

**Finance & Administration Committee  
AGENDA**

**Monday, February 10, 2025 @ 5:30pm**

<b>Item</b>	<b>Description</b>	<b>MRP</b>
1.0	Call to Order and Introductions	Pierre LeBlanc
2.0	Approval of the Agenda	Pierre LeBlanc
3.0	Declaration of Conflict of Interest	Pierre LeBlanc
4.0	Approval of Previous Minutes: November 4, 2024*	Pierre LeBlanc
5.0	Business Arising from the Minutes	
	5.1 Quarterly Reporting Changes	Pierre LeBlanc
6.0	Standing Reports	
	6.1 Unaudited Financial Statements Q3 Oct 1, 2024 – Dec 31, 2024*	Heather Harris-Jones
	6.1.1 York Care Centre Inc	
	6.1.2 York Development Inc	
	6.1.3 Centre of Innovation & Research in Aging Inc	
	6.2 Finance & Administration Q3 Report*	Shelley /Michel /Heather
7.0	New Business	
	7.1 Risk Management Plan*	Geri Geldart
	7.2 Monitoring Framework for Ends Policy - Employer of Choice*	Geri Geldart
	7.3 Potential York Care Foundation Projects	Geri Geldart
8.0	Next meeting – March 24, 2025	

***\*Denotes attachment***

## Proposed Motions

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1. That the minutes of November 4, 2024, be approved.
2. That the unaudited financial statements for Q3 October 1 – December 31, 2024 be approved as presented.



**Minutes of Meeting  
Finance & Administration Committee  
on November 4, 2024 at 5:30pm**

**Present:** Pierre LeBlanc (Chair), Lyne St-Pierre-Ellis Wayne Snowdon, Deborah Wybou, Marjorie Belzile, Dana Bursey, Geri Geldart (ex-officio)

**Regrets:** Doug Holt (community member)

**Staff:** Michel Boyer, Heather Harris-Jones, Shelley Kenny

**1. Call to order and introductions**

Pierre LeBlanc, Chair called the meeting to order at 5:27 pm and welcomed new member Dana Bursey to the committee.

**2. Approval of agenda**

The agenda was approved as presented.

***It was moved by Dana Bursey and seconded by Marjorie Belzile that the agenda be approved. All in favour.***

***Motion Carried***

**3. Declarations of Conflict of Interest**

Mr. LeBlanc asked the members present if there was a need to register a conflict of interest. No conflicts identified.

**4. Approval of previous minutes – September 23, 2024**

The minutes were approved as amended. Spelling corrected on Item 4 and surplus for CiRA item 6.1.3 updated to reflect correct amount of \$2449.

**Motion:**

**It was moved by Lyne St-Pierre-Ellis, and seconded by Pierre LeBlanc that the minutes of September 23, 2024 be approved as amended. All in favour.**

**Motion carried**

**5. Business arising**

**5.1 Discussion on Quarterly Reporting Changes**

The reporting changes included in the meeting package were reviewed. These changes will streamline the financial reports allowing committee members to fulfill their fiduciary responsibilities.

## 6. Standing Reports

### 6.1 Unaudited Financial Statements Q2 July 1, 2024 – September 30, 2024

The unaudited financial statements for the period of July 1, 2024 – September 30, 2024, were included in the meeting package for information. Heather Harris-Jones presented an overview of the statements. The committee recommended providing the Board of Directors with a one page summary containing the statement of financial position, commentary, and KPI's for all three companies.

#### 6.1.1 York Care Centre Inc.

- Current revenue for the end of September is \$12,218,000 versus expenditures of \$11,564,000 for a surplus of \$65,400.
- Main contributor to the surplus is delayed spends, which is expected to be used.

#### 6.1.2 York Developments Inc.

- Current revenue for Independent Housing, Supportive Housing, ADP and NHWW is a combined total of \$856,000, expenses are \$800,000 with a surplus of \$56,000.
- Higher net earnings in Supportive Housing due to increased care revenue and interest that was offset by overall higher payroll expenses offset by lower maintenance. Independent living was better than budget mainly due to delayed maintenance spend for roof replacement, offset by slightly lower revenue.

#### 6.1.3 CIRA

- Current revenue of \$246,000, expenses are \$250,000 with a surplus of \$3,000. The primary reason for the surplus is related to bank interest and reduced staff resources.

#### 6.1.4 York County Properties

- Reporting will be provided annually.

#### ***Motion:***

***It was moved by Wayne Snowdon and seconded by Lyne St-Pierre-Ellis that the unaudited financial statements for Q2 July 1, 2024 – September 30, 2024 for York Care Centre Inc., York Developments Inc., and CIRA be recommended to the Board as presented for approval. All in favour. Motion Carried***

### 6.2 Finance & Administration Q2 Report

The Quarter 2 report from staff was included in the meeting package. In addition, the staff provided verbal updates reflecting status up to September 30, 2024.

#### **Human Resources – S. Kenny provided an updated. Highlights include:**

- There were 8 new staff members welcomed, 6 are members of the Care Services team and 2 joined the Support Service team. Additionally, 2 staff experienced a change in classification.

- During this period, 17 employees resigned – 2 were terminated, and 2 employees retired. The main reasons for resignation were moving, employment elsewhere, and school commitments.
- All 12 candidates recruited in the 2023 IEN mission have safely arrived.
- The Judy Yeamans Scholarship was awarded to an RA who is studying post-secondary studies and the YCC General Scholarship was awarded to an RA who is currently enrolled within the Master's in Business Administration program.
- The 20 Tenets of Culture was successfully launched. Employees are provided with a series of coaching videos every two weeks.
- The Annual Inspection was conducted on September 10-11. The inspection resulted in 19 areas of non-compliance, all of which were considered low risk.
- There were 3 Covid outbreaks during Q2 which affected 54 staff members, resulting in 198 shifts requiring coverage.

**Facilities, Building and Infrastructure – M. Boyer provided an update.**

- There were 26 refurbished rooms in YCC and 2 units in YDI.
- As a part of our Capital Infrastructure Plan, a 95lb commercial washing machine was replaced.
- Enhancements were completed to the sidewalk at the main entrance improving accessibility.
- With the release of 20 Tenets of Culture, it was discovered that the firewall needed to be upgraded. This has been completed and significantly improved the quality.
- There have been 2 proposals received from contractors on the Nurse Call Project. Currently, we have made our choice and approval has been received from Social Development to proceed.
- Engineers continued site visits on the resident AC project. Updates will be communicated when available.
- Suzy Q trials have been met with mixed results. Residents appreciate that the food is hotter, however are concerned about the time it is taking to serve the full dining area. Additional feedback is being gathered.

**7. New Business**

**7.1 Annual Employee Survey Results**

S. Kenny shared the results of the Annual Employee Survey, which was included in the meeting package. There were 156 respondents. These results have highlighted future areas of focus.

**7.2 Employee Engagement Framework Review**

G. Geldart shared a document on the 5 Key elements: work life balance, communication at work, recognition & respect, learning & development, and compensation. This document was included in the meeting package for information. The framework will be referenced during the Strategic Planning.

**8. Date of Next Meeting – November 4, 2024.**

On a motion by Wayne Snowdon, the meeting was adjourned at 7:29pm.

