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CommunityCare
NORTHUMBERLAND

Board of Directors Meeting Minutes
Zoom Meeting – Friday, March 22, 2024 – 10:00 am

Present: Jackie Gardner-Nix, Elaine Azzopardi, Tim Miller, Angela Grogan, Judy McLean, Cindy Anthony, Sharyl Ann Milligan, Stephen Beauchamp, Selena Forsyth, Sharron MacDonald, Jessica Clarke, Tina Stephens, Sherry Gibson, Director, Hospice Services.

Regrets: Trish Baird

Topic	Discussion	Decision/Action
Board Education	Ed's House Bed Expansion – An update on the current bed expansion project was presented by Director of Hospices Services, Sherry Gibson.	Presentation available on Board Portal.
1.1 & 1.2 Quorum & Declaration of Conflict of Interest	The meeting was called to order by Jackie Gardner-Nix who welcomed everyone. There was a quorum present, and no conflicts of interest were declared.	No conflicts were declared.
1.3. Approval of Consent Agenda	Approval of Consent Agenda Fundraising Committee minutes pulled out for discussion to point 4.1.2.	Motion by: Judy McLean to approve the consent agenda. 2nd by: Elaine Azzopardi. Carried.
1.4 Approval of Agenda	Approval of Agenda	Motion by: Cindy Anthony to approve the agenda. 2nd by: Jessica Clarke. Carried.
3. Business Arising from Minutes	3.1 Integrated Ethics Framework An Ethics Framework policy was presented by Sherry Gibson. CCN is looking to adopt this policy from the work that is currently being done with CEREN (Central East Regional Ethics Network). Question raised around what the reporting piece of the document looks like. Sherry will explore further and report back for the next Board meeting.	Motion by: Jessica Clarke to approve the policy as presented. 2nd by: Angela Grogan Carried.
4. Board Business/Committee Matters	4.1 Governance Committee – Policies for Approval 4.1.1 Draft Succession Planning Policy – With succession planning being part of the Strategic Plan this policy was developed. Suggestion that the Senior Management team review on a yearly	Motion by: Jessica Clarke to approve the policy with the minor changes. 2nd by: Selena Forsyth. Carried.

	basis and remove comment "and evaluate every six months."	
	4.1.1 BD-100 Process for Selection of Board Officers – The wording of this policy was changed to incorporate the Board officer positions of Vice Chair, Treasurer, and to add the recommended terms of office. Minor wording changes suggested along with the addition of a point describing the procedure when there are no vacancies on the Board.	Motion by: Elaine Azzopardi to approve the policy with the minor changes. 2nd by: Sharron MacDonald Carried.
	4.2 Foundation Update Bylaws were presented to the Foundation as per the CCN Board suggestions. Bylaws are now with SMM Law for review and will be presented at the Foundation AGM for approval. Planned Giving Committee planning an event for October 2024.	For Information Purposes
	4.3 OHT-N/Advisory Council Update OHT-N staff positions have now been filled. The Advisory Council can now move forward with meetings.	For Information Purposes
	4.4 CEO Evaluation Tina will send out the link to complete the CEO evaluation in the next couple of weeks. A completion date will be included in the email. Results will be compiled and sent to the Chair.	For Information Purposes
5. Termination		Motion by: Selena Forsyth

Next Meeting – Friday, April 26, 2024 – 10:00 am – Zoom

Community Care Northumberland Board of Directors Meeting

Friday, March 22, 2024 – 10:00 am

https://us02web.zoom.us/j/84708894798
Meeting ID: 847 0889 4798
Passcode: 726552

AGENDA

Item	Action	Lead
Board Education – Bed Expansion Update **Presenter: Sherry Gibson, Director, Hospice Services**	Information	Sherry
1. CALL TO ORDER – Introduction of Board Members		
1.1 Confirmation of Quorum 1.2 Declaration of Conflict of Interest 1.3 Approval of Consent Agenda 1.4 Approval of Agenda	Motion	Jackie Jackie Jackie Jackie
2. CONSENT AGENDA		
The following items have been identified as part of the consent agenda for the regular meeting. A Director may request to move an item out of the consent agenda to further discuss or inquire about it before approval of the agenda.		
Items: 2.1 Board Minutes – Feb. 23, 2024* 2.2 Fundraising Committee Minutes – Feb. 26, 2024* 2.3 Governance Committee Minutes – March 1, 2024*	Motion	Jackie
3. BUSINESS ARISING FROM MINUTES		
3.1 Integrated Ethics Framework	Motion	Sherry
4. BOARD BUSINESS/COMMITTEE MATTERS		

