



Board Governance Orientation

SEPTEMBER 13, 2018

Proposed Agenda

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|--|-----------------|
| 1. Welcome, opening and introductions | Derek Rodrigues |
| 2. Strategic Plan 2016-2020 | Derek Rodrigues |
| 3. Board/Committees/Work Group Structure | Wayne Howard |
| 4. Governance Roles & Responsibilities | Wayne Howard |
| 5. Quality & Community Engagement and Board Performance Scorecard | Cathy Chernysh |
| 6. Historical Perspective & Key Business Challenges, Reporting and Health System | Ray Applebaum |
| 7. Agency Operational Snapshot | Swapnil Rege |
| 8. Questions and Discussion | All |
| 9. Other Business | |

Note: pre & post reading material on PSL website under Board Portal

Welcome & Opening Remarks and Strategic Plan 2016-2020

Derek Rodrigues, Board Chair

Strategic Plan 2016 – 2020

- engaging clients, caregivers & broader community in service development and growth
- driven by agency mission, vision, and values
- aligns with LHINs and Ministry Integrated Health Service Plans and Priorities
- incremental and managed growth & sustainability
- applied research embedded for informed decision making
- achieving excellence in service quality & continuous performance improvement

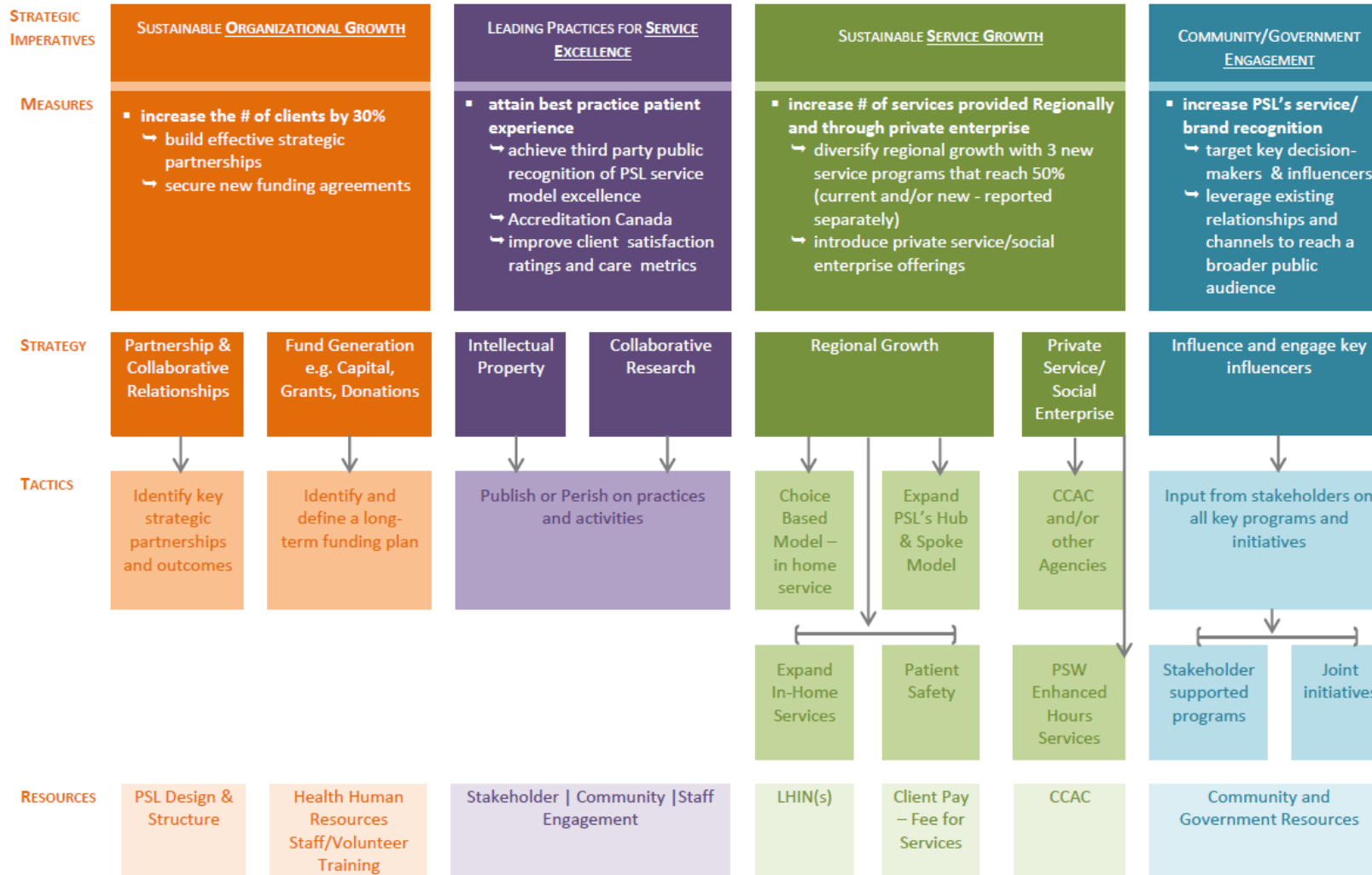


PEEL SENIOR LINK - helping seniors needing supports for daily living.

2016 – 2020
STRATEGIC PLAN

VISION - Leading in the expansion of services for seniors in need of support in our community.

MISSION – Quality and valued assisted living services by helping seniors live independently with dignity and respect.



VALUES – Respect | Quality | Equity/Diversity | Communication | Learning | Sustainability | Fabric of the Community

Board, Committees, Work Group Structure and Governance Roles & Responsibilities

Wayne Howard, Vice-Chair

Roles and Responsibilities of Peel Senior Link Board Members Each Board Member Acknowledges:

1. The Role of the Board of Directors is to govern the affairs of the Corporation and enable the Corporation to achieve its purposes within the framework of relevant legislation and standards. The Board as a whole is responsible and accountable for exercising good stewardship of the Corporation on behalf of the trust placed in it by its stakeholders.
2. Major Duties of the Board include:
 - a) governing the Corporation through broad policies, strategic and planning objectives approved by the Board
