NOTICE OF OPEN BOARD OF TRUSTEES MEETING

THURSDAY, DECEMBER 7, 2023 - 6:00 PM

ELLINGTON BASEMENT TRAINING ROOM

A G E N D A

1. WELCOME AND CALL TO ORDER

Disclosure(s) of Pecuniary Interest and General Nature Thereof (open items)

1.1	Approval of the Agenda	Verbal **Motion**
1.2	Approval of the Previous Minutes – November 2, 2023	Attach 1 **Motion**

2. CEO'S STATEMENT OF COMPLIANCE and LAND ACKNOWLEDGMENT

3. STAFF PRESENTATION

Diversity, Inclusion, Equity and Belonging at The Elliott Community – Tanya Watton — Attach 2

4. THE ELLIOTT LTC RESIDENCE Q3 2023 REPORT — Attach 3 **Motion**

5. CEO'S REPORT – December 2023 — Attach 4 **Motion**

6. COMMITTEE REPORTS

6.1 **Risk Management and Quality November 22, 2023 – L. Woolley** — Verbal **Motion**

Moved by B. Koornstra, seconded by J. Hohenadel that the agenda be accepted as amended. CARRIED.

Moved by J. Hohenadel, seconded by B. Koornstra that the minutes of September 20, 2023 be accepted. CARRIED.

Moved by B. Koornstra, seconded by J. Hohenadel that the Committee move into closed session pursuant to The Municipal Act, Section 239 (a) and (i). CARRIED.

Moved by J. Hohenadel, seconded by B. Koornstra that the minutes of the closed meeting held September 20, 2023 be accepted. CARRIED.

Moved by B. Koornstra, seconded by J. Hohenadel that the Quality Monitoring Report Q3 2023 be received for information. CARRIED.

Moved by J. Hohenadel, seconded by B. Koornstra that the 2024 Risk Management and Quality Workplan be accepted. CARRIED.

7. NEW BUSINESS – OPEN MEETING

7.1	CBRE Project Status Report November 22, 2023 – T. Moisan	Attach 5 **Motion**
7.2	Monthly Construction Progress Report November 13, 2023 to MLTC	Attach 6 **Motion**

8. CORRESPONDENCE FOR INFORMATION

8.1	GW OHT Core Steering Committee Key Messages – November 8, 2023	Attach 7
8.2	The Elliott LTC Residence Quarterly Report 2023 – Q3 to COM	Attach 8
8.3	Guelph Transit Community Bus	Attach 9

9. UPCOMING MEETINGS

Board of Trustees – February 1

Community Engagement & Fundraising Committee – January 24

Finance & Audit Committee – February 21 (Date for Auditors Engagement Meeting TBD)

Governance & Nominating Committee – December 13

Risk Management & Quality Committee – March 6

10. ADJOURNMENT – OPEN MEETING

11. MOTION(S) FROM CLOSED MEETING FOR APPROVAL

12. CHAIR'S ANNOUNCEMENTS & ADJOURNMENT

13. CLOSED MEETING – BOARD MEMBERS & CEO

14. CLOSED MEETING – BOARD MEMBERS ONLY

14.1 CEO's Performance Review – Mid-Term Goals

MINUTES OF BOARD OF TRUSTEES MEETING

THURSDAY, NOVEMBER 2, 2023

ZOOM

Board: Peter Barrow (Chair), Bill Koornstra, Joanne Hohenadel, Kim Cusimano, Dominique O'Rourke, Lisa Woolley, Justine Garner, Naeem Mir

Staff: Michelle Karker (CEO), Theresa Moisan (Chief of Finance and Operational Services), Tanya Watton (Chief of HR and Community Services), Lilibeth Medin (Chief of Resident Care Services), Julie Spindler (Executive Assistant), Lindsay Marinovic (Resident Experience Lead)

Regrets: David Kennedy, Kathy Wilkie

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1. WELCOME AND CALL TO ORDER

1.1 Opening Remarks and Disclosure of Pecuniary Interest

P. Barrow called the meeting to order at 6:00 pm. There were no disclosures.

1.2 Approval of the Agenda

Moved by J. Garner, seconded by D. O'Rourke that the November 2, 2023 agenda be accepted. CARRIED.

1.3 Approval of the Previous Minutes

Moved by K. Cusimano, seconded by N. Mir that the Board Minutes of October 5, 2023 be approved. CARRIED

2. CEO'S STATEMENT OF COMPLIANCE

The CEO confirmed that all government statutory deductions have been calculated and remitted and that all payroll-related statements of account are in good standing.

LAND USE ACKNOWLEDGEMENT

The CEO shared a Statement of Land Acknowledgment.

I want to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we meet today on a virtual platform, I would like to take a moment to acknowledge the importance of the lands we call home and that The Elliott Community is situated on. We acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this land home. As a community, we have a responsibility for the stewardship of the land on which we live, work and volunteer and how we can each, in our own way, try to move forward in the spirit of reconciliation and collaboration.

3. STAFF PRESENTATION

Lindsay Marinovic presented the Butterfly Model of Care to the Board.

Request to share the presentation with the Committee of Management, after the budget process is completed.

4. CEO'S REPORT – November 2023

M. Karker highlighted items from the report included with the agenda. Shout out to Giving Tuesday by T. Watton. Sensory Scapes in our home to do a demo door next week. A short video will be taken and shared with the Board with an ask to share in the community. The goal is to raise $17K.

Draft

Moved by B. Koornstra, seconded by J. Hodenadel that the CEO's Report for November 2023 be received for information. CARRIED.

5. COMMITTEE REPORTS

5.1 Community Engagement & Fundraising Committee

Resolutions were highlighted by K. Cusimano. Two new members, Justine and Naeem, joined the Committee. Time was spent to ground the Committee. Huge kudos to Samantha Corman, Tanya Watton and the team for covering the Fundraising Coordinator role these past few months. The potential to explore a capital campaign was discussed. At the January 2024 meeting, the Committee will welcome a new community member.

Moved by K. Cusimano, seconded by N. Mir that the October 4, 2023 Community Engagement & Fundraising Committee meeting motions be received for information. CARRIED.

6. NEW BUSINESS – OPEN MEETING

6.1 CBRE Project Status Report October 2023

T. Moisan presented the report included with the agenda. Sub trade tender process is complete. Ministry requirements submitted. Now going through the detailed process of choosing finishes for the home areas. Waiting for the cash flow details from the construction manager. Sub trades are within budget, so City approval is not required. The timeline will continue to shift as the project evolves. On track to be done by August admission, at this point in time. PST exemption announced today by the province was noted, for staff to consider.

Moved by D. O'Rourke, seconded by J. Garner that the LTC Bed Expansion Project Update for October 2023 be received for information. CARRIED.

6.2 Ontario Health Memo October 19, 2023

M. Karker – L-SAA rolled over for another year. Forthcoming – no major shift in expectations, goals and targets.

Moved by L. Woolley, seconded by D. O'Rourke that the OHT memo be received for information. CARRIED.

6.3 Strategic Imperatives 2024 – 2027

M. Karker noted the draft document was reviewed by the Executive Team and Senior Leadership Team and finalized. Level of transformation in the future was highlighted Question on #3 Creates a stronger bond with the City of Guelph on financial responsibility. Agreed to remove 'on financial responsibility'. The order of the four imperatives was discussed. Agreed to remove 'and well-being' for #3 and switch 3 and 4 around.

Moved by B. Koornstra, seconded by J. Garner that the Strategic Imperatives 2024 – 2027 be approved as amended and presented to the Board on November 2, 2023. CARRIED.

7. CORRESPONDENCE FOR INFORMATION / EDUCATION

7.1 GW OHT Core Steering Committee Key Messages – October 11, 2023

Received for information.