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Pierre LaBlanc, Chair

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Jennifer Vos, Recorder

**York Care Centre - Summary Financial Position - Report to the Board**  
**December 2024**

	YCC		YDI		CIRA		COMBINED
<b>Cash and Receivables</b>							
Unrestricted Cash	\$ 1,755,729	\$	607,463	\$	207,562	\$	2,570,754
Total Receivables	\$ 817,861	\$	75,094	\$	16,866	\$	909,821
<b>Total Liabilities</b>							
Trade	\$ 717,066	\$	294,337	\$	185,094	\$	1,196,497
Accrued Salary/Payroll Costs	\$ 784,352					\$	784,352
Accrued Vacation / Stats	\$ 1,120,932					\$	1,120,932
Pension Payable to Social Development	\$ 387,545					\$	387,545

**Summary Observations - Results from Operations**

**YCC** finished better than budget resulting in a positive variance of \$494.9K. The WSNB refund of \$526.0K is the main driver of the positive variance offset by overspends mainly with supplies and maintenance costs. We are waiting for a direction from SD on the WSNB refund. Without the WSNB refund YCC has a small negative variance of \$31.5K.

**YDI** finished better than budget with a positive variance of \$57.2K. **Independent Living** did better than budget \$24.2K mainly due to the capitalization of the spend for the roof. **Supportive Housing** did better than budget by \$ 35.4K due to higher revenue for care hours and interest, plus lower maintenance costs offset by higher payroll costs. The **Adult Day Program** finished with a small positive net earnings of \$2.7K but negative variance to budget mainly due to higher payroll costs. **NHWW** reflects no net income as revenue is matched to expenses.

**CIRA** finished with a small net earnings of \$2.2K but a positive variance to budget of \$8.4K due to higher interest, lower Admin expenses, offset by lower net income from the Symposium. Symposium shows a net loss of \$7K.

**Capital Expenditure YTD Update:** The commercial washer - purchased, the Commercial Oven, Blast Chiller - ordered and the video Surveillance - on hold. The front ramp project - complete. The installation of the Nurse Call System - underway.

**YDI Building Update:** In January, received partial payment of \$20K for insurance claim at 91 Sunset. Roof on 95 Sunset completed with a forgivable loan approved and funds received in January for full costs \$51.

**Key Performance Indicators**

York Care Center			Independent Apartments	
Revenue per resident day (Less WSNB Revenue)	\$310		Revenue per Unit per month	\$646
Expenditures / resident day	\$295		Expenditures per Unit per month	606
Number of beds	218		Number of Units	72
Vacant bed days - YTD	72		<b>Supportive Housing</b>	
<b>Staffing</b>	<i>Perm Positions</i>	<i>Vacant</i>	Revenue per Unit per month	\$2,475
Admin/HR	12	0	<i>Rent revenue/unit/month</i>	\$985
Care	166	12	<i>Care revenue/unit/month</i>	\$578
Support	56	7	<i>Service fee revenue/unit/month</i>	\$669
<b>Expenditure Distribution</b>			Expenditures per Unit per month	\$2,283
<i>YTD Expenditures</i>	<i>Actual</i>	<i>Percent</i>	Number of Units	31
Salary and Benefits	\$ 13,070,279	74.1%	<b>Adult Day Program</b>	
Supplies & Other Expenses	\$ 3,224,531	18.3%	Revenue per client day	79
Depreciation & Mortgage	\$ 1,336,070	7.6%	Expenditures per client day	78

**YORK CARE CENTRE INC.**  
**Statement of Financial Position**  
**12/31/2024**

	Current Quarter	Prior Quarter	Difference
<b><u>ASSETS</u></b>			
<b>CURRENT</b>			
CASH AND CASH EQUIVALENTS	1,755,729	1,908,251 1*	(152,522)
CASH - RESTRICTED FUNDS	77,145	75,305	1,840
ACCOUNTS RECEIVABLE			
- RESIDENTS	59,055	44,242	14,813
- DEPT of SOCIAL DEVELOPMENT	60,670	36,699	23,971
- HST	49,878	28,304	21,574
- OTHER	648,258	116,939 2*	531,319
INVENTORIES	97,837	97,837	-
PREPAID EXPENSES	167,287	332,987 3*	(165,700)
LONG TERM RECEIVABLE	-	-	-
<b>TOTAL CURRENT ASSETS</b>	<b>2,915,859</b>	<b>2,640,563</b>	<b>275,296</b>
CASH RESTRICTED FOR FUTURE CAPITAL	-	-	-
LAND, BUILDING AND FURNITURE (Net)	24,869,576	25,219,337	(349,761)
<b>TOTAL FIXED ASSETS</b>	<b>24,869,576</b>	<b>25,219,337</b>	<b>(349,761)</b>
<b>TOTAL ASSETS</b>	<b>27,785,435</b>	<b>27,859,901</b>	<b>(74,465)</b>
<b><u>LIABILITIES</u></b>			
<b>CURRENT</b>			
PAYABLES & ACCRUALS	3,009,895	3,070,834 4*	(60,940)
DEFERRED REVENUE	296,798	442,720 5*	(145,922)
<b>TOTAL CURRENT</b>	<b>3,306,693</b>	<b>3,513,554</b>	<b>(206,862)</b>
<b>LONG TERM</b>			
LONG TERM DEBT	10,572,467	11,142,995	(570,529)
DEFERRED CONTRIBUTIONS	1,262,685	1,332,036	(69,350)
<b>TOTAL LIABILITIES</b>	<b>11,835,152</b>	<b>12,475,031</b>	<b>(639,879)</b>
<b><u>FUND BALANCES</u></b>			
FUNDS RESTRICTED	67,306	67,620	(314)
UNRESTRICTED	11,149,347	11,149,622	(275)
NET INCOME (LOSS) FOR PERIOD	1,426,938	654,073	772,865
<b>TOTAL FUNDS</b>	<b>12,643,591</b>	<b>11,871,315</b>	<b>772,276</b>
<b>TOTAL LIABILITIES &amp; FUNDS</b>	<b>27,785,435</b>	<b>27,859,901</b>	<b>(74,465)</b>

Notes:

1. Decrease due to normal monthly movements with Accts Receivable, Accts Payable and Revenue.
2. Increase due Worksafe Performance Refund \$526K.
3. Decrease due to monthly amortization to expense the annual property tax and insurance.
4. Decrease due to lower Salary / Payroll Cost Payable \$195K offset by higher Trade Payables \$135K.
5. Decrease mainly due to the Property Taxes, paid by SD in May, being booked to Revenue monthly.