4.1 Governance Committee – Policies for Approval
    4.1.1 – Draft Succession Planning*
        - BD – 100 Process for Selection of Board Officers*
4.2 Foundation Update
4.3 OHT-N Update/Advisory Council
4.4 CEO Evaluation
	Motion
	Information
	Information
	Information
		Elaine
		Elaine
		Jackie
		Tina

5. Motion to Terminate Meeting		

*Indicates Attachments

Next Regular Meeting: Friday, April 26, 2024 – 10:00 am - Zoom

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NORTHUMBERLAND

Board of Directors Meeting Minutes
Zoom Meeting – Friday, February 23, 2024 – 9:30 am

Present: Jackie Gardner-Nix, Elaine Azzopardi, Tim Miller, Angela Grogan, Judy McLean, Cindy Anthony, Sharyl Ann Milligan, Stephen Beauchamp, Selena Forsyth, Sharron MacDonald, Trish Baird, Tina Stephens
Adam Kolisnyk (CFO, CMH) Meaghan Spencer (Finance Manager, CMH)

Regrets: Jessica Clarke

Topic	Discussion	Decision/Action
Board Education	New CCN "Pen Pal Program". Sarah Higgins, Program Assistant, highlighted the new CCN Pen Pal program.	Presentation available on Board Portal.
1.1 & 1.2 Quorum & Declaration of Conflict of Interest	The meeting was called to order by Jackie Gardner-Nix who welcomed everyone. There was a quorum present, and no conflicts of interest were declared.	No conflicts were declared.
1.3. Approval of Consent Agenda	Approval of Consent Agenda	Motion by: Elaine Azzopardi to approve the consent agenda. 2nd by: Cindy Anthony. Carried.
1.4 Approval of Agenda	Approval of Agenda	Motion by: Angela Grogan to approve the agenda. 2nd by: Sharron MacDonald. Carried.
3. Business Arising from Minutes	3.1 Bed Expansion Update Construction has started on time with no hiccups to date. As of today, the project is still within the $700,000 budget. Completion is on target for April 1, and there has been no construction disruption to the residents of Ed's House.	For Information Purposes
4. Board Business/Committee Matters	4.1 Finance Committee – CCN Q3 Results Judy Mclean shared the CCN Q3 results which were presented at Finance. CCN is sitting in a positive financial position, better than this time last year. This is due in part to strong budgeting. 4.2 Foundation Update Currently there is a lot going on at the Foundation table. The Planned Giving Committee is meeting on a regular basis and working on a plan for long term sustainability for raising funds. The Foundation is working with SMM Law to review their bylaws to ensure compliance with the Ontario	Motion by: Judy McLean to approve the Q3 Results as presented. 2nd by: Stephen Beauchamp Carried. For Information Purposes

	Not-for-profit Corporations Act. Trish presented the Board with proposed changes to the bylaws so the Foundation can create some autonomy and no longer be an arm's length entity of CCN. The following suggestions were made: 1. Directors – Composition – Suggested that the wording read; "A minimum of 1 with a maximum of 3 CCN Board Members". The board felt this would provide the Foundation with some flexibility in this area. 2. Directors – Filling Vacancies – The Board felt comfortable with giving the Foundation the ability to fill their own vacancies without CCN Board approval. 3. Members – Item 8.1 – The Foundation wishes to have their own Membership, and this will remove the ability of the CCN Board to be part of their membership and have a vote at their AGM. CCN Board felt comfortable with this, although, CCN Board will need to be present at the 1st AGM to vote on the changes to the Foundation bylaws.	Trish will take these points back to the Foundation for further discussion.
	4.3 OHT-N/Advisory Council Update There hasn't been much movement with the OHT-N as they are still recruiting staff. The Advisory council has not met either.	For Information Purposes
	4.4 March Board Meeting It was originally proposed that the March Board meeting be in person, but Trish will be absent for that meeting so the meeting will be held on Friday, March 22, at 10:00 am virtually.	For Information Purposes
5. Termination		Motion by: Selena Forsyth

Next Meeting – Friday, March 22, 2024 – 10:00 am – Zoom

Fundraising Committee Minutes

Date: Monday, February 26, 2024

Time: 2:00 pm

Location: Via Zoom

Attendees: Selena Forsyth, Dr. Jackie Gardner-Nix, Sarah Turk, Sharron MacDonald
Staff: Trish Baird, Joel Scott, Darlene Wood
Regrets: Jenny McCaig Lindsay, Sharyl Ann Milligan

Meeting: called to order at 2:04 pm

Item	Lead
1. **Welcome**	Selena
2. **Approval of Previous Minutes** **2.1** December 18, 2023 – attached **motion to approve:** Jackie Gardner-Nix **Carried by:** Sarah Turk	Selena
3. **Business Arising from Previous Minutes** **3.1**) n/a	Selena
4. **Donor Relations Recap**	Joel