Draft

8. UPCOMING MEETINGS

As noted on the agenda.

9. ADJOURNMENT – OPEN MEETING

Having no other business raised, it was moved by P. Barrow that the Board of Trustees open meeting adjourn at 7:18 pm. CARRIED.

10. MOTIONS FROM CLOSED MEETING

Moved by B. Koornstra, seconded by N. Mir that the November 2, 2023 closed meeting Board Agenda be approved. CARRIED.

Moved by D. O'Rourke, seconded by J. Hohenadel that the closed meeting Board Minutes of October 5, 2023 be approved. CARRIED.

Moved by J. Garner, seconded by L. Woolley that the Executive Team Strategic Report for the November 2023 Closed Board meeting be received for information. CARRIED.

11. CHAIR'S ANNOUNCEMENTS & ADJOURNMENT

Having no other business raised, it was moved by P. Barrow that the Board of Trustees open meeting adjourn at 7:36 pm. CARRIED.

Respectfully Submitted,

Julie Spindler
Executive Assistant
November 3, 2023

Approved by Motion of the Board of Trustees,

Peter Barrow
Chair, Board of Trustees
December 7, 2023

12. CLOSED MEETING – BOARD MEMBERS & CEO

Minutes recorded by Board Chair Peter Barrow.

13. CLOSED MEETING – BOARD MEMBERS ONLY

Minutes recorded by Board Chair Peter Barrow.

Draft

The Elliott Community
DIEB Action Plan

Demonstrating commitment to diversity, inclusion, equity, and belonging in the workplace involves both strategic initiatives and everyday actions. I've put together the list below to share some of the easy and practical ways we show our commitment:

1. **Education and Training:**
   - Provide regular diversity and inclusion training for all employees to increase awareness and promote understanding of different perspectives, cultures, and experiences.

2. **Leadership Commitment:**
   - Ensure that leaders visibly and actively support diversity and inclusion efforts. This commitment from the top sets the tone for the entire organization.

3. **Diverse Hiring Practices:**
   - Practicing inclusive hiring principles to attract a diverse pool of candidates. This includes using diverse interview panels, addressing unconscious biases, and ensuring job descriptions are inclusive.

4. **Employee Resource Groups:**
   - Support and encourage the evolution of our employee resource group (the ECEA), to include a focus on diversity and inclusion dimensions. This group can help establish a supportive community for all our staff.

5. **Inclusive Language:**
   - Promote the use of inclusive language in all communications, including job postings, policies, and internal communications. Asking everyone to avoid language that may be exclusionary or biased.

6. **Flexible Work Policies:**
   - Offering flexible work practices that accommodate diverse needs, such as different cultural holidays, family structures, and individual working preferences. Setting the stage to equip staff to do their best work.

7. **Preceptorship and Volunteer Programs:**
   - Active preceptorship and volunteer programs that connect people from underrepresented groups with experienced individuals who can provide guidance and support their personal and professional development.

8. **Be Authentic and Check-In Regularly:**
   - Conduct regular check-ins with our staff to understand their needs and concerns. Cultivate an open and inclusive environment where staff feel comfortable expressing themselves.

9. **Recognition of Cultural Celebrations:**
   - Acknowledge and celebrate cultural events and holidays from various backgrounds. In our Home we use these opportunities to connect staff and residents. We often coordinate organization-wide events, recognition, and themed activities.

10. **Fair Compensation Practices:**
    - Regularly review and ensure that compensation practices are fair and free from gender, racial, or other biases. Address any disparities that may exist.

11. **Accessibility Considerations:**
    - Ensure that the workplace is physically and technologically accessible to all staff. This includes considerations for individuals with disabilities.

12. **Diverse Representation in Marketing and Branding:**
    - We strive to reflect diversity in marketing materials, our website, and other branding initiatives. This not only showcases our organization's commitment but also resonates with a diverse audience.

13. **Zero Tolerance of Discrimination and Harassment:**
    - We have a confidential and supportive reporting mechanism for any instances of discrimination or harassment, which works in tandem with our Whistle Blowing Policy. This empowers staff to come forward without fear of retaliation.

14. **Review Policies and Procedures:**
    - Regular review and update of HR policies to ensure they are inclusive and free from bias. This includes recruitment, promotion, and performance evaluation procedures.

15. **Community Engagement:**
    - We engage with and support local communities through outreach programs, partnerships, and initiatives that align with diversity and inclusion values.

By incorporating these practices into daily operations, we can demonstrate an ongoing commitment to fostering a diverse, inclusive, equitable, and welcoming workplace. These efforts contribute to creating a sense of belonging for all employees.



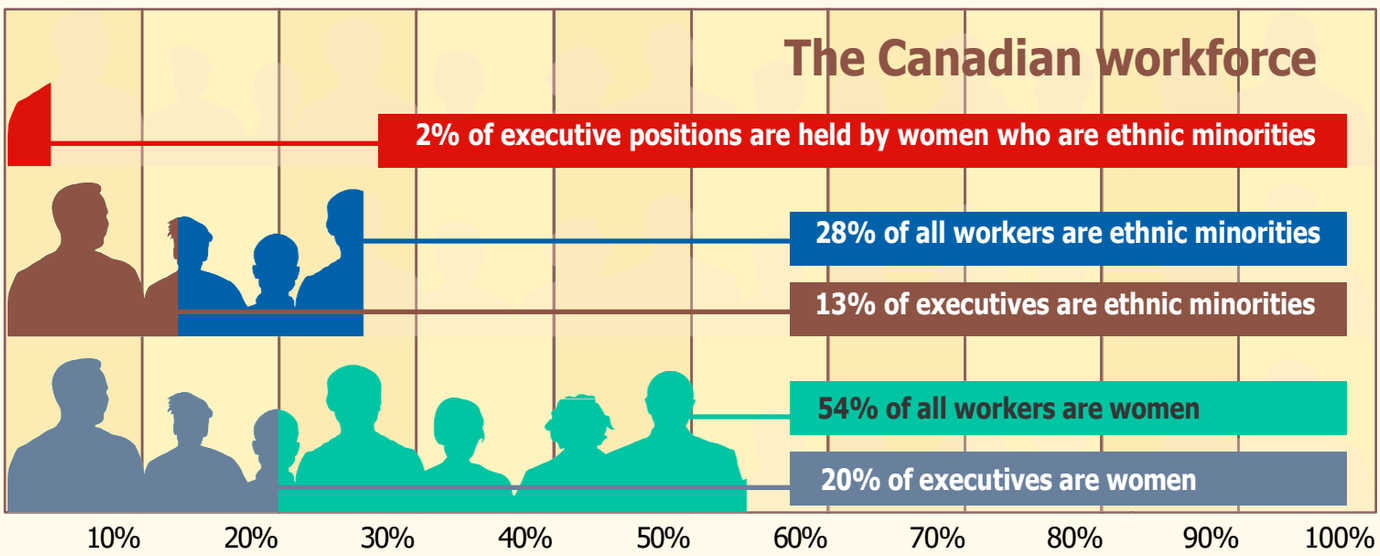


Because DIVERSITY Matters





Ramping Up Our Commitment to DEIB



Why diversity matters

Top diverse companies are:

3x as likely to be top performers in their industry

36% more profitable

19% more revenue resulting from innovation

$16 billion in turnover costs every year resulting in lack of support for diverse employees

What employees are saying

76% of potential candidates report a diverse workplace is important to them

83% of organizational leaders think they could be doing more to improve diversity

56% of employees strongly agree diversity helps to drive innovation

What can We do?