**YORK CARE CENTRE INC.**  
**Statement of Operations - Year to Date**  
**9MONTHS ENDING 12/31/2024**

	<b>Actual Current YTD</b>	<b>Budget Current YTD</b>	<b>Variance Budget vs Actual</b>
<b>REVENUE AND RECOVERIES</b>			
Operating Revenue	17,202,784	17,287,481	-84,697
Recurring Budget Amendments	0	0	0
Non-recurring Budget Amendments	352,330	352,330	0
Administration	854,311	330,969	523,342
Care Services	155,452	49,595	105,857
Operations	284,890	247,549	37,341
Deferred Contributions	208,051	208,051	0
<b>TOTAL REVENUE AND RECOVERIES</b>	<b><u>19,057,818</u></b>	<b><u>18,475,975</u></b> *1.	<b><u>581,843</u></b>
<b>OPERATING EXPENSES</b>			
Administration	3,534,266	3,610,512	*2. 76,246
Care Services	7,998,279	7,927,030	*3. -71,250
Operations	4,762,265	4,656,415	*4. -105,849
Mortgage Interest & Depreciation	1,336,070	1,350,027	*5. 13,957
<b>TOTAL EXPENSES</b>	<b><u>17,630,880</u></b>	<b><u>17,543,984</u></b>	<b><u>-86,896</u></b>
<b>NET SURPLUS (DEFICIT)</b>	<b><u>1,426,938</u></b>	<b><u>931,991</u></b>	<b><u>494,947</u></b>
Less: Transfer to replacement reserve	1,925	0	-1,925
<b>Increase in Operating Fund</b>	<b><u>1,425,013</u></b>	<b><u>931,991</u></b>	<b><u>496,872</u></b>

Notes (Actual to Budget):

- 1 Higher revenue due to higher Admin Rev - WSNB Refund \$526.0K, Care - Secondment Rev \$105.8K, Operations - Dietary Rec. \$22.0K, Café \$5.0K, Other Combined Rev \$10.4K offset by lower Operating Rev - SD \$84.7K, Lower Admin Combined Other \$2.7K.
- 2 Lower due to lower overall Salary/Payroll Costs \$46.9K, Get Inspired/Adver./Com \$9.9K, Prof. Fees \$17.2K (mainly audit), Education \$28.4K offset by higher Recruitment \$12.8K, Office Supplies \$13.3K.
- 3 Higher due to higher Payroll Costs \$95.9K (Secondment \$105K) offset by lower Supplies \$17.3K and Equip. \$7.4K.
- 4 Higher due to higher Supply Costs \$72.6K, Salary Costs \$50.8K, Maintenance \$53.7K, Vehicle \$0.8K offset by lower Utilities \$38.2K, Linen/Mattress \$19.6K, Equipment \$10.2K, Computer Hardware/Software \$4.1K.
- 5 Lower Depreciation due to delayed capital purchases \$14.0K.

YORK DEVELOPMENT INC  
Statement of Financial Position - CONSOLIDATED  
12/31/2024

	Current Quarter	Prior Quarter	Difference
<b><u>ASSETS</u></b>			
<b>CURRENT ASSETS</b>			
CASH	607,463	634,385	-26,922
ACCOUNTS RECEIVABLE	60,995	77,927 <sup>1*</sup>	-16,931
HST RECEIVABLE	1,172	7,456	-6,284
PREPAID EXPENSES	12,927	45,215 <sup>2*</sup>	-32,288
TOTAL CURRENT ASSETS	<u>682,557</u>	<u>764,983</u>	<u>-82,425</u>
<b>RESTRICTED CASH AND DEPOSITS</b>			
REPLACEMENT RESERVE FUND	296,376	284,149	12,227
DEFERRED VACANCY SUBSIDY	47,890	47,357	533
TOTAL RESTRICTED CASH & DEPOSITS	<u>344,266</u>	<u>331,506</u>	<u>12,760</u>
<b>FIXED ASSETS</b>			
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	968,032	921,623 <sup>*3</sup>	46,409
ACCUMULATED DEPRECIATION	-4,467,168	-4,427,997	-39,171
TOTAL FIXED ASSETS	<u>1,904,658</u>	<u>1,897,420</u>	<u>7,238</u>
<b>TOTAL ASSETS</b>	<u><u>2,931,482</u></u>	<u><u>2,993,909</u></u>	<u><u>-62,427</u></u>
<b><u>LIABILITIES</u></b>			
<b>CURRENT LIABILITIES</b>			
ACCOUNTS PAYABLE & ACCRUED LIABILITIES	106,813	183,459 <sup>*4</sup>	-76,646
DEFERRED REVENUE	187,524	221,054 <sup>*5</sup>	-33,531
TOTAL CURRENT LIABILITIES	<u>294,337</u>	<u>404,514</u>	<u>-110,177</u>
<b>LONG TERM DEBT</b>			
MORTGAGE 116 SUNSET DRIVE	1,508,038	1,489,915	18,123
TOTAL LONG TERM LIABILITIES	<u>1,508,038</u>	<u>1,489,915</u>	<u>18,123</u>
<b>DEFERRED CONTRIBUTIONS</b>			
DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS	1,501	2,002	-500
TOTAL DEFERRED	<u>1,501</u>	<u>2,002</u>	<u>-500</u>
<b>FUND BALANCES</b>			
REPLACEMENT RESERVE RESTRICTED	296,376	284,149	12,227
VACANCY SUBSIDY RESERVE	47,890	47,357	533
EARNED SURPLUS	701,362	710,362	-9,000
NET INCOME (LOSS) FOR PERIOD	81,975	55,610	26,365
TOTAL EQUITY	<u>1,127,604</u>	<u>1,097,478</u>	<u>30,126</u>
<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<u><u>2,931,480</u></u>	<u><u>2,993,909</u></u>	<u><u>-62,427</u></u>

1. Insurance claim receivable of \$45.9K still outstanding (received partial payment in January).
2. Decrease due to monthly amortization of insurance and property taxes.
3. Increase due to capitalization of roof work on 95 Sunset (considered enhancement - quality of shingles).
4. Decrease due to payment for work for insurance claim 91 Sunset (receivable due from Insurance).
5. Decrease mainly due to spend for the NHWW program.

**YORK DEVELOPMENT INC**  
**Statement of Operations - CONSOLIDATED**  
**9 MONTHS ENDING 12/31/2024**

	Actuals YTD December 31	Budget YTD December 31	Variance
<b>Independent Housing</b>			
Total Revenue	418,498	423,031	-4,532
Operating Expenses			
Wages & Benefits	72,391	70,434	-1,957
Maintenance	200,436	228,682	28,246
Administration	107,643	109,544	1,901
Depreciation	12,351	12,876	525
Total Operating	392,821	421,536	28,715
<b>Net Earnings</b>	<b>25,678</b>	<b>1,495</b>	<b>*1 24,183</b>
<b>Supportive Housing</b>			
Total Revenue	690,647	636,464	54,183
Operating Expenses			
Wages & Benefits	282,903	253,526	-29,377
Tenant Support Costs	52,327	45,878	-6,449
Maintenance	112,040	122,661	10,621
Administration	84,592	88,250	3,658
Depreciation	105,162	107,902	2,740
Total Operating	637,024	618,216	-18,808
<b>Net Earnings</b>	<b>53,623</b>	<b>18,248</b>	<b>*2 35,375</b>
<b>ADP</b>			
Total Revenue	117,665	115,488	2177
Operating Expenses			
Wages & Benefits	90,540	76,676	-13,864
Program Support Costs	14,161	21,051	6,890
Administration	10,290	12,751	2,460
Depreciation	0	0	0
Total Operating	114,991	110,478	-4,514
<b>Net Earnings</b>	<b>2,674</b>	<b>5,011</b>	<b>*3 -2,337</b>
<b>NHWW</b>			
Total Revenue	85,954	174,494	-88,540
Operating Expenses			
Wages & Benefits	67,980	121,663	53,683
Program Support Costs	4,338	36,581	32,242
Administration	13,635	16,250	2,615
Depreciation	0	0	0
Total Operating	85,954	174,494	88,540
<b>Net Earnings</b>	<b>0</b>	<b>0</b>	<b>*4 0</b>
<b>TOTAL NET EARNINGS</b>	<b>81,974</b>	<b>24,754</b>	<b>57,221</b>

