

**Governance & Audit Committee
AGENDA**

Tuesday, October 28, 2025 @ 5:30pm

Item	Description	MRP
1.0	Call to Order and Introductions	Lyne St-Pierre-Ellis
2.0	Approval of the Agenda	Lyne St-Pierre-Ellis
3.0	Declaration of Conflict of Interest	Lyne St-Pierre-Ellis
4.0	Approval of Previous Minutes: September 11, 2025*	Lyne St-Pierre-Ellis
5.0	Business Arising from the Minutes	
6.0	New Business	
6.1	Policy Review Executive Limitations* <ul style="list-style-type: none"> ○ Gov-Exec-E-430 Employment Compensation & Benefits ○ Gov-Exec-F-435 Financial Condition & Activities ○ Gov-Exec-F-440 Financial Planning & Budgeting ○ Gov-Exec-G-445 Global Executive Constraint 	Geri Geldart
6.2	Accreditation*	Geri Geldart
6.3	Board Evaluation	Geri Geldart
6.4	Service Level Agreement with YCF	Geri Geldart
6.5	Request for Proposal (RFP) for Auditors	Geri Geldart
7.0	Next Meeting: Tuesday, February 3, 2026 @ 5:30pm	

****Denotes attachment***

Proposed Motions

1. That the minutes of September 11, 2025, be approved.
2. That the Governance & Audit Committee recommend to the Board of Directors that the policies:
 - Gov-Exec-E-430 Employment Compensation & Benefits
 - Gov-Exec-F-435 Financial Condition & Activities
 - Gov-Exec-F-440 Financial Planning & Budgeting
 - Gov-Exec-G-445 Global executive Constraintbe approved as amended.
3. That the Governance & Audit Committee recommend to the Board of Directors that given the board's focus on developing YCC's role as a Centre of Excellence, the Board of Directors pursue accreditation status with Accreditation Canada and direct the CEO to obtain a proposal from Accreditation Canada for the board's consideration.

Minutes of meeting of the Governance & Audit Committee
Thursday, September 11, 2025 at 5:30pm

Present: Lyne St-Pierre-Ellis, Marjorie Belzile, Donna Curtis Maillet (v), Andrea Seymour, Bryanna White-Aubé, Jane Matthews-Clark, Lee Mitchell, Geri Geldart (ex-officio)

Regrets: Tracey Burkhardt

1. Call to order and Introductions

Ms. St-Pierre-Ellis (Chair) called the meeting to order at 5:30pm and introduced new committee members Jane Matthews-Clark and Lee Mitchell.

2. Declarations of Conflict of Interest

Ms. St-Pierre-Ellis asked members to review the agenda and self-identify if there was the potential for a conflict of interest. No conflicts were identified.

3. Approval of Agenda

Approved.

It was moved by Marjorie Belzile and seconded by Bryanna White-Aubé that the agenda be approved as presented. All in favour. - Motion carried

4. Approval of Previous Minutes: June 9, 2025

It was moved by Donna Curtis-Maillet and seconded by Andrea Seymour that the minutes of the June 9, 2025 meeting be approved as presented. All in favour. - Motion carried

5. Business Arising from the Minutes

5.1 York Care Foundation Cross Representation

A letter of agreement from York Care Foundation to remove the cross representation between York Care Centre and York Care Foundation boards was included in the meeting package. A service level agreement outlining the services to be provided by York Care Centre for the Foundation will be developed in preparation for further discussions with the Foundation.

5.2 York County Properties Bylaws

Ms. Geldart presented the revised bylaws for York County Properties which will be presented at the Board of Directors meeting on September 22nd, followed by a 10-day notice posting at YCC. The revisions were made to ensure alignment with the York Care Centre bylaws. However, unlike York Care Centre, the York County Properties company does not undergo an annual audit. The committee noted a minor amendment to ensure that the CEO is not listed as a member of the Governance and Audit Committee.

It was moved by Andrea Seymour and seconded by Marjorie Belzile that the Governance and Audit Committee recommend to the Board of Directors that the revised bylaws for York County Properties Inc. be approved as amended. All in favour. - Motion carried

6. New Business

6.1. Annual Work Plan 2025 - 2026

Ms. Geldart shared the Governance & Audit Annual Work Plan for 2025 – 2026 which was reviewed by the executive committee in August. The document highlights the committee’s terms of reference, the mandate of the committee in relation to the Boards Strategic Plan, a summary of accomplishments for 2024 - 2025, and suggested areas of focus for 2025 – 2026. The committee supports the annual work plan.