 - b) recruiting and evaluating a CEO responsible for the administration of the Corporation within the delegated responsibilities approved by the Board
 - c) approving strategic and other key plans and performance metrics

Board, Committees, Work Group Structure and Governance Roles & Responsibilities

- d) Key plans to include:
 - i. An annual business/operating plan
 - ii. An annual budget and compensation plan
 - iii. Human resources
 - iv. Quality assurance and safety
 - v. Information management
 - vi. Communications

- e) Reviewing performance metric reports on annual objectives and strategic goals
- f) Providing oversight for all aspects of the planning, management and delivery of the Corporation's services and operations
- g) Reporting to stakeholders on the activities and finances of the Corporation

Board, Committees, Work Group Structure and Governance Roles & Responsibilities

3. Specific Duties and Requirement of Board Members include:

- a) Commitment to the Vision, Mission, and Values of Peel Senior Link
- b) Adherence to its governance policies, by-laws and Oath of Office and Confidentiality Agreement
- c) Commitment to being an informed participants in the work of the Board
- d) Reliable attendance at Board meetings and active participation in the Board's deliberations and decisions
- e) Participation in committee and other Board Work
- f) Support and assistance in developing and maintaining positive relations among the Board, staff, stakeholders and the community to enhance Peel Senior Link's mission

Board Policy – VA-2 and VA-3

Governance Policy Framework

Roles and Responsibilities of an Individual Director

Link: https://peelseniorlink.com/_content/uploads/2017/11/Policy-Manual-March-2017.pdf

Peel Senior Link's (PSL's) Quality & Community Engagement Committee has specific oversight , including:

Cathy Chernysh, Chair Quality & Community Engagement Committee

1. quality improvement initiatives and metrics – service excellence
 - ↳ elder research ↳ IDEAS project
 - ↳ fee for service opportunities
2. measuring service excellence – caregiver & client feedback surveys
3. engaging the community - Engagement Events, Family Client & Caregiver Advisory Panel
4. community relations
5. Quality Improvement and HQO requirements
6. governance reporting oversight – **Board Performance Scorecard**

PSL's Board Performance Scorecard introduced 2015 streamlined and prepared Board Governance reporting to:

