXPENSES	0	0	0
LONG TERM RECEIVABLE	0	0	0
TOTAL CURRENT ASSETS	<u>393,721</u>	<u>258,144</u>	<u>135,577</u>
CAPITAL ASSETS			
EQUIPMENT AND FURNITURE	16,186	16,186	0
ACCUMULATED DEPRECIATION	-14,035	-13,604	-430
	<u>2,152</u>	<u>2,582</u>	<u>-430</u>
TOTAL ASSETS	<u><u>395,873</u></u>	<u><u>260,726</u></u>	<u><u>135,147</u></u>
<u>LIABILITIES</u>			
CURRENT			
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	40,726	51,557	-10,832
DUE TO YORK MANOR INC.	3,687	5,270	-1,583
DUE TO YORK DEVELOPMENTS INC.	81	943	-862
DEFERRED REVENUE	310,482	164,507	145,975
TOTAL CURRENT	<u>354,975</u>	<u>222,278</u>	<u>132,698</u>
<u>FUND BALANCES</u>			
FUND BALANCES			
FUNDS UNRESTRICTED	38,448	21,663	16,785
NET INCOME (LOSS) FOR THE PERIOD	2,449	16,785	-14,336
TOTAL FUNDS	<u>40,897</u>	<u>38,448</u>	<u>2,449</u>
TOTAL LIABILITIES & FUNDS	<u><u>395,873</u></u>	<u><u>260,726</u></u>	<u><u>135,147</u></u>

Notes:

1. Increase due to funds received for the PHAC Human Rights Project \$249K offset by expenditure costs.

Centre for Innovation and Research
Statement of Operations - CONSOLIDATED
3 MONTHS ENDING 6/30/2024

	ACTUAL YTD	BUDGET YTD	ACTUAL VS BUDGET
REVENUE			
GENERAL CONTRIBUTIONS	11,250	11,250	0
POLYPHARM APP PHASE 2 PROJECT	4,079	7,199	-3,120
GENIE PROJECT	629	4,848	-4,219
PASSIVE AWARE PROJECT	723	7,500	-6,777
PASSIVE AWARE AT HOME PROJECT	20,406	13,296	7,110
A DAY IN THE LIFE PROJECT	17,000	9,357	7,643
CABHI - DISCOVER & ADOPT	35,314	31,150	4,164
PHAC ISAF - HUMAN RIGHTS	32,157	60,504	-28,348
INTEREST INCOME	5,659	2,700	2,959
STUDENT FUNDING	0	2,514	-2,514
TOTAL UNRESTRICTED REVENUE	127,217	150,318 *1	-23,101
OPERATING EXPENSES			
WAGES & BENEFITS	0	2,514 *2	2,514
ADMINISTRATION	14,461	20,922 *3	6,460
PROJECT RELATED EXPENDITURES	110,307	133,855 *4	23,548
TOTAL EXPENSES	124,768	157,290	32,522
NET EARNINGS (LOSS)	2,449	-6,972	9,421

Notes:

- *1. Lower than budget due to overall lower Project Income \$14.0K (reduced staff resources), no Student Funding \$1.8K, offset by higher Interest Income \$3.0K.
- *2. Lower than budget as no Summer Students \$2.5K , (Other Employee Wages charged to projects \$88.2K).
- *3. Lower than budget due to no audit fees \$7.3k offset by insurance \$0.9K.
- *4. Project expenditures align with project revenue above (in grey).

BRIEFING NOTE

Strategic Planning 2025-2030

Proposed Approach

Purpose

To establish the process which will be followed to develop the 2025-2030 strategic plan for York Care Centre.

Background

A Strategic Planning Committee of the Board has been established, chaired by Vice Chair, Bryanna White-Aubé. Members include Marjorie Belzile, Lyne St-Pierre-Ellis, Tracey Burkhardt, Donna Curtis Maillet, Dana Burse and Geri Geldart. The committee met on September 18, 2024 and developed a planning process for consideration and approval by the Board.