EDIB starts with a plan and a commitment. At The Elliott, we use assorted data collection methods to ask our employees what a diverse environment looks like to them. This includes asking questions of our diverse staff who have unique perspectives and thoughts on the current and future state of the organization. We work to identify sources of bias and check in on our organizational culture perpetually. In the next year, we will be introducing means to measure our efforts so that we can identify and share successes.

DIVERSITY EQUITY INCLUSION BELONGING

SOURCES: HRD & Canadian HR Reporter



DIVERSITY INCLUSION EQUITY BELONGING @ THE ELLIOTT COMMUNITY

1 DEIB efforts are meant to benefit minority groups? FALSE

Although minorities stand to gain the most immediate results of successful diversity programs, DEIB actually benefits everyone, especially those working in an organization or team of people. Organizations with higher rates of diversity, for example, enjoy better employee engagement and less turnover. Those are two key metrics of more satisfied employees, which in itself results in higher productivity and efficiency. On top of that, a diverse workforce leads to less groupthink, which is a serious inhibitor of innovation and performance.

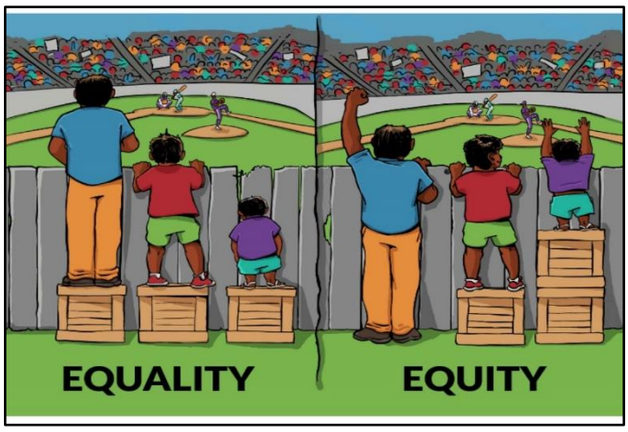
2 DEIB efforts mean giving less qualified candidates a chance too. FALSE

It's a misconception that well intentioned DEIB centered recruitment programs inadvertently lead to less qualified candidates.

Diversity is about welcoming people in, not keeping people out. It's about removing unconscious and sometimes conscious biases towards different people. So long as the door is open for everyone to have an opportunity, may the best, most qualified candidate win!

3 DIEB efforts are not just for people from diverse ethnic backgrounds. TRUE

Where equality gives everyone access to the same opportunities, equity in the workplace means that access to opportunities is proportional to each person's needs. This ensure that the opportunity is equally advantageous to everybody because it's offered in a way that takes diversity into account. In other words, equity will eliminate barriers and level the playing field by giving each person the right kind of support.



4 Equity and Equality are two different concepts. TRUE

DEIB is not just for people from diverse racial backgrounds. The DEIB philosophy is built into our programs, policies, strategies, and practices that ultimately reflected in our organization's mission to create and sustain a diverse, equitable, and inclusive environment that respects and accommodates every individual's protected grounds:

- Age Ancestry
- Colour
- Race
- Citizenship Ethnic origin
- Place of origin
- Creed Disability
- Family status
- Marital status (including single status) Gender identity
- Gender expression
- Record of offences (in employment only)
- Sex (including pregnancy and breastfeeding) Sexual orientation

5 What are the benefits of DEIB in the workplace? All of the following:

- Financial performance
- More likely to attract new employees
- Innovation and growth
- Increased employee engagement
- Lower turnover
- Powerful decision making
- External partnerships
- Flexible mindset
- Creative work practices



Board/Committee Report

TO: **Board of Trustees**

DATE: **December 7, 2023**

SUBJECT: **THE ELLIOTT LONG-TERM CARE RESIDENCE Q3 2023 REPORT**

RECOMMENDATION

To receive for information The Elliott Long-Term Care Residence (ELTCR) Q2 Report prepared by the Chief of Resident Care Services and presented to the Board of Trustees on December 5th, 2023.

BACKGROUND

In accordance with the provisions within the LTC Services Agreement, a quarterly report is prepared for the Elliott Board of Trustees by the Administrator of the Long-Term Care Residence.

REPORT

Following are the LTC highlights for the period July 1st to September 30th, 2023, with some additional Q4 updates:

- **The Practitioner Engagement and Secure Conversation project**, initiated through MST funding, is poised to revolutionize communication and decision-making within Senior Living Environments.The MST Funding-Practitioner Engagement and Secure Conversation Project is an initiative in collaboration with Point Click Care to enhance communication and engagement among practitioners. This project leverages advanced technology to provide clinicians seamless access to communication tools, facilitating improved decision-making and care coordination. With the ease and security of messaging physicians, nurses, and other staff members through their iPhones or iPads, our care team can efficiently collaborate on residents' cases. This technology will enable real-time communication, enhancing the speed and efficiency of care coordination. Care team members can promptly assess changes in a patient's condition, securely notify and collaborate with decision-makers both on-site and remotely, and ultimately positively impact patient outcomes.
- **Achieving 4 hours of direct care hours**: The Elliott Community is making significant progress towards meeting the requirement of providing 4.0 hours of care, as set in the Act. TEC has achieved the target of 4 hours of care during the first quarter and has continued to meet the target in the second quarter of 2023-24, with 4.04 direct care hours. The submission for the third quarter (October 1, 2023 to December 31, 2023) is due on February 16, 2024.

- **The Butterfly Approach implementation update:** Over the next 18 months, we will be dedicated to measuring this innovative model's impact across different areas. One important focus will be on improving the staff experience. We initiated the Work-life Survey to gather valuable feedback and establish a baseline. Additionally, we have introduced weekly Butterfly huddles as a platform for discussing upcoming plans, sharing successes and challenges, and allowing staff members to contribute their insights and suggestions. Through these huddles, we aim to enhance communication and collaboration within our team as we implement the Butterfly Approach. These activities are essential in ensuring the success of our implementation and enhancing our dedicated staff's overall experience.
- **The Butterfly Virtual Family Townhall event:** We are excited to announce the launch of the Butterfly Virtual Family Townhall event hosted by our team. This event serves as a platform for families to gather information about the upcoming changes, ask questions, and share valuable feedback. By actively involving our staff and families in this journey, we are confident that we will succeed and ensure a positive outcome for all involved.
- **My Front Door Giving Tuesday Campaign:** The Elliott Community launched a Giving Tuesday fundraising event on November 28th. This campaign aims to provide each long-term care resident with a unique-looking front door. These personalized doors will enhance the ambiance and make it feel more like home for the residents. Not only will these doors make it easier for residents to find their rooms, but they may also spark conversations and reminiscences among residents. It's important to note that this campaign will support all four home areas, ensuring that all residents benefit from having their own special front doors. This campaign aims to raise goals of $17,000 to support our initiatives.
- **The Resident and Family Experience Survey** was launched on September 5th to gather feedback on various aspects of care and services. We are pleased to share that the survey received many responses, indicating active participation from residents and their families. Our team is working on analyzing the data, preparing a comprehensive report, and developing an action plan. Our goal is to leverage the feedback received through the survey to drive enhancements in the quality of care and services we provide to our residents.
- **On-site inspections by MLTC** took place on September 7-8 and September 11-13, 2023. These inspections were conducted as a follow-up to address home-reported critical incidents related to falls and outbreak management. We are pleased to report that the inspection findings showed no noncompliance related to outbreak management. However, we did receive written notification of noncompliance in relation to transferring and positioning techniques. Our clinical team has taken immediate action to ensure full compliance. We have implemented process improvement initiatives to address the highlighted areas, including introducing post-fall huddles and utilizing lifts and transfer logos. These initiatives demonstrate our unwavering commitment to patient safety, staff well-being, and continuous improvement.
- **IPAC Update**: At The Elliott Community, our priority is our residents and staff's safety and well-being. We are dedicated to following all Ontario Government and Public Health Directives and working closely with Ontario Health to address the ongoing risk of

seasonal viruses, including COVID-19. We have implemented various proactive measures to ensure the safety of our community. We have conducted thorough assessments and have reviewed therapeutics and antiviral processes in collaboration with our pharmacy. Our staff has received education and training to stay updated on best practices. As part of our preparedness measures, we have added antiviral medication to our emergency box for easy access and timely administration.