- ↳ enhance Board governance reporting, assessment & oversight
- ↳ report progress on key strategic & annual business plan objectives
- ↳ provide clear definitions for performance objectives & deliverables
- ↳ establish key metrics to measure and assess business & CEO performance
- ↳ identify opportunities & challenges in annual business planning
- ↳ assist in sharing information with Health Quality Ontario as Quality Improvement Plans are introduced for Community Sector HSPs
- ↳ lead the advancement of HSP quality data reporting to the LHINs
- ↳ support an exemplary standing with Accreditation Canada

Evolution of the Board Performance Scorecard :

- utilized best practices in performance reporting
- paralleled Operational and Financial reporting
- automated Board performance reporting
 - ↳ formula driven ↳ metric-based
 - ↳ established timelines ↳ colour coded tracking
- aligned key activities with strategic imperatives
 - ↳ linked to Board Committees supported by CEO & Sr. Mgmt. for specific oversight
- evolved definitions and metrics to strengthen performance expectations and reporting
- enhanced annual performance records to support PSL reporting and CEO performance compensation

POLICY Excellent Management – Management & Board Reporting (II-7)

Policy Statement: The Board and Management reports provide for information sharing to enhance business decision-making, focus and provide effective oversight, monitor progress, and to guide the organizations long term direction in-line with the approved business plan

Purpose: The Board documents provide timely and comprehensive information to support oversight and strategic decision-making.

POLICY Excellent Management – Management & Board Reporting (II-7)

Procedure or Guideline:

The CEO and senior management team will provide regular monitoring and progress reports to Board Committees and the Board to:

- support Board/Committee work plans
- provide regular updates on objectives outlined in the business plan
- identify potential opportunities/challenges associated with strategic direction
- define information requirements to support longer-term business planning
- confirm compliance with regulatory reporting and requirements
- share and discuss client/stakeholder feedback on service delivery

POLICY Excellent Management – Management & Board Reporting (II-7)

Procedure or Guideline (cont'd):

Reports from the CEO and senior management team align with the broader operational database of records and information gathered by the business to support compliance reporting and other regulatory requirements.

Standard documentation for all Committee and Board discussions ensures accurate records associated with decisions and actions undertaken by the Board. These records of activities and decisions facilitate continuity and build corporate memory. The organization maintains records of the Board's activities and decisions that are easy to access and meet legal requirements.

Ongoing Evolution - Board Performance Scorecard :

- annual reviews and updates to scorecard reporting to support annual business planning tracking & assessment
- ongoing efforts to:
 - ↳ introduce measurable metrics for annual objectives (beyond a “YES” or “NO”)
 - ↳ enhance definitions and metrics to strengthen reporting
 - ↳ align to changing compliance reporting requirements
- annual review of assigned section by Board Committees
- ongoing coordination and evolution by Quality & Community Engagement Committee

The Company

'A Changing Landscape'

Historical Background

- ❑ 1991 Min. of Health & Long-Term Care
- ❑ 1993 PSL formed as a not-for-profit corporation and received charitable status

Mission Statement

- ❑ Enhance quality of life for seniors, enabling seniors and persons with a physical disability to maintain independence to age in place
- ❑ 12 + 12 transition to 24-7 on site hub & spoke model

Aging Population

Statistics

- 75% female, 25% male
- 65% of clients are above 80 years old
- 86 clients ages 85-89, 51 clients ages 90-94

Trends

- Both Mississauga and Brampton will experience a large shift into 65+ age groups over next 15 years, with the 85+ as the fastest growing segment.

An increasing number of 85+ seniors are experiencing multiple chronic conditions and complex care needs.