Recommendations

It is recommended that:

1. The objective of this work is to create a 5-year strategic plan which will guide the evolution of the York Care Centre as a leading provider of long-term care services. In developing the plan, the board will consider and define our vision and mission. Priorities, goals and strategies will be identified to support the evolution of the organization. Please note – the scope includes all companies which operate under the York Care Centre group.
2. The S.O.A.R. strategic planning model will be utilized. The committee considered two models: SWOT – Strengths, Weaknesses, Opportunities, Threats and SOAR – Strengths, Opportunities, Aspirations and Results. Although each has benefits and drawbacks, SOAR has a more positive and forward-looking approach and it may attract more productive engagement, particularly with staff.
3. The timeline for the Strategic Planning Work will span from September 2024 – June 2025. Two special meetings of the board will be required to ensure that sufficient time is available for discussion/debate. The major milestones will be:
 - a. October – Data Gathering
 - i. surveys, focus groups, environmental scan,
 - ii. reflections on current plan with Management Forum
 - b. November 20th – Strategic Planning Committee workshop
 - i. Review results of data gathering phase and conduct the SOAR Analysis
 - c. **December 2nd – Special Meeting of the Board**
 - i. To review the SOAR Analysis and to consider and provide direction on the first draft of strategic objectives, priorities and potential strategies.
 - ii. To share some Christmas Cheer
 - d. Jan / Feb 2025
 - i. Development of plan to include strategies and action plans.
 - e. March / April
 - i. Strategic Planning Committee to review and refine
 - ii. World Café session with YCC staff to test reaction to the draft
 - f. **May 2025 – Special Meeting of the Board**
 - i. To review and provide feedback on Final Draft of the Strategic Plan.
 - g. June 16, 2025 – Annual Meeting of the Members
 - i. Approval of the Plan

Notes:

Data Gathering Process

1. Electronic Survey to broad group of stakeholders including staff, current and former family members, Foundation Board members, YCC Board members, a selection of external contacts such as other nursing homes, government contacts, etc.
2. Solicit feedback from the current leadership group – reflections on the effectiveness / appropriateness of the most recent strategic plan.
3. Focus Groups, using an external facilitator
 - a. Family Advocacy
 - b. Senior staff (SLT and Management Forum)
 - c. General staff
 - d. Resident Council using an internal facilitator
4. Environmental Scan – The CEO will prepare the environmental scan using a PESTLE framework (political, economic, social, technologic, legal, environmental).
5. Both the survey and the focus groups will be structured to gather feedback on YCC Strengths, Opportunities, Aspirations and Results.



Report from the YCF Board Chair to the YCC Board of Directors September 25, 2024

1. Financials

- As of July and since the beginning of the calendar year, the Foundation has generated \$34,915 in profit (restricted and unrestricted).
- The golf event raised just over \$20,000 this year.

2. Laugh For Care Dinner

- Planning is underway for the November 9th dinner with Lucien. Please buy your tickets early!

3. Major Project

YCC staff have presented a project plan for the Tower 2 project.

- The Foundation team would like to launch the fundraising for this project at the dinner in November.

4. Summer Concerts

- The Foundation was pleased to sponsor the summer concert series for the enjoyment of our residents, their families and the YCC community.

5. Staff Scholarship

- The Foundation awarded one scholarship this year to Kim Grantham, a long-standing YCC employee who is now pursuing her LPN diploma.

6. Donor Boards

- The video donor boards are now in operation. We are able to recognize all donors who have contributed more than \$500 since 2008. The videos run in rotation with other video presentations in the main lobby.

Respectfully submitted

Hector Losier.

Board of Directors - Annual Work Plan 2024-25

Introduction

The purpose of this document is to provide committee members with background and context information to support their plans for the upcoming board year. Each standing committee of the board is asked to establish a proposed workplan for the upcoming board year. A workplan will ensure that staff are prepared to bring appropriate information to the committee to support its work.

Section 1 is a summary of the Board of Directors' accomplishments from the previous year, as well as any issues which were considered / addressed.

Section 2 is a list of issues which might be of interest / concern to the Committee when planning for the upcoming year.