6.2. Terms of Reference Review

Ms. Geldart provided the current Terms of Reference document for members’ review. The committee made the following recommendation.

It was moved by Andrea Seymour and seconded by Lee Mitchell that the Governance and Audit Committee recommend to the Board of Directors that the committee’s terms of reference be amended to include “10. Provide oversight of the Risk Management Plan” under the section titled Scope. All in favour. - Motion carried

6.3. Committee Responsibilities

It was moved by Marjorie Belzile and seconded by Andrea Seymour that the Governance & Audit Committee recommend to the Board of Directors that consideration be given to expanding the role of the Research and Ethics Committee to include oversight responsibility for the Centre of Excellence strategic plan pillar. All in favour. - Motion carried

6.4. Policy Review Executive Limitations

Ms. Geldart presented the following policies for review:

- Gov-Exec-A-405 Asset Protection
- Gov-Exec-C-410 Communication and Support to the Board
- Gov-Exec-E-420 Emergency Planning
- Gov-Exec-E-425 Emergency President & CEO Replacement

Motion:

It was moved by Jane Matthews-Clark and seconded by Donna Curtis-Maillet that the Governance & Audit committee recommend to the Board of Directors that Executive Limitations policy Gov-Exec-C-410 Communication and Support to the Board be approved as presented and that Executive Limitations policies Gov-Exec-A-405 Asset Protection, Gov-Exec-E-420 Emergency Planning and Gov-Exec-E-425 Emergency President & CEO Replacement be approved as amended. All in favour. - Motion carried

6.5. Board Education Session Planning

Ms. Geldart presented the board education and development survey results designed to help plan relevant and valuable board education for the coming year. Based on the results of this survey and the experience of board members the following recommendation was made.

Recommendation: The Governance & Audit Committee recommend to the Board of Directors that topics related to risk management, seniors housing innovations and infrastructure maintenance and development be considered for board education for the upcoming year.

6.6. DSD Inspection Report

We had our annual Nursing Home Inspection on July 15th & 16th, 2025. Our Liaison Officer reported

that the residents are well taken care of, we have a resident-centered approach, and that for a facility our size, we were very well organized. When she interviewed residents, families, and staff, she indicated that they all had positive comments about York Care Centre. Overall, we did well on our inspection and received a total of 13 areas of non-compliance.

7. Next meeting: Tuesday, October 28, 2025 @ 5:30pm

8. Adjournment.

The meeting was adjourned at 6:58 on a motion by Ms. Seymour.

Lyne St-Pierre-Ellis, Chair

Jennifer Vos, Recorder

DRAFT

BRIEFING NOTE

To: Members – Governance and Audit Committee

From: Geri Geldart, President and CEO

Date: October 17, 2025

RE: Board Policy Review

Purpose

To provide background for the review of four of the Executive Limitation policies.

Background

York Care Centre currently has eleven policies that address executive limitation, all of which will be reviewed over the course of three meetings of the Governance and Audit Committee.

During the Quarter 2 meeting we will review the following policies:

- Gov-Exec-A-430 Employment, Compensation and Benefits
- Gov-Exec-C-435 Financial Condition and Activities
- Gov-Exec-E-440 Financial Planning and Budgeting
- Gov-Exec-E-445 Global Executive Constraint

Changes

- For all policies, the wording has been modified to reflect the limitations which are imposed by the policy.
- For Gov-Exec-A-430, a bullet has been added to specify that the CEO cannot create compensation arrangements for the CEO position.
- For Gov-Exec-C-435, elements added to address the specific conditions which the CEO must not allow to occur, such as insufficient cash flow, unbudgeted purchases, unapproved purchase or sale of real property, insufficient insurance.
- For Gov-Exec-E-440, added limitation regarding implementing new programs which exceed approved budget.
- For Gov-Exec-E-445, added several items to add clarity to the concepts of “unsafe, unlawful, imprudent or in violation of commonly accepted business and professional ethics”.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMPLOYMENT, COMPENSATION AND BENEFITS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-E-430
Date Reviewed/Revised: 01/14; 01/21	

With respect to employment, compensation, and benefits to employees, the President & CEO shall ensure appropriate processes are in place that prevent jeopardy to fiscal integrity or public image.