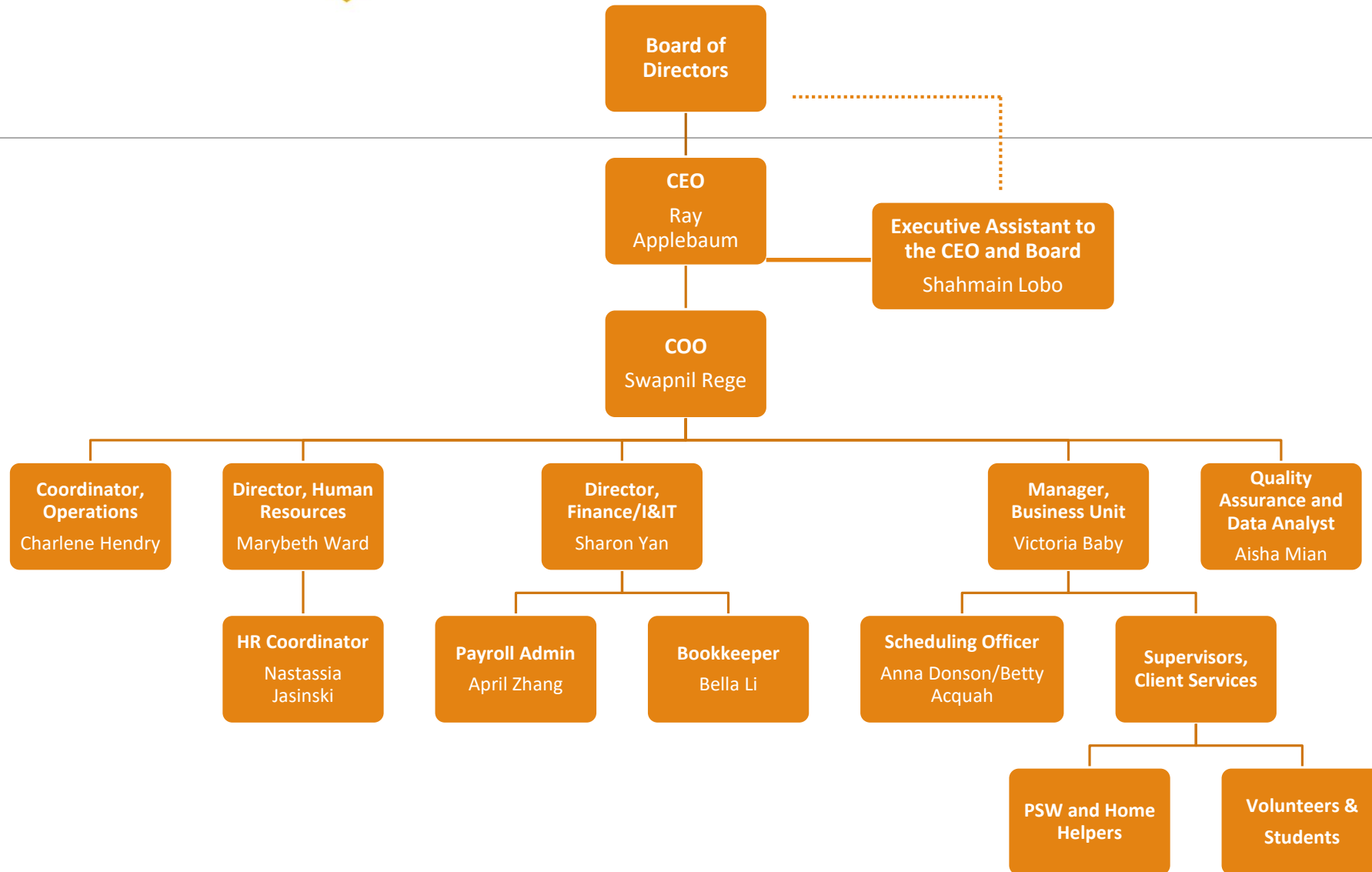


Health Care System Transformation

- ❑ Ministry of Health (regional offices) and District Health Councils to Local Health Integration Networks
- ❑ ASSIST Project
- ❑ Aging @ Home Strategy – CEO, hired on secondment by MHLHIN as Project Manager
- ❑ Seniors' Health & Wellness Committee



Peel Senior Link



Organizational Structure

Staff Committees

- Joint Health & Safety
- Performance Enhancement through Policy & Procedures (PEPP)
- Quality
- Union/Management Committee
- Pharmacy Task Force
- Employee Engagement