Notes: ( Actuals to Budget)

1. Higher Net Earnings due to lower expenses, mainly in Maintenance Cost Center \$28.7k, offset by lower revenue \$4.5K. Lower R&M \$25.5 (No Reserve required for Roof/Work Capitalized), Equipment/Supplies \$2.3K , Utility \$0.6K, lower overall admin \$1.9K, Dep \$0.5K offset by higher payroll \$2.0K. Revenue was lower due to lower Rental Income \$1.5K, Student Funding \$3.6k offset by Other Income \$0.6K.
2. Higher Net Earnings due to higher revenue \$54.2k offset by higher expenses \$18.8k. Revenue was higher due to higher Care Hr Rev. \$40.7k, interest \$10k and WSNB Refund \$3.8K. Expenses were higher for payroll \$29.4K, food costs \$6.4K, offset by overall lower utility \$4.4k, R&M/RR \$3.9k, Equip Purchase/Supplies \$2.3K, no audit costs \$3.5K, lower depreciation \$2.7K.
3. Lower Net Earnings due to overall higher expenses \$4.5K offset by slightly higher revenue \$2.2k . Expenses were higher mainly due to payroll costs \$13.8K offset by lower Program Costs - Food \$4.8K,Supplies \$2.0K, Admin - Adv. \$1.8K, Other \$0.6K. Revenue was lower for Client Day Services \$4.1K that was offset by higher interest income \$5.4K, Other \$0.9K.
4. Lower than budget due to lower revenue \$88.5k and offsetting lower expenses Wages \$53.7k, Program Costs \$32.2k and Admin \$2.6 k.

**Centre for Innovation and Research**  
**Statement of Financial Position**  
**12/31/2024**

	Current Quarter	Prior Quarter	Difference
<b><u>ASSETS</u></b>			
CURRENT			
CASH AND CASH EQUIVALENTS	207,562	325,064 *1	(117,502)
ACCOUNTS RECEIVABLE	11,282	16,118	(4,836)
HST RECEIVABLE	5,584	4,093	1,490
TOTAL CURRENT ASSETS	<u>224,427</u>	<u>345,275</u>	<u>(120,847)</u>
CAPITAL ASSETS			
EQUIPMENT AND FURNITURE	16,186	16,186	-
ACCUMULATED DEPRECIATION	(14,895)	(14,465)	(430)
	<u>1,291</u>	<u>1,721</u>	<u>(430)</u>
TOTAL ASSETS	<u><u>225,718</u></u>	<u><u>346,996</u></u>	<u><u>(121,278)</u></u>
<b><u>LIABILITIES</u></b>			
CURRENT			
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	10,807	55,844 *2	(45,037)
DUE TO YORK MANOR INC.	3,869	9,878	(6,008)
DUE TO YORK DEVELOPMENTS INC.	175	3,685	(3,510)
DEFERRED REVENUE	170,242	242,517 *3	(72,274)
TOTAL CURRENT	<u>185,094</u>	<u>311,923</u>	<u>(126,830)</u>
<b><u>FUND BALANCES</u></b>			
FUND BALANCES			
FUNDS UNRESTRICTED	38,448	38,448	-
NET INCOME (LOSS) FOR THE PERIOD	2,177	(3,376)	5,552
TOTAL FUNDS	<u>40,625</u>	<u>35,073</u>	<u>5,552</u>
TOTAL LIABILITIES & FUNDS	<u><u>225,718</u></u>	<u><u>346,996</u></u>	<u><u>(121,278)</u></u>

Notes:

1. Decrease due to cover regular monthly expenditure costs.
2. Decrease mainly due to payment of Symposiums Costs \$37.5K.
3. Decrease due to monthly amortization of unearned revenue to earned revenue.

**Centre for Innovation and Research**  
**Statement of Operations - CONSOLIDATED**  
**9 MONTHS ENDING 12/31/2024**

	<b>CURRENT MONTH</b>	<b>BUDGET MONTH</b>	<b>ACTUAL VS BUDGET</b>	<b>ACTUAL YTD</b>	<b>BUDGET YTD</b>	<b>ACTUAL VS BUDGET</b>
<b>REVENUE</b>						
GENERAL CONTRIBUTIONS	3,750	3,750	0	33,750	33,750	0
POLYPHARM APP PHASE 2 PROJECT	8,913	0	8,913	10,774	15,000	-4,226
GENIE PROJECT	-11	4,040	-4,051	4,987	22,000	-17,013
PASSIVE AWARE PROJECT	711	0	711	6,565	15,000	-8,435
PASSIVE AWARE AT HOME PROJECT	0	0	0	26,563	31,560	-4,997
A DAY IN THE LIFE PROJECT	0	0	0	16,268	21,270	-5,002
CABHI - DISCOVER & ADOPT	0	0	0	100,002	100,000	2
PHAC ISAF - HUMAN RIGHTS	21,036	21,056	-20	96,826	186,839	-90,013
PHAC - ANTIBIOTIC STUDY	4,456	1,000	3,456	16,392	17,000	-608
INTEREST INCOME	729	900	-171	12,785	8,100	4,685
STUDENT FUNDING	0	0	0	0	5,814	-5,814
SYMPOSIUM	0	0	0	29,830	40,000	-10,170
OTHER INCOME	1,359	0	1,359	1,359	0	1,359
<b>TOTAL UNRESTRICTED REVENUE</b>	<b>40,943</b>	<b>30,746</b>	<b>10,197</b>	<b>356,102</b>	<b>496,333 *1</b>	<b>-140,231</b>
<b>OPERATING EXPENSES</b>						
<b>WAGES &amp; BENEFITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,814 *2</b>	<b>5,814</b>
<b>ADMINISTRATION</b>	<b>732</b>	<b>4,532</b>	<b>3,800</b>	<b>75,546</b>	<b>88,115 *3</b>	<b>12,568</b>
<b>PROJECT RELATED EXPENDITURES</b>	<b>35,105</b>	<b>26,096</b>	<b>-9,010</b>	<b>278,379</b>	<b>408,668 *4</b>	<b>130,290</b>
<b>TOTAL EXPENSES</b>	<b>35,837</b>	<b>30,628</b>	<b>-5,210</b>	<b>353,925</b>	<b>502,597</b>	<b>148,672</b>
<b>NET EARNINGS (LOSS)</b>	<b>5,105</b>	<b>118</b>	<b>4,987</b>	<b>2,177</b>	<b>-6,264</b>	<b>8,441</b>

**Notes:**

- \*1. Lower than budget due to overall lower Project Income \$130.3K (Lower Project funds \$40K & Delayed \$91K), lower Symposium revenue \$10.2K, no Student Funding \$5.8K, offset by higher Interest Income \$4.7K.
- \*2. Lower than budget as no Summer Students \$5.8K , (Other Employee Wages charged to projects \$215K).
- \*3. Lower than budget due to no audit fees \$7.3k, lower Symposium Costs \$7.1K offset by higher insurance / Other \$1.9K.
- \*4. Project expenditures align with project revenue above (in grey).