The President & CEO shall:

1. Seek Board approval before changing employee compensation and benefits.
2. Seek Board approval before changing compensation or other benefits of non-unions pay systems applicable to York Care Centre employees, if such a change would create a deviation from the approved budget.
3. Seek Board approval before establishing early retirement programs or establishing or changing pension benefits.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMPLOYMENT, COMPENSATION AND BENEFITS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-E-430
Date Reviewed/Revised: 01/14; 01/21; 10/26	

~~The President & CEO shall not cause or allow employment practices, compensation, or benefits that create risk to fiscal integrity or organizational reputation. With respect to employment, compensation, and benefits to employees, the President & CEO shall ensure appropriate processes are in place that prevent jeopardy to fiscal integrity or public image.~~

~~Accordingly, t~~The President & CEO shall not:

- ~~1. Seek Board approval before C~~hangeing employee compensation and benefits without Board approval.
- ~~2. Seek Board approval before C~~hangeing compensation or other benefits of non-unions pay systems applicable to York Care Centre employees, without Board approval, if such a change would create a deviation from the approved budget.
- ~~3. Seek Board approval before E~~establishing early retirement programs or establishing or changeing pension benefits without Board approval.
- ~~3.4.~~ Create compensation arrangements for the President and CEO position or approve the President and CEO's own compensation adjustments. This authority rests solely with the Board.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMPLOYMENT, COMPENSATION AND BENEFITS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-E-430
Date Reviewed/Revised: 01/14; 01/21; 10/26	

The President & CEO shall not cause or allow employment practices, compensation, or benefits that create risk to fiscal integrity or organizational reputation.

Accordingly, the President & CEO shall not:

1. Change employee compensation and benefits without Board approval.
2. Change compensation or other benefits of non-union pay systems applicable to York Care Centre employees, without Board approval, if such a change would create a deviation from the approved budget.
3. Establish early retirement programs or establish or change pension benefits without Board approval.
4. Create compensation arrangements for the President and CEO position or approve the President and CEO's own compensation adjustments. This authority rests solely with the Board.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL CONDITION AND ACTIVITIES	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-435
Date Reviewed/Revised: 01/14; 01/21	

With respect to the actual ongoing financial conditions and activities, the President & CEO shall ensure there is no fiscal jeopardy or a significant deviation of actual expenditures from Board priorities established in Ends policy.

The President & CEO shall:

1. Immediately notify the Board of any unexpected deviation from the approved budget.
2. Inform the Board in a timely manner of any emergency unbudgeted purchase or commitment to protect the residents, public, employees, assets, or the environment.
3. Not Initiate, terminate or settle significant litigation without Board approval.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL CONDITION AND ACTIVITIES	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-435
Date Reviewed/Revised: 01/14; 01/21; 10/25 6	

~~With respect to the actual ongoing financial conditions and activities, t~~The President & CEO shall not cause or allow the development of ~~ensure there is no~~ fiscal jeopardy or a ~~material significant~~ deviation ~~of actual expenditures~~ from Board priorities as established in Ends policy.

Accordingly, tThe President & CEO shall not:

1. Allow cash flow to become insufficient to meet:
 - a. Payroll obligations and statutory remittances
 - b. Critical supplier payments necessary for uninterrupted resident care
 - c. Debt service obligations
 - d. Regulatory fee payments

~~1. Immediately notify the Board of any unexpected deviation from the approved budget.~~
2. Make unbudgeted capital purchases or commitments exceeding \$10,000 without board approval, except when:
 - a. Required for emergency protection of residents, staff, or facilities
 - b. Necessary to meet regulatory compliance deadlines
 - c. Such emergency expenditures are reported to the Board within 10 business days with full justification.
- ~~2. Inform the Board in a timely manner of any emergency unbudgeted purchase or commitment to protect the residents, public, employees, assets, or the environment.~~
3. Acquire or dispose of real property without Board approval.
4. Fail to maintain adequate insurance coverage that meets or exceeds the requirements specified in the Asset Protection policy.
- ~~3.5. Not~~ Initiate, terminate or settle significant litigation without Board approval.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL CONDITION AND ACTIVITIES	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-435
Date Reviewed/Revised: 01/14; 01/21; 10/25	

The President & CEO shall not cause or allow the development of fiscal jeopardy or a material deviation from Board priorities as established in Ends policy.