Innovation

- Metamorphosis Network
- Supports for Daily Living Model (3M and Minister's Medal Awards)
- Integrated Seniors' Team
- Community Door
- Accreditation – Exemplary Standing
- Best Small & Medium Employer – top 50 in Canada
- Synergy West GTA
- Bramalea Community Health Centre development
- Creditvale Mills Community Wellness Hub
- Active Living Centres
- Medication Management Program

Strategic Partnerships

Service Provision and Support

- Health & Human Service Providers
- Affordable Housing
- Pharmacy
- Hospitals
- LHINs – Home & Community Care
- Community Support Services
- Hospice & End of Life
- Adult Day Program
- Integrated Seniors Team for Seniors with Mental Health & Addictions
- Creditvale Mills Community Wellness Hub

Joint Venture/Voluntary Integration

- Community Care Partners
- Concept and Development Process
- Voluntary Integration – Local Health Integration Networks
- 2012 Joint Venture Agreement
- CEO's and Senior Management Committee
- Governance Structure
- CANES did not renew (3) PSL contracts in March, 2014, and CANES and ESS did not renew the joint venture with PSL as a partner

Multi-Service Accountability Agreement (M-SAA)

- Fiscal 2017-2018
- Performance Indicators
- Compliance Requirements
- Renewal (March 31, 2019) Expect that the current contract renewal will be a 3 year M-SAA 2019 - 2022 per provincial negotiations

Strategic Planning Process

- ❑ Annual review (generative discussion) and multi-year (5 year) strategic planning Board/SMT retreat
- ❑ Alignment with MH and CWLHIN's – Integrated Health Services Plan, Annual Business Plan, MOH<C Key Priorities, and M-SAA performance requirements & obligations

Leadership Roles

- Health Links
- Metamorphosis Network Leadership Team
- Community Capacity Study
- Home & Community Care Coordination
- Aging in Peel on Rogers' Television
- Community Quality Collaborative Network
- Quarterly MHLHIN Health Service Partners (HSP's) Meetings
- Quarterly MHLHIN Governance2Governance Sessions

Challenges & Opportunities

- Public expectations
- Demonstrate Value for \$
- 0% base increase over multiple years (facilitated discussions with MH & CW LHIN's resulting in base increases in fiscal18-19)
- Utilizing technology to achieve greater efficiencies and enhanced service
- Manage increasing accountability & reporting requirements with a limited infrastructure
- Health human resources – Aging Workforce
- Leverage capacity to serve a growing aging population
- Diversifying revenue streams & service spread, both geographical and service offering
- Unionization of front line workers – 1st contract one year and then negotiated a 4 year CBA with SEIU 2017 – 2021
- Political Landscape

The Business

Personal Support & Home Help (core service)

- Personal hygiene support, meal prep, medication assist and/or administration, safety checks, falls prevention, exercises, laundry, light cleaning
- Cannot receive Home Help without Personal Support

Intake Process, Assessment & Eligibility Criteria – Mississauga - 295 spaces*

- Score of MAPLe 3,4 or 5 required, age 65+, no exclusion criteria
- managed through “Central Registry”
- called “Supports for Daily Living”

Intake Process, Assessment & Eligibility Criteria – Brampton - 30 spaces **

- Score of MAPLe 3,4 or 5 required, age 65+, no exclusion criteria
- managed through Home & Community Care (formerly CCAC)
- called “Assisted Living Services in Supportive Housing”

The Business

Once assessed & qualified for service

- and a service space is available
- a Service Agreement is signed,
- a Care Plan & Service Plan is developed with the client / family and,
- service is scheduled & delivered

Re-assessments are done as needed or at 6 month intervals & reported to Integrated Assessment Record

Case management while on service is done by individual Supervisors

Discharges managed by Supervisor with either MH or CW CCAC assistance if destination is Long-Term Care

The Business

Supports for Daily Living Model

- 3M Canada, Quality Team Award 2011
- Minister's Medal Honouring Excellence in Health Quality & Safety 2013)

Accredited by Accreditation Canada

- Feb. 2010 for 3 years
- Feb. 2013 for 4 years with "Exemplary Standing"
- Feb. 2017 for 4 years with 'Exemplary Standing'

Other Client Supports & Services

Voluntary Medication Management Program

- 1 approved pharmacy

Foot Clinics

Falls Prevention & Physiotherapy

Home Support Exercise Program - PSWs

Technology Training

Information & Referral

Integrated Seniors' Team partnership

- SHIP & PCHS

Education & Research

Pelusi T, Rege S, Vitorino S. [Collaborative Medication Delivery Model in Community Care](#). Presentation at Achieving Excellence Together 2018 – Health Shared Services Ontario Conference

Hendry C, Mian A, Rege S. [Blockchain's role in improving outcomes in Seniors Community Care](#). Presentation at Blockchain in Healthcare Canada.