- **Our Outbreak Management Team** implemented universal masking in September as a safety measure for all staff and caregivers. This decision aligns with the guidance the Ministry of Long-Term Care (MLTC) provided in their recent IPAC Guidance document.
- **Vaccination Program**: We have been working on our vaccination program; we understand vaccines' critical role in protecting against infectious diseases, including COVID-19. We ensure that all eligible residents and staff have access to COVID-19 vaccinations, and we facilitate the administration of vaccines and offer vaccine clinics on-site for our team. Our overall compliance rate for all LTC residents for the COVID-19 vaccine for eligible residents is 94%, and the overall compliance rate for all LTC residents for the Flu Vaccine is 92%.

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Complaints / Concerns

There are no complaints/concerns were received during Q3 by the ELTCR.

Critical Incidents - Mandatory Reports to the Director

Four (4) critical incidents have been reported to the MOHLTC during Q3:

No.	Details of Critical Incident	Response from Management	Resolved within The Elliott	MOHLTC Completed Inspection
M633-000007-23 July 9, 2023	An incident that causes an injury to a resident for which the resident is taken to the hospital and results in a significant change	Unwitnessed fall where a resident was found sitting on the floor in the TV lounge. The resident was transferred to the hospital for further assessment and diagnostic testing when she complained of pain in her right upper arm. The resident returned to the home after six hours of visits in the hospital with the diagnosis of a fracture- Right Humerous and with the treatment plan to wear a sling for six weeks. Post-readmission fall preventative interventions included bed and chair alarms, referral to the	Yes	Yes

		Falling Star program, frequent checks, and physiotherapy referrals.		
M633-000008-23 August 15, 2023	Disease Outbreak	Public Health declared an outbreak, with two symptomatic residents (roommates) testing positive for COVID-19—a total of 12 resident cases and four staff. The outbreak was declared on August 25, 2023.	Yes	Yes
M633-000009-23 August 23, 2023	Reporting Certain Matters	Resident-to-resident altercation where a resident who has a diagnosis of dementia and severe cognitive impairment grabbed another resident and started pinching. The recipient of the responsive behaviours reacted by swearing and telling the resident to stop and holding the resident hands to remove and stop pinching. Immediate intervention was provided by the staff who saw the incident by separating both residents. On assessment, the resident who grabbed and pinched the other resident sustained a scratch mark. Post-incident interventions, such as behavioural assessments and skin and wound care, informed both families/POA, MD and referral to BSO, Social worker and follow-up referral to Homewood. The care plan has been updated to reflect both residents' current status and care needs.	Yes	Yes
M633-000010-23 September 2, 2023	Reporting Certain Matters	The resident spouse was witnessed by a staff member (PSW) and a family member yelling and swearing at the resident and shoving his phone to her face. The staff member intervened and asked the resident's husband "to be nice." The resident's husband responded to mind her own business, kept yelling, and told the staff that he	Yes	Yes

		would take his wife to a hotel. He grabbed the staff member's arm, leaving a scratch, and kept pushing the staff. The staff called the charge Nurse and called for "code white" (violent situation). Following the home emergency procedure, the Charge Nurse notified the Director Of Care (DOC), called 911 and notified the family. DOC spoke to the resident's son and made him aware that the police were called and the incident was reported as critical. The resident was settled in her room, and the Registered staff completed a head-to-toe assessment. No injuries were noted, but the resident was worried for her husband. The DOC and administrator met with the husband and family members (son and daughter), discussed supervised visits, and encouraged them to have the resident's spouse assessed by his primary physician regarding cognitive decline. Supervised visits continued with the support of the family, social worker and Behavioral Support team.		

Quality Improvement Plan (QIP)

As part of our commitment to quality, our team is proactively monitoring the data related to our quality indicators, specifically the use of antipsychotic medications and the incidence of pressure injuries. We are dedicated to implementing the change ideas outlined in our work plan, aiming to reach our targets and continuously improve the quality of care provided to our residents. Our team acknowledges the significance of reducing the use of antipsychotic medications, ensuring appropriate prescribing practices, and fostering a person-centred approach to care. Similarly, we recognize the importance of preventing pressure injuries and providing effective wound care. Our efforts include thorough assessment, proactive interventions, and continuous education and training for our staff to enhance their knowledge and skills in preventing and managing pressure ulcers.

LTC QIP Indicator	Q4/22	Q1/23	Q2/23	Q3/23	ON Avg.	TEC Target
% of residents not living with psychosis who were given antipsychotic medications	15.4%	8.2%	8.2%	16.9%	21.1%	15%
% of residents with new or worsened stage 2 to 4 pressure injuries	2.65%	3.0%	1.5%	1.4%	2.4%	2.5%

The analysis of data for Q3 highlights an increase in the percentage of residents who were prescribed antipsychotic medications despite not having a diagnosis of psychosis. In Q2, five residents met this criteria, whereas in Q3, the number increased to eleven. Further review showed that out of the six new residents who triggered this indicator in Q3, four had already been on antipsychotic medications in the previous quarter. The reason they did not trigger the indicator earlier was that they had documented symptoms of hallucinations or delusions during that time. However, these symptoms were not reported in the current quarter, leading to an increase in the number of residents who triggered the indicator.

FINANCIAL IMPLICATIONS

N/A

STRATEGIC DIRECTION

Expand and strengthen Long-Term Care facilities.

Prepared By:

Lilibeth Medina

Chief of Resident Care Services

Recommended By:

Michelle Karker

CEO

Board/Committee Report

TO: **Board of Trustees**

DATE: **December 7, 2023**

SUBJECT: **CEO's Report – December 2023**

RECOMMENDATION

That the CEO's December 2023 report be received for information.

BACKGROUND

The CEO reports to the Board of Trustees in open session on Long-Term Care strategic updates and significant developments and items of importance for the Board of Trustees reflective of actions or events that have arisen since the Board's last meeting.

Strategic Implementation

1. Expand and Strengthen Long-Term Care Facilities

- For information, please refer to The Elliott Community Long-Term Care Bed Expansion Project Update – November 2023.
- Construction continues by mform Construction Group. There will be a two-week break over the holidays.
- Work on the Occupany plan has begun and will be submitted on or before March 9, 2024.

2. Sector Leader in Human Resource Management

- Recruitment planning has begun for the new home area.
- In November, we celebrated Diwali with a special meal and a Diwali Celebration. There are number of celebrations planned for December including Hanukkah and Christmas.

3. Strengthen Financial Well-being and Sustainability

- Staff continue to work with our external auditors to complete the requirements for the LTC Annual Reconciliation Report (ARR) submission and the Trust Account Audit. Required reporting will be completed prior to the January 16, 2024 deadline.
- The Finance team is preparing for year-end, ensuring all ministry funding will be fully utilized prior to December 31.

4. Widen our Reach into the Community

- There were a total of 578 planned events (LTC 316 & RET 262) scheduled and publicized on the Activity Calendars for the month. These include meaningful programs that span all five dimensions of resident well-being (psychological/emotional, cognitive, social, physical, and spiritual).

- There are several simultaneous fundraising initiatives in progress, including:

  - Our Holiday Campaign was launched this week.

  - We had an enjoyable Resident and Family Holiday Dinner in our Community Centre with 189 guests attending.