Accordingly, the President & CEO shall not:

1. Allow cash flow to become insufficient to meet:
 - a. Payroll obligations and statutory remittances
 - b. Critical supplier payments necessary for uninterrupted resident care
 - c. Debt service obligations
 - d. Regulatory fee payments
2. Make unbudgeted capital purchases or commitments exceeding \$10,000 without board approval, except when:
 - a. Required for emergency protection of residents, staff, or facilities
 - b. Necessary to meet regulatory compliance deadlines
 - c. Such emergency expenditures are reported to the Board within 10 business days with full justification.
3. Acquire or dispose of real property without Board approval.
4. Fail to maintain adequate insurance coverage that meets or exceeds the requirements specified in the Asset Protection policy.
5. Initiate, terminate or settle significant litigation without Board approval.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL PLANNING AND BUDGETING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-440
Date Reviewed/Revised: 01/14; 01/21	

Policy:

Timely financial planning prior to any fiscal year or the remaining part of any fiscal year shall not deviate significantly from the Board's Ends priorities, risk financial jeopardy, or fail to be based on a multi-year strategic plan.

Procedure:

Accordingly, the President & CEO shall ensure budgeting that:

1. Contains sufficient information to enable credible projection of revenues and expenses, separation of capital and operating items, cash flow, and disclosure of planning assumptions.
2. Expenditures in any fiscal year are in line with funds that are conservatively projected to be received in that period.
3. Receives Board approval prior to implementation on all strategic plans and business plans as well as all operating and capital budgets if exceeding approved budgets.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL PLANNING AND BUDGETING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-440
Date Reviewed/Revised: 01/14; 01/21; <u>10/25</u>	

The President and CEO shall not cause or allow

Policy:

~~Timely financial planning and budgeting prior to any fiscal year or the remaining part of any fiscal year shall not that~~ deviates significantly materially from the Board's Ends priorities, risks financial jeopardy, or fails to be based on a multi-year strategic plan.

Procedure:

Accordingly, the President & CEO shall ~~not ensure budgeting that:~~

1. ~~Submit budgets for board approval that lack~~ Contains sufficient information to enable credible projection of revenues and expenses, separation of capital and operating items, cash flow, and disclosure of planning assumptions.
2. ~~Plan e~~Expenditures in any fiscal year ~~are in line with funds~~that exceed revenues that are conservatively projected to be received in that period.
3. ~~Allow operations to begin in any fiscal year without Board-approved operating or capital budgets. Receives Board approval prior to implementation on all strategic plans and business plans as well as all operating and capital budgets if exceeding approved budgets.~~
- ~~3.4.~~ Implement new initiatives prior to receiving board approval if exceeding previously approved budgets.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL PLANNING AND BUDGETING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-440
Date Reviewed/Revised: 01/14; 01/21; 10/25	

The President and CEO shall not cause or allow financial planning and budgeting that deviates materially from the Board's Ends priorities, risks financial jeopardy, or fails to be based on a multi-year strategic plan.

Accordingly, the President & CEO shall not:

1. Submit budgets for board approval that lack sufficient information to enable credible projection of revenues and expenses, separation of capital and operating items, cash flow, and disclosure of planning assumptions.
2. Plan expenditures in any fiscal year that exceed revenues that are conservatively projected to be received in that period.
3. Allow operations to begin in any fiscal year without Board-approved operating or capital budgets.
4. Implement new initiatives prior to receiving board approval if exceeding previously approved budgets.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: GLOBAL EXECUTIVE CONSTRAINT	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-G-445
Date Reviewed/Revised: 01/14; 01/21	

Policy & Procedure:

The President & CEO shall ensure all practices, activities, decisions and organizational circumstance that are safe, lawful, prudent and in line with commonly accepted business and professional ethics.

ORIGINAL

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: GLOBAL EXECUTIVE CONSTRAINT	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-G-445
Date Reviewed/Revised: 01/14; 01/21; <u>10/25</u>	

Policy & Procedure:

The President & CEO shall ~~not cause or allow any organizational ensure all~~ practices, activities, decisions ~~and organizational~~ circumstance that ~~is~~ unsafe, unlawful, imprudent ~~and in line-violation of~~ with commonly accepted business and professional ethics.