Rege, S. [Getting Ready for Big Data: A Journey through Data Governance](#). Presentation at 3rd Annual IoT, Big Data Healthcare Summit.

Applebaum R. [Caregiver Support](#). Presentation at the Probus Club of Brampton – Central Peel. April 2018

Pelusi T, Rege S, Vitorino S. [Collaborative Approach on Medication Administration in Community Care](#). Poster Presentation at Health Quality Transformation 2017

Rege S. [Seniors Care in the 21st Century: What's Changing and How Can Technology Best Serve as an Enabler?](#) Presentation at IoT HealthCare 2017

Applebaum R. [Client and Caregiver Quality Support – Enabling Independent Living at Home](#). Presentation at CARP Chapter 52, 2017

Toth A and Taylor A. [Peel Senior Link – Program Evaluation Report](#). Centre for Research & Education in Human Services. August 1996

Applebaum R. [Innovative Supports for Seniors](#). Ontario Non-Profit Housing Association Conference 2014.

Applebaum R. [Senior's Health & Wellness ASSIST Model CSS](#). Building Community Capacity to Deliver Care Conference, June 26, 2007

Applebaum R. [Sharing without Merging – A New Joint Venture Initiative](#) – Ontario Community Support Association – Great Ideas Conference, October 2012

The Centre for Research and Education in Human Services. [Peel Senior Link – Report of an Evaluation of 16 & 24 Hour Care](#), August 1999

Peel Senior Link and Sheridan College. Building Connected Communities: Reducing Loneliness and Social Isolation in Immigrants 65+ – [Goal and Project Description](#) | [September 2017 Newsletter](#).

Our Impact 2017-2018



Total 24/7
Clients Served
322



New 24/7
Clients Served
103



Total Resident
Days per Year
117,530



ER Visits
Diverted
103



Savings from
diverted ER
\$40,929¹



LTC Diversions
36

1. Seniors' Use of Emergency Departments in Ontario, 2004-2005 to 2008-2009. February 2010. Canadian Institute for Health Information

Typical “Hub & Spoke” Model

- ❑ 30 – 35 clients
- ❑ Hub Located in senior’s apt. building
- ❑ Serves in building and in a 2-4 km circumference around the building (~15 minutes away)
- ❑ 1 Full-time Supervisor, Client Services
- ❑ PSWs organized in Teams (A,B,C,D)
 - ❑ Days 2-3, Eve 2, Nights 1
- ❑ Home Helper 1-2 per Hub & Spoke

Other “Operations”

I.T. management & trouble-shooting

Privacy Officer for Client Health Information

- Written & Computerized

Payment approval & cheque signing

Negotiating with 3rd party service providers

Writing service funding proposals

Operations planning & staffing models

Back-up support to other departments

Accreditation lead; Integrated Quality Framework

Data Collection, Analysis & Reporting

- Monthly, quarterly & annually
- Statistical data collected for tracking & reporting
- Enterprise Risk Management and mitigation
- Annual Business Plan
- Board Performance Scorecard
- Performance Improvement
- Accreditation (Exemplary Standing)

People Management

Who works for us?