  - The Elliott Community held a successful Holiday Market and poinsettia sale in November raised just over $4500.

  - Thank you for your support of our Giving Tuesday Campaign we raised $ 15,482.20 of our $17,000 goal. We will be able to purchase 68 of the 75 doors we hope to cover. The campaign is still open if you or anyone you know would still like to contribute.

Prepared By:

Michelle Karker
Chief Executive Officer

PROJECT STATUS REPORT

PROJECT INFORMATION

Project Name	The Elliott Community LTC Bed Expansion	Issued by	Marcos Dinardi
Address	170 Metcalfe Street, Guelph	Issued to	Theresa Moisan
Reporting Date	22 November 2023	GO Live Date	July 2024

PROJECT STATUS SUMMARY

OVERALL STATUS GREEN

Status Code Legend

- On Track: Project is on schedule
- At Risk: Milestones missed but date intact
- High Risk: At risk, with a high risk of going off track
- Off Track: Date will be missed if action not taken

1	GENERAL UPDATE	• As requested on the Approval to Construct package, the Final Estimate Cost was sent to the Ministry of Long-Term Care on October 25, 2023. • The project schedule is on track. Mform and CBRE are working with TEC to coordinate the construction schedule and the events scheduled for the community center. • The project team is working with TEC to finalize the finishes and appliance selections. • Construction has started, the demolition phase is finalized, and the team has completed the wall layout, the work is progressing as per the approved schedule.
2	ISSUES	• No items at this time.
3	OUSTANDING ISSUES	• No items at this time.
4	AREAS / QUESTIONS FOR DISCUSSION	• Project cost estimate is $6.89 million.

MILESTONE SCHEDULE STATUS

Milestone	Baseline	Countdown	Forecast / Actual	Variance
Preliminary Plan Package to MLTC	2023-05-05	milestone past	2023-05-05	on time
Permit Package Issuance (Architectural, M&E)	2023-05-08	milestone past	2023-05-08	on time
Permit submission	2023-05-12	milestone past	2023-05-12	on time
Working Drawings Package to MLTC	2023-05-23	milestone past	2023-05-23	on time
Tender Documents Issuance	2023-05-26	milestone past	2023-05-19	-7
RFP Award to CM	2023-06-02	milestone past	2023-06-16	14
Permit Received	2023-07-11	milestone past	2023-07-21	10
Approval to Construct Submission	2023-08-11	milestone past	2023-08-11	on time
Construction Start	2023-08-28	milestone past	2023-10-02	35
Construction Substantial	2024-07-05	135 days	2024-05-27	-39
Furniture Install Complete	2024-07-09	136 days	2024-05-29	-41
READY FOR OCCUPANCY	**2024-07-10**	**165 days**	**2024-07-08**	**-2**

PROGRESS OF WORK AND KEY DELIVERABLES

Work Accomplished since last report

1. TEC submitted the Final Estimate Cost (FEC) to the MLTC.
2. The project team issued Cash Flow projection to TEC.
3. The demolition phase was completed.
4. Wall layout reviewed with the design team.
5. In-unit millwork design submitted to MLTC, and comments received.
6. Construction team coordinating work in the common areas with TEC.

Work planned, but not achieved

Work Planned for Next Period

1. Project team to address MLTC comments and resubmit the in-unit millwork design.
2. Project team to finalize the finish selections.
3. Project team to finalize the appliances selection.
4. Construction team to finalize coordination and start working in the common areas.

TOP PROJECT RISKS

Risk Description	Mitigation Plan
1. Construction schedule delays	1. Coordinate the operational schedule and construction schedule.
2. Finalize finish specs	2. Coordinate meeting to review samples with TEC.
3. Change Order need to be reviewed and approved by the MLTC in case it goes over the FEC.	3. Project team to review the process with MLTC to understand the timeframe and required steps.
4. Site conditions	4. Project Team diligently working with the demolition team to promptly act on any unforeseen condition discovered during demolition phase.

CONSTRUCTION UPDATE/ LOOK AHEAD SCHEDULE

Item

1. Partitions layout, stud erection, and board one side are ongoing from October 06 to December 01, 2023.
2. Structural Steel Fabrication is ongoing from October 06 to January 15, 2024.
3. Floor preparation and grinding, mechanical and electrical rough-in, sprinkler installation, and door frame measurements and fabrication are ongoing until the beginning of February 2024.

Ontario

MONTHLY CONSTRUCTION PROGRESS REPORT

PROJECT INFORMATION

Home Name: The Elliott Long-Term Care Residence

Location: 170 Metcalfe St Guelph N1E 4Y3

Phase: 1 of 1

Report Date: November 13, 2023

Total Completion Date as per the DA: August 09, 2024

GENERAL STATUS

1. With reference to the last Construction Schedule submitted to MLTC:

   a) The overall status of construction is:

   ☒ On Schedule
   ☐ Ahead of Schedule — Estimated Substantial Performance Date*: May 27, 2024
   ☐ Behind Schedule — Estimated Total Completion Date*: **August 09, 2024**

   b) Percentage of construction **actually** completed as of the date of this report; (**please indicate % of work, not % of time spent):** 16%

2. If the project is behind schedule, please list the reasons for the change and what action is being taken to mitigate the issue (e.g. project scope changes, equipment delays, weather delays, etc.).

An updated construction schedule is attached for MLTC consideration, Total Completion Date remains unaltered.

PROJECT DOCUMENTATION

3. If the estimated Total Completion Date is different from the Total Completion Date in the Development Agreement, please submit a revised Construction Schedule reflecting the changes indicated on this form.
4. In the chart below, list any proposed change orders*, new or amended permits, certificates, authorizations, and/or related documents and submit them with this report.

No.	Description of Updated or New Documents
	Contemplated Change Order No. 6 - Additional in-unit Millwork - Addition of in-unit millwork to resident rooms, covered by Contingency without altering the total cost of the Project.

*Note: In accordance with Schedule B, section 5 of the Development Agreement, **prior approval is required for all change orders during the Construction** that:

(a) affect the Construction Plans in any material respect, or

(b) once implemented, would either materially increase or decrease the total cost of the Project set out in the Initial Estimate of Cost form approved for the Construction or render it difficult to meet the timelines set out in the Project Schedule.

SIGNATURES

Signature of Architect _____ **Date:** **November 13, 2023**

Print Name and Title: **Samuel Herschorn**
Architect

Guelph Wellington Ontario Health Team
Core Steering Committee
Key Messages – November 8, 2023

Date: November 9, 2023
To: GW OHT Core Steering Committee
From: Emmi Perkins, Director of Transformation
Subject: **GW OHT Core Steering Committee Key Messages – November 8, 2023**

Key Messages

The following are the Key Messages from the Guelph Wellington OHT (GW OHT) Steering Committee meeting on November 8th. They can be shared as appropriate with your staff, clinicians, boards, and partners.

1. **Strategic Priority Activities and Steering Committee Work Plan** – The GW OHT 2022-2025 Strategic Priority work plan has been revised to reflect new funding accountabilities and updated local goals and activities. Additionally, the Steering Committee confirmed its priorities and work plan:

   a. Support / monitor the **GW OHT 2022-2025 Strategic Priority** activities
   b. **Respiratory Preparedness**
   c. **Not-For-Profit-Incorporation** - Plan/support 18-month incorporation process starting in January 2024
   d. **Establish Partnerships with Municipalities**
   e. Guide the **2025 – 2028 Strategic Planning** process

2. **GW OHT Joint Direct Core Partner Board Event** – OHT Direct Core Partner Boards of Directors and the Steering Committee received presentations from the Executive Directors of the Hamilton and Burlington OHTs who shared their experiences and insights regarding incorporation. A plan to support an 18-month incorporation process starting in January 2024 will be presented to the Steering Committee in December.