Accordingly, the President and CEO shall not:

1. Operate in violation of applicable laws, regulations, or contractual obligations, including healthcare licensing requirements, collective agreements, and regulatory directives.
2. Allow practices that are unsafe for residents, employees, visitors, or the community.
3. Permit activities that violate long-term care standards or undermine public trust in the organization.
4. Allow financial practices that jeopardize fiscal integrity or fail to protect assets.
5. Permit employment practices that discriminate or violate privacy and confidentiality obligations.
6. Fail to protect personal health information and confidential records.
7. Allow conflicts of interest involving the President & CEO, staff, or Board members that compromise objective decision-making.
8. Permit misrepresentation of the organization's services or capabilities, or make commitments beyond authorized authority.
9. Jeopardize professional relationships with regulatory authorities, funders, or long-term care system partners.
10. Make decisions without appropriate analysis, due diligence, or consideration of risks and consequences.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: GLOBAL EXECUTIVE CONSTRAINT	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-G-445
Date Reviewed/Revised: 01/14; 01/21; 10/25	

The President & CEO shall not cause or allow any organizational practice, activity, decision or circumstance that is unsafe, unlawful, imprudent or in violation of commonly accepted business and professional ethics.

Accordingly, the President and CEO shall not:

1. Operate in violation of applicable laws, regulations, or contractual obligations, including healthcare licensing requirements, collective agreements, and regulatory directives.
2. Allow practices that are unsafe for residents, employees, visitors, or the community.
3. Permit activities that violate long-term care standards or undermine public trust in the organization.
4. Allow financial practices that jeopardize fiscal integrity or fail to protect assets.
5. Permit employment practices that discriminate or violate privacy and confidentiality obligations.
6. Fail to protect personal health information and confidential records.
7. Allow conflicts of interest involving the President & CEO, staff, or Board members that compromise objective decision-making.
8. Permit misrepresentation of the organization's services or capabilities, or make commitments beyond authorized authority.
9. Jeopardize professional relationships with regulatory authorities, funders, or long-term care system partners.
10. Make decisions without appropriate analysis, due diligence, or consideration of risks and consequences.

BRIEFING NOTE

To: Members – Governance and Audit Committee

From: Geri Geldart, President and CEO

Date: October 17, 2025

RE: **Accreditation**

A. Purpose

To consider if York Care Centre should pursue accreditation status, and if so, with either Accreditation Canada or the Commission on Accreditation of Rehabilitation Facilities (CARF).

B. Executive Summary

The Strategic Plan 2025 – 2030 has identified the organization's intention to develop its role as a Centre of Excellence. As part of this strategic pursuit, York Care Centre should consider achieving formal accreditation status.

Formal accreditation would provide independent, third-party verification of our standards and would demonstrate to stakeholders that our service meets recognized benchmarks. The accreditation process can help identify gaps and prioritize improvement opportunities. The ongoing requirements of maintaining accreditation would embed continuous quality improvement into our operations.

Across Canada, 67% of long-term care homes are accredited by Accreditation Canada, while 16% are accredited by CARF Canada. Both organizations are recognized by provincial governments, though accreditation requirements vary by province, with mandatory accreditation in five provinces. For New Brunswick specifically, accreditation appears to be voluntary rather than mandatory, though achieving accreditation can provide significant benefits for quality improvement and public confidence.

C. ACCREDITATION CANADA (Qmentum Global™ for Long-Term Care)

Accreditation Canada's Qmentum Global for Long-Term Care program is in use by over 70% of Canadian long-term care homes. In New Brunswick, only Loch Lomond Villa and Shannex are currently accredited under this program. The program operates on a four-year accreditation cycle enabling homes to move through an evidence-informed plan-do-study-act approach to implement and sustain improvements.