- FTE's Front Line Workers and Management
- Common Skill Competencies
- College Placements
- High School – Community Volunteer Hours
- Summer Students – Coop
- Internships – Foreign Trained HR Professionals

Workforce

- Referral Sources
- Training & Skill development
- Hiring and Retention
- Continuous Learning Approach
- Aging Workforce
- Unionization – SEIU (front line workers)

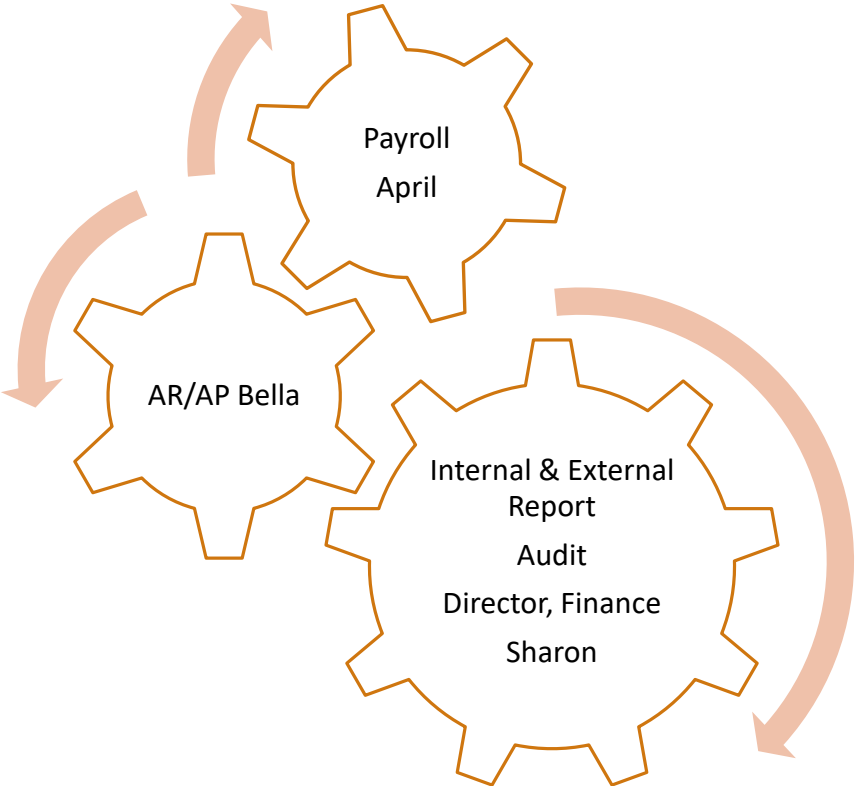
Quality & Safety

- Joint Health & Safety Committee
- Accreditation
- Policies & Procedures Manual
- AODA
- WSIB

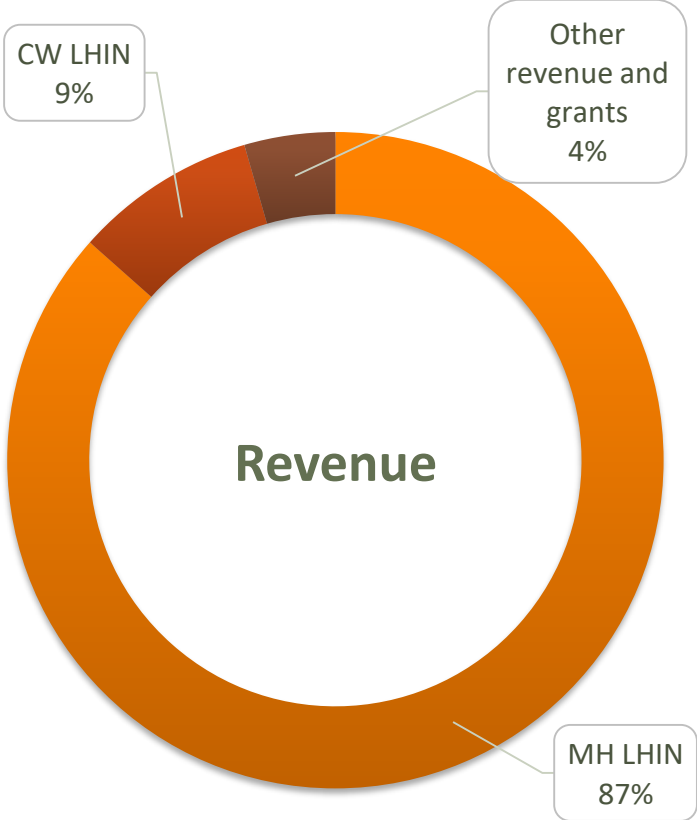
Management Support

- Site training and team building
- Enhancing supervisory skills
- Performance improvement strategies
- Driving effective change
- Creating a positive, healthy, and productive work environment
- Risk management and mitigation