# REPORT TO THE FINANCE & ADMINISTRATION COMMITTEE

Oct 1 – December 31, 2024  
Quarter 3 Activity

The purpose of this report is to apprise the Board's Finance & Administration Committee of key activities within each quarter of the fiscal year, including an update on key performance indicators and the two strategic pillars: Resources and Environment. Accordingly, the Committee receives four reports per year with content from the following senior leaders.

#### **Senior Leader**

Shelley Kenny, Vice President, People and Culture  
Heather Harris-Jones, Chief Financial Officer  
Michel Boyer, Director, Facilities & Infrastructure

#### **Key Areas of Reporting**

Human Resources  
Financial Services  
Facilities, Building and Infrastructure

## 1. Human Resources

- **Recruitment** - The HR department scheduled 16 interviews in the Q3 and hired **12 new staff members**. Five are members of the Care Services team and seven are members of the Support Service team.
- **Turnover** - In Q3, 10 employees resigned, 1 employee was terminated and 2 employees retired. The main three reasons for resignations were: health, school commitments, fuel costs. In comparison to last quarter: moving, employment elsewhere, school commitments
- **Retention Bonus** - The NB Government one-time RN retention payment was processed and distributed to 20 of our Registered Nurses.
- **Staff Education:** In October, twenty-four of our facility leaders participated in a leadership development workshop which examined 'Creating Effective Teams', facilitated by Stephen Franklin. I participated in a Webinar, 'Navigating Workplace Privacy' (Cox & Palmer).
- **Students** - We welcomed 36 students from NBCC, who were with us for a 2-week period as part of their clinical placement. Also, the Therapeutic Recreation Department hosted 2 students from Leo Hayes High School (Sept-Jan) as part of their Co-op program. A student from Saint Thomas University is currently conducting an Internship (Sept-Jan) within the department.
- **IEN Recruitment** – 2024 Mission: We welcomed a candidate in January who arrived unaccompanied. We will now experience candidates arriving on a more consistent basis. It is convenient having the apartment located across the street from the facility. I have secured the services of Thrive NB to provide our candidates with settlement services such as: securing housing, securing daycare, scheduling of school visits, assistance with finding spousal employment, and assistance with obtaining government registrations.
- **Staff Engagement/Recognition/Get Inspired Team:** There were a lot of recognition activities provided to staff this quarter:
  - Free Hand Massages (through Eastern College), Staff Appreciation Catered Meal, Halloween Costume Contest, 4 staff tickets to attend Laugh for Care, Pastoral Care Week, Annual Staff Christmas Party, free 20-minute Massages (through Eastern College), 2 'Coffee Day' Basket Draws, Christmas Unit Decorating Contest, (8) Christmas Wreath Draws, Staff Holiday Turkey Meal, and Staff Holiday Gift Cards!
  - A food drive competition amongst the units was organized in support of Greener Village.
  - A flu shot clinic was offered to staff in November.
  - An 'All Staff General Meeting' was held in this quarter and members of SLT provided updates within each of their departments.
  - Five Staff Christmas Care packages were distributed.
  - The Fredericton Community Kitchen received a donation of \$6, 326 from YCC as a result of monies collected from staff who participate in 'Dress Down Friday'.
  - Selected staff participated in a Strategic Planning Focus Group.
- **Operational Goals:**
  - Evaluate the effectiveness of the mentorship program – extended to next quarter.
  - Complete staff rotation review for Support Services department – extended to next quarter.
  - Increase the amount of paid vacation taken by 5% higher than previous year:
    - Q1 – target of 5% reached (26%)
    - Q2 – target of 5% reached (8.2%)
    - Q3 – target of 5% not reached (reached 3.7%)

## Human Resources Key Performance Indicators

	Q3 2023-24	Q4 2023-24	Q1 2024-25	Q2 2024-25	Q3 2024-25
<b>Retention Rate (%) – 12 month look-back</b> Number of employees who remain on staff as percentage of those who were on staff 1 year ago.	78%	78%	82%	85%	85%
<b>Resignations Within One Year (#)</b> Number of resignations within the first year of employment.	6	6	9	9	4
<b>Sick Time</b> Sick days / FTE (standardized - # of days/1957.5 hours worked within the quarter).	13.60	13.56	11.58	15.76	12.87
<b>Sick Time (%)</b> - Sick hours as a percentage of total paid hours.	5.2%	5.1%	4.4%	6.0%	4.9%
<b>Overtime Hours (%)</b> Overtime hours as a percentage of total worked hours.	7.2%	6.0%	5.0%	5.7%	6.1%
<b>Care Hours (Short/Over)</b> Average # hours worked per day below or above the target (RN,LPN,RA).	-44.85	-4.53	+13.13	+5.90	+12.71
<b>% RN Hours</b> # of RN hours worked as a percentage of the target.	84%	87%	93%	97%	98%
<b>% hours of professional care (RN/LPN)</b> Number of RN/LPN hours worked as a percentage of the target.	89%	96%	98%	101%	101%

## 2. Facilities, Building, and Infrastructure

**Refurbishments** - There were 16 refurbished rooms in YCC and 4 refurbished units in YDI.

**Nurse Call Replacement Project** – The work was awarded to DC Electric with support from QSA of Fredericton. Materials were promptly ordered and arrived in time to start work within the facility in December 2024. The work is being done with a phased approach starting in the Eastern side of the campus (Birch Grove) and working their way West. The initial focus of the project was to get the portable phone infrastructure installed as call points cannot be transitioned to the new system without a receiving phone. The last components for the phone network are set to arrive the week of February 3, 2025 and once installed, testing will commence. Concurrent to the work on the phone components being installed, the main line loops are being run throughout the facility, and it is anticipated that the main line loops will be completed during the week of February 3, 2025 as well. I anticipate room transitions to begin mid-February.

**Purchase of Capital Equipment** – Purchase of a new Burlodge oven was made to replace an aging unit located in the Best building. The old unit is nearing 20 years old and will better allow us to service other services outside of Birch Grove like the Adult Day Program by giving us more capacity and allowing the unit to function better.

**Suzy Q trials** – The Suzy Q project remains ongoing for the lunch period only. We have encountered some barriers in adopting the cart and have further requested additional funding from our funding partner to help with issues that have come up.

**Resident Air Conditioning Project** – There have been no recent developments or updates on this project.

**Replacement of Boiler #4 in Tower** – During routine maintenance of the boiler plant for the Tower it was noted that there was an internal leak of the heat exchanger. With the financial support of Social Development through a budget amendment, this boiler was replaced.

**Update to Internal Phone System** – We were advised by the servicing contractor for our internal phone system that they would not be continuing their relationship with the manufacturer of our current internal phone system (Avaya IP Office) and would no longer be able to support us in maintaining that infrastructure. Talks are currently underway with a National Avaya partner (Connex Telecommunications Inc.) to put together a quote to get us back up-to-date and also be able to support us with maintaining this system.

### Facilities, Building and Infrastructure Key Performance Indicators

	Q3 2023-24	Q4 2023-24	Q1 2024-25	Q2 2024-25	Q3 2024-25
<b>Food Cost per Resident Day</b>	12.19	12.40	12.61	11.83	12.80

### 3. Financial Services

This is a busy time of year for the Financial Service group. On top of our regular work, additional time is required to meet the annual time sensitive deadlines. Additional workload at this time of year includes updating the payroll system for January rate changes, calculating the Pension Adjustments and Taxable Benefits so we can prepare T4's, preparation of resident tax letters, tax receipts, 2025-26 budget and completion of the audit for the York Foundation. This year, our Accounts Receivable and Resident Trust Administrator has been busy with the resident communication, completion and tracking of billing information forms for the transition of the pharmaceutical contract late February. Around the corner is our year ends and audits for YCC, YDI and Cira that we are already starting to prepare for and arrange inventory counts. It is a busy time but the group is staying focused and meeting their deadlines to date.