Section 3 is a proposed workplan for the Board. This is draft should be discussed at the October meeting of the Board.

Section 1 - Issues and Accomplishments from 2023/24

- Board orientation session
- Board education session on principles of policy governance
- CEO Evaluation completed and goals established for 24/25.
 - Support the board in the development of a new strategic plan
 - Develop a monitoring framework for the board to assess the achievement of their stated Ends.
 - Complete a review of the admin processes at YCC to ensure that appropriate management controls are in place, that the HR function is properly organized/resourced and that duplication and overlap between the HR and Finance functions are addressed.
 - Implement the Employee Engagement Framework, the Communication Plan and the Quality Improvement Framework.
 - Complete the development of the Risk Management Framework.
- Recognition of retiring / resigning board members at the Annual General Meeting.
- Discussion / exploration session on Centre of Excellence concept.

Section 2 - Items to Consider for Upcoming Year.

- Strategic Plan development.
- Following strategic plan development, consider the board committee structure and develop / revise terms of reference for each board sub-committee.
- The future of C.I.R.A.
- Exploration of housing opportunities.
- Relationship between YCC and YCF – Boards and role of CEO with respect to the Foundation.
- CEO Evaluation.
- Social Event?

Section 3 - Proposed Workplan

Meeting	Date	Reports and Documents
Q1	<ul style="list-style-type: none"> • Tuesday, October 1, 2024 @ 5:30 	<ul style="list-style-type: none"> • Committee Reports • Report from the President and CEO • Report from YCF Chair • Review of Annual Workplan • Strategic Planning Process proposal • Quality Framework Update • Update of Board Skills Matrix
Q2	<ul style="list-style-type: none"> • Monday, Nov. 18, 2024 @ 5:30 	<ul style="list-style-type: none"> • Committee Reports • Report from the President and CEO • Employee Engagement Framework • Report from YCF Chair • Possible Social Event (?) • Governance Policies • Strategic Planning Progress Report
	<ul style="list-style-type: none"> • Monday, Dec. 2, 2024 @ 5:30 	<ul style="list-style-type: none"> • Special Meeting of the Board <ul style="list-style-type: none"> ○ Strategic Plan ○ Christmas Cheer
Q3	<ul style="list-style-type: none"> • Tuesday, Feb. 18, 2025 @ 5:30 	<ul style="list-style-type: none"> • Committee Reports • Report from the President and CEO • Review of Potential YCF Projects • Communication Plan – progress report • Consider new board member appointments • Report from YCF Chair • CEO Performance Review • Governance Policies • Strategic Plan Program report • Risk Management Matrix
March (Budget)	<ul style="list-style-type: none"> • Monday, March 31, 2025 @ 5:30 	<ul style="list-style-type: none"> • Approval of Annual Budget
Q4	<ul style="list-style-type: none"> • Monday, May 5, 2025 @ 5:30 	<ul style="list-style-type: none"> • Committee Reports • Report from the President and CEO • Operating Plan 2025/26 • Report from YCF Chair • Monitoring Framework – Ends Policies • Strategic Plan Progress Report • Quality Framework Progress Report • Risk Management Plan.
	<ul style="list-style-type: none"> • Date – TBD 	<ul style="list-style-type: none"> • Special Meeting of the Board <ul style="list-style-type: none"> ○ Strategic Plan
June	<ul style="list-style-type: none"> • Monday, June 16, 2024 @ 5:30 	<ul style="list-style-type: none"> • Governance and Audit Committee Report • Auditing Process & • Appointment of Auditors • Board Appointments • Board Evaluation • Draft Annual Report • YCF Annual Report • Strategic Plan Final Approval

		<ul style="list-style-type: none">• Meeting Schedule
AGM (June)	<ul style="list-style-type: none">• Monday, June 16, 2024 at 6:30	<ul style="list-style-type: none">• Audited & Unaudited Year End Financial Statements• Auditors Report• Appointment of Auditors• Board Appointments for 25/26• Annual Report 2024/25• Presentation of Strategic Plan 2025 - 2030

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