Key Features:

- The program incorporates CAN/HSO 21001:2023 Long-Term Care Services standard, which was shaped by feedback from over 18,800 Canadians
- Focuses on resident-centred care through shared decision making and individualized care planning, with content on preventing abuse and neglect, and managing residents' responsive behaviours. The first step of the assessment process focuses on Governance Standards.
- Includes 24 Required Safety Practices (streamlined from 38 Required Organizational Practices), providing more direct impact on patient safety

- Uses cloud-based secure digital platforms with customizable self-assessments, survey instruments measuring governance and safety culture, and self-directed assessments for on-site preparation
- Consolidated reports provide valuable insights on progress, strengths and areas of improvement to contribute to Quality Improvement Action Plans
- Provides end-to-end support with personalized expert guidance from a dedicated team

Pros of Accreditation Canada

- **Dominant Market Leader:** 67% market share in Canadian long-term care demonstrates widespread acceptance and recognition
- **Canadian-Specific Standards:** Standards are aligned with CAN/HSO 21001:2023 and shaped by extensive Canadian consultation
- **Workforce Focus:** Program helps organizations understand how to support and maintain a healthy workforce, ensuring staff receive appropriate training and safe working conditions
- **Continuous Improvement Model:** Four-phase program cycle allows homes to pace accreditation requirements sustainably, maintaining ongoing focus on planning, implementing, and evaluating improvements
- **Experienced Survey Team:** Expert peer surveyors provide insights from experience in healthcare and long-term care.

Cons of Accreditation Canada

- **Cost:** Costs are based on size of facility and the number of surveyor days required to complete the on-site assessment. It is anticipated that accreditation of an organization such as York Care Centre could cost \$25,000 over the course of a three-year period.
- **Limited Evidence of Safety Impact:** Regardless of the emphasis on safety within the program, a study of Ontario long-term care homes found that out of five safety areas examined, accreditation was only associated with lower occurrence of falls, with no observed relationship to other safety measures.
- **Preparation Time:** The comprehensive nature requires significant staff time and resources to prepare documentation and implement systems
- **Mandatory Workforce Survey:** Starting in 2024, all clients must use the HSO Global Workforce Survey as part of the program, which adds another layer of requirements.

D. CARF (Commission on Accreditation of Rehabilitation Facilities)

CARF Canada was incorporated in 2002 with headquarters in Edmonton, Alberta, operating through a consultative peer-review accreditation process. CARF holds 16% market share in Canadian long-term care accreditation. There are no long term care facilities in New Brunswick that are currently accredited with CARF.

Key Features:

- CARF accreditation uses the ASPIRE to Excellence framework: Assess the environment, Set strategy, Persons served and other stakeholders - obtain input, Implement the plan, Review results, Effect change
- Evaluation against over 1,500 internationally recognized standards
- Focuses on quality improvement and outcomes in senior living.
- Two-phase process: Self-assessment phase where the organization measures performance against national standards, followed by on-site survey by health experts from CARF
- Consultative peer-review process promotes dynamic planning focused on impact and outcomes

- Surveyors are selected by matching their expertise and field experience with the facility's unique characteristics, following a consultative rather than inspective approach

Pros of CARF

- Lower Costs: Application fee is \$995, with survey fees of \$1,670 per surveyor per day. For a typical 2-surveyor, 2-day survey, total cost would be approximately \$7,670. The survey may result in a 1 year award or a 3-year award.
- Preparation Timeline: Preparation typically takes 6-9 months for both new accreditation and re-accreditation.
- Consultative Approach: CARF takes a consultative approach during surveys, providing facilities with feedback and recommendations that create a collaborative atmosphere. Designated CARF resource specialist provides guidance and technical assistance throughout the accreditation process
- Annual Compliance Monitoring: CARF requires submission of Annual Conformance to Quality Report and annual Quality Improvement Plans to ensure ongoing compliance between surveys

Cons of CARF

- Lower Market Share in Canada: Only 16% of Canadian long-term care homes are CARF-accredited compared to 67% with Accreditation Canada, which may impact peer networking opportunities
- Less Canada-Specific: While CARF operates in Canada, it's an American-founded organization with international standards that may not reflect uniquely Canadian long-term care considerations as closely
- Resource Intensive: Preparation is substantial, requiring organizations to update or create policies, develop quality tracking systems, train staff on new procedures, and possibly upgrade facilities
- Over 1,500 Standards: The process requires compliance with over 1,500 standards, which can be overwhelming.
- Limited LTC-Specific Recognition: CARF is well-respected in behavioral health and rehabilitation but doesn't carry the same weight as some other accreditors.
- Annual Reporting Requirements: Organizations must submit annual reports by the first and second certification anniversary dates, creating ongoing administrative burden

E. RECOMMENDATION

Given the board's focus on developing YCC's role as a Centre of Excellence, the Board of Directors should pursue accreditation status with Accreditation Canada and should direct the CEO to obtain a proposal from Accreditation Canada.