## 4. Operating Plan Progress Report

### 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
<ul style="list-style-type: none"> <li>A. Satisfied workforce through wellness and a safe workplace.</li> <li>B. Improve staffing processes to enhance overall care; more time with residents / clients.</li> <li>C. Responsible fiscal management with a focus on continuous quality improvement.</li> <li>D. Enhance training to staff, clarify roles and ensure adequate supervision across YCC.</li> </ul>

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"> <li>• New Contract in place by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>• In-progress – Contract awarded. Implementation planned for late Feb.</li> </ul> <p><b>Resp - Heather Harris-Jones and Jamie Roy</b></p>
	Conduct an administration process review to address areas for improving efficiency and reducing overlap.	<ul style="list-style-type: none"> <li>• Processes reviewed and updated by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>• In-progress - Initial discussions underway.</li> </ul> <p><b>Resp - Heather Harris-Jones and Shelley Kenny</b></p>
	To improve management control, review the following processes: <ul style="list-style-type: none"> <li>- shipping and receiving,</li> <li>- credit card policy,</li> <li>- inventory count procedure,</li> <li>- procurement process</li> <li>- financial statement format</li> </ul>	<ul style="list-style-type: none"> <li>• Processes reviewed and updated by March 2025</li> </ul>	<ul style="list-style-type: none"> <li>• In-progress</li> </ul> <p><b>Resp - Heather Harris-Jones and Michel Boyer</b></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"> <li>• Quarterly meetings with each budget manager, aiming for monthly meetings in Q3 and Q4</li> </ul>	<ul style="list-style-type: none"> <li>• Q3 Meetings <b>COMPLETE</b></li> </ul> <p><b>Resp - Heather Harris-Jones</b></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"> <li>• 33% of all administrative and clinical policies will be reviewed and updated within the fiscal year.</li> </ul>	<ul style="list-style-type: none"> <li>• In-progress and on target.</li> </ul> <p><b>Resp - Geri Geldart and Jennifer Vos</b></p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
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"> <li>Finalize the draft engagement framework developed in 23/24 by August 2024.</li> <li>Establish implementation milestones for 24/25 and 25/26 by September 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE.</b></li> <li><b>COMPLETE</b></li> </ul> <p><i>Resp - Geri Geldart and Shelley Kenny.</i></p>
	To support the development of a positive workplace culture, introduce the 20 Tenets Program from “Better Culture”	<ul style="list-style-type: none"> <li>Program to be introduced by September 2024</li> <li>Achieve and maintain at least 65% participation in the program</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b> – Introduced in August.</li> <li>In-progress – Technology issues resolved. Will relaunch in Q4</li> </ul> <p><i>Resp - Geri Geldart and Shelley Kenny</i></p>
	Evaluate the effectiveness of the mentorship program introduced in 2024.	<ul style="list-style-type: none"> <li>Evaluation complete by December 2024</li> </ul>	<ul style="list-style-type: none"> <li>Falling Behind – will complete in Q4</li> </ul> <p><i>Resp- Shelley Kenny</i></p>
	Complete a staff rotation review for the Support Services departments.	<ul style="list-style-type: none"> <li>Review to be complete by December 2024.</li> </ul>	<ul style="list-style-type: none"> <li>Falling Behind – Survey completed in Dec. Analysis and plan delayed until Q4</li> </ul> <p><i>Resp - Shelley Kenny and Michel Boyer</i></p>
	To increase engagement of management staff, introduce a monthly management forum focused on alignment, communication and collaboration.	<ul style="list-style-type: none"> <li>Management Forum to be established by September 2024.</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> <li>First meeting held in July 2024</li> </ul> <p><i>Resp - Geri Geldart</i></p>
	Provide two professional development workshops for leaders.	<ul style="list-style-type: none"> <li>Workshops to be delivered in Fall 2024 and Winter 2025</li> </ul>	<ul style="list-style-type: none"> <li>In progress. “Creating Effective Teams” session held in October.</li> <li>Mental Health Session planned for Q4</li> </ul> <p><i>Resp - Shelley Kenny</i></p>
	Offer one wellness education day focused on personal well-being	<ul style="list-style-type: none"> <li>Workshop to be delivered by June 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> <li>Wellness Day held in May 2024</li> </ul> <p><i>Resp - Geri Geldart</i></p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Enhance the staff experience, increase recruitment and improve retention (continued)	To improve work-life balance, increase the amount of paid vacation taken.	<ul style="list-style-type: none"> <li>Vacation hours taken in Q2 and Q3 will be at least 5% higher than previous years.</li> </ul>	<p><b>COMPLETE</b></p> <ul style="list-style-type: none"> <li>Q1 – 26% increase in paid vacation hours</li> <li>Q2 – 8.2% increase in paid vacation hours taken.</li> <li>Q3 – 3.7% increase – Fewer requests received –</li> </ul> <p>Overall, the target was reached. Far fewer vacation requests in Q3.</p> <ul style="list-style-type: none"> <li><b>Resp – SLT</b></li> </ul>

**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
<ul style="list-style-type: none"> <li>A. Continuous improvements in the internal and external surroundings.</li> <li>B. Positive feedback from residents, clients and families regarding our efforts to maintain our infrastructure in a “near new” state.</li> <li>C. Positive feedback from residents, clients and families articulating our ability to create a “home-like” atmosphere.</li> <li>D. Number of incidents are reduced/eliminated</li> </ul>

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"> <li>A maintenance plan completed by December 2024</li> </ul>	<ul style="list-style-type: none"> <li><b>In-progress</b> – NB Housing agreements in place. Building inspections will be scheduled. Inspection reports not sufficient. Building condition assessments to be completed by contractor in Q4. Maintenance plan will follow.</li> </ul> <p><b>Resp - Michel Boyer</b></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"> <li>A new nurse call system has been installed in the LTC facility by end of March 2025</li> </ul>	<ul style="list-style-type: none"> <li><b>In-progress</b> – Contract award. Installation began in Dec. Aiming for completion by Q1 25/26</li> </ul> <p><b>Resp - Michel Boyer</b></p>

Strategic Goal	Operational Goal	Measure of Performance	Responsibility / Progress
Ensure a safe and secure environment for residents, clients and staff.	In collaboration with the DTI, assist with the completion of the engineering study for cooling in resident rooms.	<ul style="list-style-type: none"> <li>• Study to be completed, conditional on schedule established by DTI</li> </ul>	<ul style="list-style-type: none"> <li>• <b>In-progress</b> – Engineering plans in development. Limited communication from DTI re next steps.</li> </ul> <p><i>Resp - Michel Boyer</i></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"> <li>• Study completed and recommendation submitted for consideration to proceed.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> </ul> <p><i>Resp - Michel Boyer</i></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"> <li>• Operating Agreements to be in place by September 2024.</li> <li>• Assessment of potential participation in the provincial rent supplement program complete by Dec. 2024</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• <b>COMPLETE</b> Discussions with NB Housing complete. Verified opportunity to participate. Transition plan to be developed. Expect transition to be slow (unit by unit)</li> </ul> <p><i>Resp - Heather Harris-Jones</i></p>

## BRIEFING NOTE

**To:** Finance and Administration Committee of the Board of Directors

**From:** Geri Geldart, President and CEO

**Date:** February 5, 2025

**RE: Risk Management Plan**

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### **Purpose**

To provide the Finance and Administration Committee with a draft Risk Management Plan for consideration and feedback.