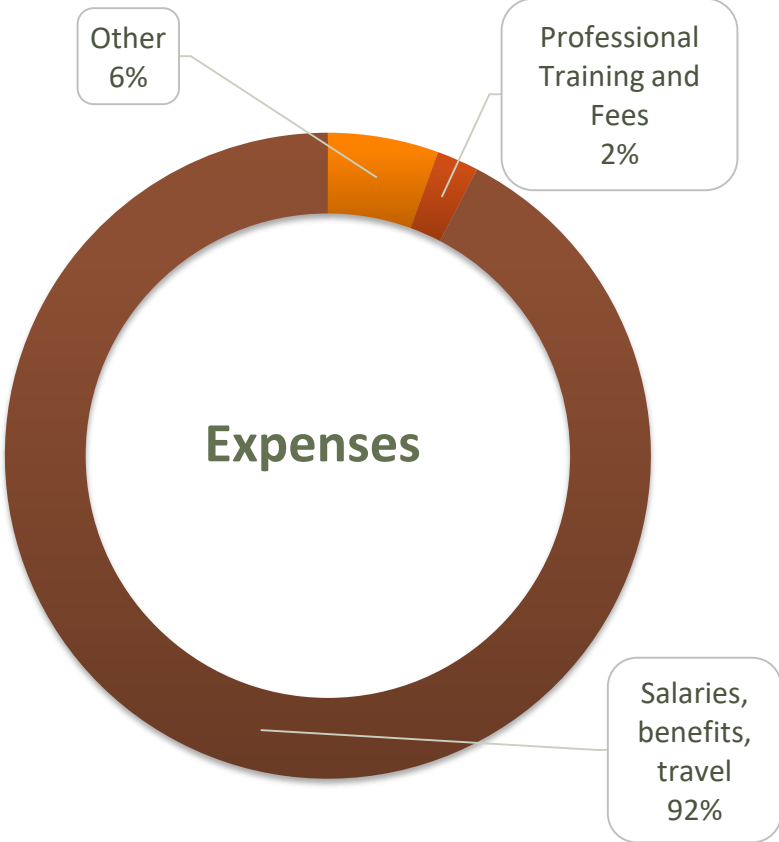
Finance Team



Fund Sources (2017-2018)



Expenses Category (2017-2018)



Financial Reports - Internal

- G/L Reconciliations
- Bank Reconciliations
- Statements of Financial Position
- Statements of Operations
- Statements of Cash Flow
- Variance Report

Financial Reports - External

- ❑ Ministry of Health & LTC - Quarterly (Q2,3,4)
 - ❑ Trial Balance Submission
 - ❑ Self Reporting Initiative Submission

- ❑ SHIP and PSL – CW LHIN - Monthly & Quarterly
 - ❑ Financial Report
 - ❑ Statistical Report

Annual Report

- Annual Fiscal Year Audit
- Annual Reconciliation Report
- Charity Return – Canada Revenue Agency
- Semi-Annual HST Rebate

Internal Control

- Assets are safeguarded
- Financial statement are in conformity with GAAP
- Finances are managed with responsible stewardship and controls

Ministry of Health/MHLHIN

- Annual Fiscal Audit
- APERS
- Charity Return – Canada Revenue Agency

Administration

- ❑ CEO, COO, Governance Board, Senior Management Team and Corporate Office Staff support
- ❑ IT/Website/Communications maintenance & support
- ❑ Office equipment management and support

Administration

- Site support
- Vendor contracts and oversight
- Procurement
- Community Door – representative on management committees for Brampton and Mississauga

Administration

Information & Referral

Project Support

Staff Barbeque

Senior Info Fairs

AGM

Holiday Campaign & Donations



OCSA
Ontario Community
Support Association
United in our commitment to care

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

 **Region
of Peel**

 **Ontario**
Central West Local Health
Integration Network
Réseau local d'intégration
des services de santé
du Centre-Ouest