3. **One Team Approach** – As GW OHT partners seek to deepen our collective responsibility for the health of our shared population, development of a 'One Team Culture/Approach' s essential. Based on feedback collected via e-mail, the Steering Committee selected the following definition of a 'One Team Approach' for Guelph Wellington OHT:

   The one-team approach is a culture where individuals and groups work in an integrated way to put people at the centre, regardless of their functional or organizational boundaries. This approach emphasizes the importance of open communication, transparency, continuous improvement, equitable sharing of information and resources, with mutual support to achieve goals and objectives. Each team member seeks to understand each other's strengths and differences, their roles and how they contribute to the success of the "one team." This approach will promote greater efficiency, higher levels of innovation, and a more positive work environment while prioritizing compassionate, responsive care.

   As a next step, Steering Committee members will be invited to complete a self-assessment of their organization's status/progress towards development of a 'One Team Approach'.

4. **System Navigation** – One of the GW OHT's current funding deliverables is to 'Design and implement 24/7 navigation supports for patients, families and caregivers, aligned to the provincial Health811 system, that facilitates access to care and transitions between settings. GW OHT partners are seeking to build on existing resources and services (e.g., Here24/7, Caredove, eReferral, primary care teams) and to optimize coordination and communication between these existing services rather than create a net new service.

5. **Respiratory Season Update** – Dr. Mercer reported that to date, there have been no reported cases of flu in community and a moderate amount of COVID cases. A GW OHT Surge Plan is being created with Public Health. This plan describes escalated responses as respiratory illness increases in our community. Coordinated communications are being developed to support GW residents to know their options when seeking medical care for respiratory illness.

6. **Home Care Integration Leading Practice** – To support submission of the GW OHT Home Care Integration Leading Practice Implementation Plan on November 10, and based on information provided to the GW OHT to date, Guelph General Hospital will assume 'Lead Agency' status on behalf of GW OHT partners with St Joseph's Health Care Centre Guelph, Guelph Family Health Team and North Wellington Healthcare Alliance each assuming some Lead Agency functions.

7. **Health and Housing in Guelph Wellington –** Funding for 10 Shelldale and the other Permanent Supportive housing units in Guelph Wellington has not yet been confirmed but partners are hopeful as there are positive signs that the project is receiving support and attention.

If you have any questions or comments, or would like to be involved in the Guelph Wellington Ontario Health Team, please contact Emmi Perkins (emmi.perkins@quelphwellingtonoht.com)

The Elliott Long-Term Care Residence Report

TO: **Committee of Management**

DATE: **December 5, 2023**

SUBJECT: **The Elliott Long-Term Care Residence Quarterly Report 2023 – Q3**

RECOMMENDATION

That the 2023-Q3 quarterly report on the operations of The Elliott Long-Term Care Residence (the ELTCR), be received.

BACKGROUND

The Fixing Long-Term Care Act, 2021 requires every municipality within Ontario to support a municipal long-term care home. The City of Guelph is meeting this responsibility through a Delegation of Authority Bylaw, assigning the responsibility to operate the City's approved 85-bed long-term care home to The Elliott's Board of Trustees. In addition to the Delegation of Authority Bylaw, The City and The Elliott have also entered into a Long-Term Care Services Agreement (Services Agreement) that identifies the specific nature of the relationship and sets out the responsibilities of both parties to the Agreement. There is a requirement within the Services Agreement for The Elliott to report quarterly on the operations of the ELTCR.

The Elliott Community operates a campus of care offering retirement and life-lease care and services beyond the ELTCR. As the relationship set out in the Services Agreement pertains strictly to the ELTCR operations, this report only reflects long-term care operations and does not reflect the retirement and life-lease suites.

REPORT

In accordance with the provisions within the Services Agreement:

Attestation of the Responsibilities of The Elliott

The Elliott confirms that to the best of its knowledge, it is,

(a) Complying with all provisions of the *Municipal Act* relating to local boards;
(b) Complying with all provisions of the *Elliott Act*;
(c) Complying with all provisions of the Fixing Long-Term Care Act, 2021, including fulfilling the obligations under section 69;
(d) Complying with all laws, regulations, policies, and orders made by any level of government that relate to the operation of the ELTCR;
(e) Complying with all provisions in the Elliott Delegation of Authority Bylaw; and,
(f) Managing a Business Plan and Strategic Plan for the ELTCR.

Overview of the Operations

For the period July 1st – September 30th 2023, the following activities/actions were reported to the Board of Trustees as they relate to the ELTCR:

- Completing the Nurse Call System installation marks a significant milestone in improving resident care and communication within The Elliott Community. The system's features and benefits enhance communication, response times, and overall resident experience and provide valuable data for

monitoring and continuous improvement. The successful implementation of this system reinforces the commitment to delivering high-quality care and maintaining a resident-centred approach.

- The Elliott Community is working to become the first long-term care home in Guelph accredited in The Butterfly Approach, an innovative, person-centred and emotion-focused model of care. The official launch of our Butterfly journey was October 23. The transformation is expected to take 18 months in our third-floor Wellington and Fountain home areas, and changes will be introduced over time to align with staff training.
- The Elliott Community continues to work ahead on meeting the 4.0 hours set in the Act that the Home must achieve the target by March 31, 2025**.** TEC has achieved the 4 hours of care in Q1. Our Q2 2023-24 (July 1 to September 30, 2023) staffing data collection is due for submission by November 17, 2023.
- The Resident and Family Experience Survey was launched on September 5th to gather feedback on various aspects of The Elliott Community care and services. Key areas covered in the survey included resident activities, resident services (physiotherapy, salon, laundry, building and environment), staff responsiveness, quality of care, safety and security, and dining experience. The survey closed on September 29th and our CQI Lead with the Senior Leadership Team is working on our timeline for data analysis, report preparation, action plan development and the timeline for implementation and monitoring for our team to have a clear roadmap to enhance resident satisfaction and address areas for improvement.
- MLTC inspection occurred on site on September 7-8 and September 11-13, 2023, for a follow-up inspection of the home-reported Critical Incidents on falls and outbreak management. The inspectors made relevant observations, reviewed records and conducted interviews during the inspection. There were no findings of noncompliance related to outbreak management, and the home received written notification of noncompliance related to transferring and positioning techniques. The Clinical team has immediately reviewed the report in detail, has taken immediate action to ensure full compliance and implemented process improvement initiatives. Implementing post-fall huddles and utilizing lifts and transfer logos demonstrate a commitment to patient safety, staff well-being, and continuous improvement. These process improvement initiatives contribute to a proactive and innovative approach to mitigating fall risks, promoting safe patient handling practices, and fostering a culture of learning and collaboration within the organizations.
- The Elliott Community follows all Ontario Government and Public Health Directives regarding Infection Prevention and Control standards. TEC participated in Fall/Winter Readiness and Response with the Ontario Health and Public Health Unit and worked on recommended actions to support the collective efforts to prepare for these anticipated pressures this fall and winter. TEC has been proactively assessing residents for COVID-19 therapeutics and connecting with our local IPAC hubs to access IPAC expertise and support where needed. In September, in response to the overall risk posed by seasonal viruses that this fall/winter is expected to continue, we implemented universal masking for our staff and caregivers. We strongly encouraged all our families and visitors to wear masks.

There have been no conflicts of interest of any Board of Trustee member or employee of The Elliott Community providing services.

There have been no requests for information under the *Municipal Freedom of Information and Protection of Privacy Act,* R.S.O. 1990, c.58.

There are no identified litigations, potential litigations, or claims (insured or uninsured) of any kind at the time of preparing this report.

In the opinion of the Chair of the Board of Trustees, no other issues or matters require a direction from or a decision of the Committee of Management or which the Committee of Management has requested that the Board of Trustees provide a report.