### **Background**


Risk cannot be eliminated. It is an inevitable part of operating a long term care facility. But, if the risks are identified and planned for, risk can then be managed and mitigated. We minimize risk daily at York Care Centre through policy development, staff orientation and training, incident management, emergency planning and through our links with the Department of Social Development and Work Safe NB.

York Care Centre has a number of policies/procedures/plans which address a variety of predictable risks which the organization might face. As part of our operational goals and in compliance with board policies, we have developed our first risk matrix which identifies the predictable risks and determines the likelihood of occurrence and the potential impact on the organization.



This is a draft / preliminary document which will evolve over time. The reason for bringing this to Finance and Admin is to solicit feedback from the committee regarding the content and format of the risk matrix as well as the assessment of risk level.

Over time, we will identify action plans to address opportunities to reduce our level of risk such as staff education, emergency planning, etc.



## Purpose



A robust risk management plan is essential to ensuring the safety, health, and wellbeing of the residents, staff, and visitors of York Care Centre. This preliminary plan outlines the key operational and clinical risks, their likelihood of occurrence and their potential impact. Mitigation strategies to prevent or minimize these risks have been identified for any risk that is assessed as a high probability risk, or would result in has a high impact to the organization. These risks are identified with a  icon.

### A. OPERATIONAL RISKS

Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<b>Critical loss of services – Power</b>  <ul style="list-style-type: none"> <li>Electrical services are essential to the safe operation of the facility.</li> </ul>	High	High	<ul style="list-style-type: none"> <li>Large generator on site. Generator tests performed weekly. Full transfer of power tested weekly. This is an industry best practice.</li> <li>Service contract in place.</li> <li>Code Brown in place</li> </ul>
<b>Critical loss of services - Heat</b>	Med	Low	<ul style="list-style-type: none"> <li>Code Brown in place</li> <li>Independent heat sources throughout the building.</li> </ul>
<b>Critical loss of services – Water</b>  <ul style="list-style-type: none"> <li>Water is essential to the safe operation of the facility. Facility evacuation is required.</li> <li>Water is supplied by the municipality</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>Code Brown in place</li> </ul>


Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<p><b>Critical loss of services – Telephone</b></p> <ul style="list-style-type: none"> <li>Telephone services are required to support communication within the facility, as well as to maintain connection to outside parties (families, emergency services, etc)</li> </ul>	Med	Medium	<ul style="list-style-type: none"> <li>Code Brown in place</li> <li>Prevention – service contracts with telephone provider.</li> <li>System upgrades</li> <li>Equipment replacement plan</li> </ul> <p>We have experienced poor service from a provider but finding a new provider has been challenging. Risk management work underway</p>
<p><b>Critical loss of services – IT Services</b></p> <ul style="list-style-type: none"> <li>Loss of function</li> </ul>	Med	Med	<ul style="list-style-type: none"> <li>Cloud based file and email storage</li> <li>Back-up procedures for clinical data</li> <li>Security/access processes in place to limit security risks</li> <li>Contractual arrangements with technical specialists to support our infrastructure.</li> <li>A number of cybersecurity protocols in place. More protections could be introduced.</li> </ul>
<p><b>Critical loss of services – IT Services</b></p> <ul style="list-style-type: none"> <li>A data breach or cyber-attack can result in the loss of sensitive resident information, leading to legal liabilities, financial penalties, and reputational harm.</li> </ul>	Low	Med	<ul style="list-style-type: none"> <li>Cybersecurity Training:</li> <li>Access Control to limit access to sensitive data based on role and need.</li> <li>Regular Audits: Regular security audits to identify and address potential vulnerabilities.</li> <li>Incident Response Plan: An incident response plan to address cybersecurity breaches is in place.</li> </ul>



Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<p><b>Interruption of Business Continuity due to natural disasters</b> </p> <ul style="list-style-type: none"> <li>Natural disasters can lead to evacuation, structural damage, and disruption in care, putting resident safety at risk.</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>Disaster Preparedness Plan - Code Green is in place. Exercised and updated regularly. <b>Possibly need to plan for a full test of the evacuation plan.</b></li> <li>Emergency Supplies: Facility holds a stock of essential medical equipment which would last for at least 72 hours. <b>Food stocks should be reviewed.</b></li> <li>Facility Insurance: Insurance coverage for natural disasters.</li> <li>Communication Protocol: A communication system in place to keep families informed during disasters - varies depending on disaster. May involve cell phone connection, social media posts. <b>More development required.</b></li> </ul>
<p><b>Interruption due to Fire</b> </p> <ul style="list-style-type: none"> <li>Fires or safety hazards can endanger residents and staff, causing injuries or fatalities.</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>Code Red in place</li> <li>Fire Safety Equipment: All areas are equipped with fire extinguishers, alarms, and sprinklers.</li> <li>Evacuation Plan: Facility has an emergency evacuation plan (Code Green)</li> <li>Electrical Inspections: Routine inspections of electrical equipment are conducted to prevent fire hazards.</li> <li>Staff Training on fire safety protocols and emergency response actions is mandatory.</li> </ul>


Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<b>Potential for threat to building and people</b>  (bomb threat, etc).	Low	High	<ul style="list-style-type: none"> <li>• Code Black in place</li> </ul>
<b>Potential threat to building and people due to natural gas leak</b> 	Low	High	<ul style="list-style-type: none"> <li>• Code Brown in place</li> </ul>

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## B. CLINICAL RISKS




Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<p><b>Potential for infectious disease outbreak.</b> </p> <ul style="list-style-type: none"> <li>• Infection outbreaks can lead to resident illness or death, staff shortages, and significant financial and reputational damage.</li> </ul>	<p>High</p>	<p>Medium</p>	<ul style="list-style-type: none"> <li>• Infection Control Protocols: Strict hygiene and infection prevention protocols, including routine handwashing, PPE use, and environmental cleaning.</li> <li>• Vaccination Programs are regularly offered to protect against seasonal illnesses.</li> <li>• Established protocols for isolating infected individuals to prevent the spread of infection.</li> <li>• Conduct regular health checks and testing for residents during outbreak periods.</li> <li>• Provide ongoing infection control training for staff.</li> <li>• Human Resource policies regarding return to work following a contagious illness.</li> </ul>
<p><b>Potential for clinical service incident - medication error</b></p> <ul style="list-style-type: none"> <li>• Medication errors can lead to serious health consequences for residents, including adverse drug reactions or inadequate care.</li> </ul>	<p>Medium</p>	<p>Medium</p>	<ul style="list-style-type: none"> <li>• Electronic medication administration records and protocols (eMAR) to reduce human error.</li> <li>• Staff Training: Regular training on medication management for all clinical staff.</li> <li>• Double Check System for high-risk medications.</li> </ul>

Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<p><b>Potential for clinical service incident – falls</b></p> <ul style="list-style-type: none"> <li>Falls can result in injury, hospitalization, or even death, and they increase liability risks for the facility.</li> </ul>	Medium	Medium	<ul style="list-style-type: none"> <li>Fall Risk Assessments for all residents, with more frequent checks for high-risk individuals.</li> <li>Environmental Modifications: Hand rails, and proper lighting in all areas.</li> <li>Fall detection and prevention technologies, such as bed alarms.</li> <li>Staff Training on fall prevention strategies and response protocols.</li> </ul>
<p><b>Potential for resident abuse</b></p>  <ul style="list-style-type: none"> <li>Cases of abuse or neglect can cause serious harm to residents and expose the facility to legal and reputational damage.</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>Regulated professional staff at all times.</li> <li>Staff Screening: criminal record check and vulnerable sector check during the hiring process.</li> <li>Staff training - recognizing and preventing abuse or neglect, with mandatory reporting protocols. Abuse policy introduced during orientation.</li> <li>Whistleblower Policy: reporting mechanism for staff and residents to report any concerns.</li> <li>Family involvement and regular visits encouraged to monitor resident care.</li> <li>Incident reports are shared with Adult Protection and DSD.</li> <li>Volunteers - may need to address training re resident abuse.</li> </ul>
<p><b>Potential for Missing Resident</b></p> 	Medium	High	<ul style="list-style-type: none"> <li>Code Yellow in place.</li> <li>Wanderguard technology in place.</li> </ul>

Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<b>Potential for clinical service incident – pressure injury</b>	Low	Medium	Elements of care plan include: <ul style="list-style-type: none"> <li>• Skin care protocol</li> <li>• Mobilization</li> <li>• Pressure-relieving devices</li> <li>• Dietician for nutritional support</li> </ul> Bedside Audits
<b>Critical shortage of staff.</b>  <ul style="list-style-type: none"> <li>• Staffing shortages, especially in nursing and caregiving roles, can affect the quality of care and lead to resident neglect or burnout among staff.</li> </ul>	Medium	High	<ul style="list-style-type: none"> <li>• Rotation design to establish the appropriate number of full time and part time positions.</li> <li>• Large number of part time staff who are available for additional shifts</li> <li>• Routine monitoring of staffing status – vacancies, turnover, care compliance</li> <li>• Employee Engagement initiatives</li> </ul>

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### C. OTHER RISKS

Identified Risk	Probability (low, medium, high)	Impact (low, medium, high)	How will we manage this risk?
<b>Potential for financial insolvency.</b>  	Low	High	<ul style="list-style-type: none"> <li>• Qualified professional accounting personnel on staff</li> <li>• Finance and Administration Committee provides oversight</li> </ul>
<b>Risk of compromised public image due to social media attacks.</b>	Medium	Medium	<ul style="list-style-type: none"> <li>• Communications strategy which promotes the mission and purpose.</li> <li>• Media policy in place</li> </ul>
<b>Potential for employee injury</b>	Medium	Low	<ul style="list-style-type: none"> <li>• Joint Occupational Health and Safety Committee in place.</li> <li>• Training programs</li> <li>• Incident Reporting</li> <li>• Case Management program.</li> </ul>
<b>Potential for workplace violence incident.</b>  	Low	High	<ul style="list-style-type: none"> <li>• Code White – Violent Threat in place</li> <li>• GPA Training</li> </ul>
<b>Regulatory Non-compliance</b>    <ul style="list-style-type: none"> <li>• Noncompliance with DSD and Public Health regulations can lead to loss of license.</li> </ul>	Low	High	<ul style="list-style-type: none"> <li>• Annual inspections – timely follow-up to issues identified during annual inspections. Follow-up includes audits, policy review and staff training to ensure standards are understood and followed.</li> </ul>

## BRIEFING NOTE

**To:** Finance and Admin Committee of the Board of Directors

**From:** Geri Geldart, President and CEO

**Date:** February 6, 2025

**RE: Monitoring Framework – Ends Policies**

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### Purpose

To provide the Finance and Administration Committee with a draft Monitoring Framework for use when evaluating achievement of the board approved Ends Policies.

### Background

York Care Centre has three Ends Policies: **Purpose, Residence of Choice, and Employer of Choice.**

Each policy states *“The Board of Directors will monitor progress toward achieving the outcomes outlined in this Ends Policy through regular reports and assessments provided by the executive leadership team.”*

- For Purpose, data related to resident satisfaction and the adoption of innovative practices will be considered in the evaluation process.
- For Residence of Choice, key performance indicators related to facility upgrades, quality of care, quality of life, resident satisfaction, and safety measures will be considered in the evaluation process.
- For Employer of Choice, employee satisfaction surveys, retention rates, and assessments of organizational culture will be key indicators in the evaluation process.

The board has requested that a monitoring framework for the Ends policies be developed to aid the board in evaluating the achievement of the ends. The Finance and Administration Committee of the Board will most likely have a role in assessing performance related to Residence of Choice (facility infrastructure) and Employer of Choice. Therefore the monitoring framework is being presented for the committee’s review and feedback

**Proposal**

The Senior Leadership Team has developed a draft monitoring framework for the committee’s consideration and feedback.

<b>Desired End</b>	<b>Desired Outcome</b>	<b>Indicator</b>	<b>Monitoring Committee</b>	<b>Frequency</b>
<b>Purpose</b>	Dignity and Respect for those we serve	Quality of Life surveys – residents and families	Care Services	Annually
	Exceptional Quality of Care and Quality of Life	Quality of Life Surveys Quality of Care indicators (internal data, SQLI, CIHI) Focused Audits – bedside audits, Infection Control audits, etc Surveys of tenants and clients of YDI	Care Services	Quarterly
	Innovation in Aging Care Practices	Narrative reports  Annual and Special Reports	Care Services Research & Ethics Board of Directors	As available  Annually and as available
	Community Engagement and Collaboration	CEO Reports	Governance and Audit Committee	Annually
<b>Residence of Choice</b>	State of the Art Facility	Director, Facility and Infrastructure reports Quality of Life Survey – specific questions related to facility Special reports (facility condition reports, NB Housing Inspection)	Finance and Admin Committee	Quarterly  Annually
	Safe and Home-like Environment	Quality of Life Survey – specific questions related to safety/security/ homelike.	Care Services	Annually
	High Quality of Care	See above “Exceptional Quality of Care and Quality of Life”	Care Services	Quarterly
	Resident and Family Satisfaction	Wait list for long term care, assisted living and independent apartments Quality of Life Surveys	Care Services	Quarterly

Desired End	Desired Outcome	Indicator	Monitoring Committee	Frequency
<b>Employer of Choice</b>	Foundation of Character	Annual Employee Survey. Quality of Life – questions related to staff. SQLI – new employee survey	Finance and Admin	Annually and as available.
	Culture of Excellence	Annual Employee Survey. Quality of Life – questions related to staff.	Finance and Admin	Annually
	Professional Development and Training	Reports to Finance and Admin Committee. Annual Employee Survey	Finance and Admin Care Services	Annually and as available
	Staff Well-being and Work-life Balance	Reports to Finance and Admin Committee Annual Employee Survey HR Indicators (retention rate, attendance, vacancy rate)	Finance and Admin	Quarterly and as available.