The following represent specific sections of the responsibilities of the Services Agreement:

Complaints / Concerns

There were no complaints/concerns received during Q3 by the ELTCR.

Critical Incident Reports

Four (4) critical incidents have been reported to the MOHLTC during Q3 by the ELTCR:

No.	Details of Critical Incident	Response from Management	Resolved within The Elliott	MOHLTC Completed Inspection
M633-000007-23 July 9, 2023	An incident that causes an injury to a resident for which the resident is taken to the hospital and results in a significant change	Unwitnessed fall where a resident was found sitting on the floor in the TV lounge. The resident was transferred to the hospital for further assessment and diagnostic testing when she complained of pain in her right upper arm. The resident returned to the home after six hours of visits in the hospital with the diagnosis of a fracture-Right Humerous and with the treatment plan to wear a sling for six weeks. Post readmission, fall preventative interventions included bed and chair alarms, referral to the Falling Star program, frequent checks and physio referral.	Yes	Yes
M633-000008-23 August 15, 2023	Disease Outbreak	Public Health declared an outbreak, with two symptomatic residents (roommates) testing positive for COVID-19—a total of 12 resident cases and four staff. The outbreak was declared on August 25, 2023.	Yes	Yes
M633-000009-23 August 23, 2023	Reporting Certain Matters	Resident-to-resident altercation where a resident who has a diagnosis of dementia and severe cognitive impairment grabbed another resident and started	Yes	Yes

		pinching. The recipient of the responsive behaviours reacted by swearing and telling the resident to stop and holding the resident hands to remove and stop pinching. Immediate intervention was provided by the staff who saw the incident by separating both residents. On assessment, the resident who grabbed and pinched the other resident sustained a scratch mark. Post-incident interventions, such as behavioural assessments and skin and wound care, informed both families/POA, MD and referral to BSO, Social worker and follow-up referral to Homewood. The care plan has been updated to reflect the current status and care needs of both residents.		
M633-000010-23 September 2, 2023	Reporting Certain Matters	The resident spouse was witnessed by a staff member (PSW) and a family member yelling and swearing at the resident and shoving his phone to her face. The staff member intervened and asked the resident's husband "to be nice." The resident's husband responded to mind her own business and kept on yelling and told the staff that he would take his wife to a hotel. He grabbed the staff member's arm, leaving a scratch, and kept pushing the staff. The staff called the charge Nurse and called for "code white" (violent situation). Following the home emergency procedure, the Charge Nurse notified the Director Of Care (DOC), called 911 and notified the family. DOC spoke to the resident's son and made him aware that the police were called and the incident was reported as a critical incident. The resident was settled in her room, and the Registered staff completed a head-to-toe assessment. No injuries were noted, but the resident was	Yes	Yes

		worried for her husband. The DOC and administrator met with the husband and family members (son and daughter), discussed supervised visits, and encouraged them to have the resident's spouse assessed by his primary physician regarding cognitive decline. Supervised visits continued with the support of the family, social worker and Behavioral Support team.		

Quality Improvement Plan

The Long-Term Care QIP Narrative and Work plan was submitted to Ontario Health on March 31, 2023. We are tracking our quality indicators and implementing change ideas on the work plan to support meeting our targets.

LTC QIP Indicator	Q4/22	Q1/23	Q2/23	Q3/23	ON Avg.	TEC Target
% of residents not living with psychosis who were given antipsychotic medications	15.4%	8.2%	8.2%	16.9%	21.1%	15%
% of residents with new or worsened stage 2 to 4 pressure injuries	2.65%	3.0%	1.5%	1.4%	2.4%	2.5%

The data analysis for Q3 highlights an increase in the percentage of residents who were given antipsychotic medications despite not living with psychosis. In Q2, only five residents triggered this indicator, whereas in Q3, the number increased to eleven. Upon more comparative analysis, it was found that six residents were newly added to the list in Q3 compared to the previous quarter.

Out of the six newly added residents, four were already on antipsychotic medications in the previous quarter. However, they did not trigger the indicator as they were documented for experiencing hallucinations or delusions during the observation period. In the current quarter, these symptoms were not documented, increasing the number of residents triggering the indicator.

Strategic Imperatives

Our Strategic Imperatives for 2024 – 2027 were approved by the Board of Trustees on November 2nd 2023 and are posted on our website https://www.elliottcommunity.org/strategic-imperatives.

Financial Overview

The operating and capital funding requests were presented to Guelph City Council for approval on December 2, 2021. The total funding request for 2023 was $2,825,924 and consisted of:

1. Base operational funding of $2,009,550; and,
2. Annual capital expenditure of $816,374.

City Council approved all amounts requested.

For the nine months ended September 30, 2023, the following observations were noted with respect to the LTC financial results (refer to page 7 for details):

- The **surplus** at the end of Q3 2023 was $68,191; this was $33,774 higher than budget. After considering the amortization adjustment (*note), the Q3 restated results were a deficit of $101,312.

- **Cash flow** at the end of the third quarter was -$46,676. This was lower than budget as a result of the timing of capital expenditures.

- Total **revenue** was $9,119,097, exceeding budget by 10%. Revenue was higher than budget because of an increase in accommodation rates and funding for the 4 hours of care initiative.

- Accommodation rates were increased more than expected, combined with an occupancy rate 1.6% higher than budgeted, resulting in a positive variance for accommodation revenue for the period.

- Covid and Pandemic funding was recognized to match actual expenditures, although variances to budget occurred, there is no impact to the net surplus. The variance related to Covid funding, occurred as the funding was only confirmed as available to spend with insufficient time to procure supplies.

- Total **expenses** at the end of Q3 2023, were $9,050,905, which was 10% over budget. This overage was mostly the result of employee costs being higher than budget and consistent with the positive revenue variance.

- Employee costs were over budget by $77,844. Provincial funding relating to the 4 hours of care program was announced after budget, driving up expenditures to meet funding.

- Total operating costs were $50,145 (2%) over budget. The decrease (compared to budget) in spending on Covid costs was offset by increased costs for purchased services and inflationary increases for goods and services.

*Note: A line has been included at the bottom of the LTC Statement of Operations to demonstrate the impact of a revision in the amortization period of The Elliott building from 20 years to 40 years. A 40-year amortization period for this building is more appropriate than a 20-year amortization period. The aggressive 20-year amortization period utilized until 2017 has created a negative surplus on the balance sheet. This change does not impact the reported cash flows.

The Statement of Operations for Long-term Care for Other Accommodation is included for reference.

PREPARED BY:
Lilibeth Medina
Chief of Resident Care Services

Theresa Moisan
Chief of Finance and Operational Services

RECOMMENDED BY:
Michelle Karker, CEO

APPROVED BY:
Peter Barrow
Chair, Board of Trustees

THE ELLIOTT COMMUNITY
STATEMENT OF OPERATIONS
OA Envelope - Long Term Care
For the Nine Months Ending September 30, 2023

	Year To Date		
	Budget $	Actual $	Variance
REVENUE			
Accommodation:			
Basic	1,197,052	1,374,472	177,420
Preferred	287,781	362,098	74,317
Provincial Subsidy - MOHLTC	337,423	384,808	47,385
Municipal Subsidy - City of Guelph	1,507,163	1,507,167	4
	3,329,419	3,628,545	299,126
Other Revenue:			
Fees & Recoveries	25,998	57,236	31,238
Cable Television Fees	24,206	24,600	394
Telephone Fees	10,345	11,053	708
Amortiz. of Def'd Contributions	185,188	200,304	15,116
Other Revenue	2,400	5,615	3,215
	248,137	298,808	50,671
Total Revenue	**3,577,556**	**3,927,353**	**349,797**
EXPENSES			
Employee Costs:			
Wages and Salaries	1,278,176	1,656,302	(378,126)
Employee Benefits	329,011	396,720	(67,709)
	1,607,187	2,053,022	(445,835)
Operating Costs:			
Amortization of Assets & Fees	395,660	403,393	(7,733)
Supplies	121,005	190,841	(69,836)
Facility Costs	373,163	316,364	56,799
Financing & Service Fees	217,674	220,004	(2,330)
Equipment	137,756	138,203	(447)
Purchased Services	89,940	67,201	22,739
Administrative & Other	56,621	67,172	(10,551)
	1,391,819	1,403,178	(11,359)
Total Expenses	**2,999,006**	**3,456,200**	**(457,194)**
SURPLUS / (DEFICIT)	**578,550**	**471,153**	**(107,397)**
Amortization Adjustment to 40 Years	(169,503)	(169,503)	0
RESTATED SURPLUS / (DEFICIT)	**409,047**	**301,650**	**(107,397)**
MODIFIED CASH FLOW STATEMENT			
Exclude Non-Cash Items (Amortization & Future Benefits):			
Amortiz. of Def'd Contributions	(185,188)	(200,304)	(15,116)
Amortization of Assets & Fees	395,660	403,393	7,733
Amortization Adjustment to 40 Years	169,503	169,503	0
Future Benefits	18,000	18,000	0
(Deduct) / Add Cash Payments:			
City Mortgage - Principal / Def'd Pmts	(330,226)	(330,226)	0
SWAP Loan - Principal Payments	(99,410)	(99,410)	0
Capital Expenditures	(423,263)	(518,596)	(95,334)
Capital Contributions	612,281	612,276	(5)
CASH FLOW	**566,404**	**356,286**	**(210,118)**

Julie Spindler

From: Julie Spindler
Sent: November 29, 2023 3:12 PM
To: Michelle Karker (mkarker@elliottcommunity.org)
Subject: FW: Ellridge Fall Meeting - Guelph Transit Community Bus

FYI

Julie Spindler
Executive Assistant & Board Liaison
The Elliott Community
519-822-0491 Ext. 2270

From: brendawalton@hotmail.com <brendawalton@hotmail.com>
Sent: November 29, 2023 2:02 PM
To: Julie Spindler <jspindler@elliottcommunity.org>
Subject: Re: Ellridge Fall Meeting - Guelph Transit Community Bus

Thanks for your reply. My mother is a resident at the Ellington and I know this is an issue for her as well as for my mother-in-law and us here at the Ellridge. I have reached out to Guelph Transit, Guelph Council and Mayor as well as City Of Guelph Community Engagement.

Regards
Brenda
Sent from my iPad

On Nov 29, 2023, at 1:51 PM, Julie Spindler <jspindler@elliottcommunity.org> wrote:

Thank you Brenda for your email dated November 28th, 2023. Accessible transportation is important to all our residents at The Elliott Community. Advocacy for new bus routes and changes to those routes is ultimately the City's decision; however, we will certainly add this to new business for discussion at our Ellridge Town Hall meeting next week. As our Board of Trustees is a strategic governing board, we will include your correspondence for information only.

Thank you again for raising this important issue.

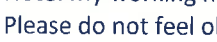
<image001.jpg>

Michelle Karker
Pronouns I use: she,her,hers
Chief Executive Officer
170 Metcalfe Street
Guelph, ON N1E 4Y3
Ph: 519 822 0491 ext. 2223
www.elliottcommunity.org

"Quality choices in a caring and inclusive, home-like community.
A tradition of promoting dignity and independence for those we serve and their families."
<image002.png>





Note: My working hours may not be your working day.
Please do not feel obliged to reply to this email outside of your normal working hours.


From: brendawalton@hotmail.com [mailto:brendawalton@hotmail.com]
Sent: November 28, 2023 3:10 PM
To: Michelle Karker <mkarker@elliottcommunity.org>; Samantha Corman <scorman@elliottcommunity.org>; Fiona Miletic <fmiletic@elliottcommunity.org>; Hst1823 <suzanne.skrinda@gmail.com>
Cc: dominique.orourke@guelph.ca; Tanya Watton <twatton@elliottcommunity.org>
Subject: Ellridge Fall Meeting - Guelph Transit Community Bus

I would like to request that consideration be given by Elliott Management (and, if it is within their mandate, by the Elliott Board) to formally request the reinstitution of the Guelph Transit Community Bus.

I am unable to attend the Ellridge fall meeting but would like to have the topic of reinstating the Guelph Transit Community Bus raised. I believe this may also be of concern for residents of the Ellington (where my mother is a resident), visitors and employees of the Elliott Community. I have included a link to a recent letter to Guelph Today (see end of mail); I have also included my letter to City Council , etc about my concerns and those raised at recent discussions here at the Ellridge.

I have read the responsibilities of the Elliott Board of Trustees. I am unsure whether this would be part of their mandate although one of the responsibilities is " Acting on behalf of the "collective" public good in the Community"., assuming the "Community" is the Elliott Community. I have copied this to Dominique O'Rourke as the Mayor's Designate on the Board as I do not have contact information for the BoardChair.

Sincerely
Brenda Walton
Ellridge Unit 112

Sent from my iPad

Begin forwarded message:

> **From:** brendawalton@hotmail.com
> **Date:** November 28, 2023 at 1:50:22 PM EST
> **To:** mayor@guelph.ca, erin.caton@guelph.ca,

dan.gibson@guelph.ca, phil.alt@guelph.ca,
rodrigo.goller@guelph.ca, carly.klassen@guelph.ca,
michele.richardson@guelph.ca, christine.billigs@guelph.ca,
linda.busuttil@guelph.ca, leanne.caron@guelph.ca,
cathy.downer@guelph.ca, ken.chew@guelph.ca,
dominique.orourke@guelph.ca
Cc: transit@guelph.ca, Kelly Guthrie <kelly.guthrie@guelph.ca>,
andrea.mikkila@guelph.ca
Subject: Fwd: Shared from GuelphToday.com: LETTER: Let's put the community bus back on the road

I would like to lend my support to the reinstatement of the Community Bus as expressed so well in this recent letter to Guelph Today. (See link below).

I recently moved to The Elliott Community and have heard from many of the residents about issues with transport. The closest bus stop is several blocks away which is difficult for seniors and those with mobility issues. My mother (in a wheelchair) and I agree with the letter writer that the mobility bus service, although helpful, has several disadvantages and is not always available.

Many of us recently participated in a pilot project, Living Better on Less for Seniors, a fantastic program. One of the overall messages was the importance of social connectivity for physical, mental and emotional health, especially in the senior population. There was much discussion about the problem of transport to get to activities, for example the fantastic programs at the Evergreen Seniors' Centre. Others mentioned how the Community Bus previously allowed them easy access to doctors' offices, hospitals and senior residences where many had family members residing. The Community Bus was also helpful for shopping and accessing other health care providers.

As a Community we were going to reach out to see if the bus stop on Metcalfe, outside the Ellington, could be reinstated. **The reinstatement of the Community Bus would be an even better solution to our transportation issues.**

I request that those making transit decisions give serious consideration to reinstatement of the Community Bus. A less desirable option would be changing bus routes and having a bus stop on Metcalfe by the Elliott Community.

Thank for your attention to this issue. I look forward to hearing that this suggestion has been given serious consideration and hopefully a reinstatement of this important service for the entire community.

Regards

Brenda Walton

https://www.guelphtoday.com/letters-to-the-editor/letter-lets-put-the-community-bus-back-on-the-road-7882749?utm_source=Email_Share&utm_medium=Email_Share&utm_campaign=Email_Share

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