Joel & Jenny met with a company that would take charge of the event. The company would take the registration fees as their commission for the event. The average cost per boat would be $1000.00 to participate in the event. The responsibility of the committee would be to fund raise for sponsorships, getting entries for the boats, which would consist of 10 to 20 people per boat. 20 would be best as the boats are heavy and 10 people sharing the work would be hard. We would also need to arrange for manpower to work the event. Joel has already spoken with someone in the community that would like to be the main sponsor for the event. We would have to commit now to getting a date that works for us in 2025. The only date open for 2024 is in May and that would not give us enough time to organize the event. The committee would like Joel to look further into getting this event off the ground and report back to the committee on his findings.

CORRECTION/NOTE: date available is July 13, 2024

4.1 The golf tournament this year has been booked for June 20, 2024, at Shelter Valley in Grafton again. They have given us a discount on the fees if we committed early and put a $500.00 deposit down. Selena has already secured two hole sponsors at $250.00 each. The package for the committee to start recruiting sponsors will be ready by March 4, 2024 at the latest.

5. **Committee's Roles:**   Trish

   Trish went over the Terms of Reference from 2020 and the committee discussed changes that they would like made. Trish will make the changes and present the new Terms of Reference at the next meeting for the committee to vote on. The committee will look at the Work Plan template every meeting to see where we are at and what needs to be done.

6. **New Business.**

   Easter Cookies will go sale March 1 to the 18th. They will still be $20.00 a box for 5 cookies. Darlene has told Roda that we will sell 800 boxes; we will receive $8.00 a box profit. We have distributed 12 boxes to each CCN office, Ed's House and in the community. Shortly we will be receiving 100 boxes of cookies for pre-sale that will be distributed to the offices. Last year we sold 75 boxes at the presale.

   Meeting terminated at 2:55 by Sharon

   Next meeting will be April 22, 2024 at 2 pm by zoom.

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Governance Committee Meeting Minutes
Zoom Meeting – Friday, March 1, 2024 – 10:00 am

Present: Elaine Azzopardi, Jessica Clarke, Stephen Beauchamp, Cindy Anthony, Trish Baird, Tina Stephens,

Regrets:

Topic	Discussion	Decision/Action
1. Quorum & Approval of Agenda	There was a quorum present.	Motion by: Cindy Anthony to approve the agenda. 2nd by: Stephen Beauchamp. Carried.
2. Approval of Minutes	2.1 Approval of Previous Minutes – Dec. 8, 2023	Motion by: Stephen Beauchamp to approve the minutes of Dec. 8, 2023. 2nd by: Jessica Clarke Carried.
3. Business Arising	No Outstanding Business	
4. New Business/Work Plan Items	4.1 Review Succession Planning Strategy Trish presented the Committee with a draft policy titled "Succession Planning". The first part of succession planning is to create a policy. Senior management has reviewed and has made no recommendations. Committee has made the following wording recommendations: 1. Under Temporary Change in CEO – add reference that the designation will take place prior to the change. 2. Replace "Nominating Successors" with "Identifying & Assessing potential candidates". 4.2 Review Board Member Skills Matrix The Board Member Skill Matrix was circulated. This is a skills matrix nominating committee reviews when in the recruitment process for Board members. The committee felt no changes were needed. 4.3 Review Risk Register Trish informed the committee that is currently being worked on by herself and Tina. Trish will keep the committee updated on progress.	Motion by: Jessica Clarke to recommend this policy go to the Board for approval with minor wording changes made. 2nd by: Cindy Anthony. Carried. For Discussion For Information Purposes

| 5. Policy Review | The Committee reviewed the below policies and made the following recommendations:

1. BD-30 Board Development – no changes needed. Next review – 3 years.
2. BD-110 Media Relations – Committee felt this may need to be beefed up a bit. Will be brought back to the next meeting.
3. BD-100 Process for Selection of Board Officers – This is a revised version of the former BD-100 Board Chair Selection Process policy. Committee felt this policy was good with a couple of minor wording changes:
   1. Remove the word "Generally".
   2. Add "For Officers" in the title "Selection Criteria – Desirable Attributes".
   3. Add reference to policy BD-160 Board of Directors Nomination and Election policy.
   4. Review every 2 years. | Motion by: Cindy Anthony to recommend that policy BD-100 Process for Selection of Board Officers go to the Board for approval.
2nd by: Stephen Beauchamp. Carried. |
| **Terminate** | | Motion by: Stephen to Terminate |

SECTION: TBD

DATE ISSUED: TBD

REVISED: n/a

REVIEWED: n/a

POLICY: Integrated Ethics Framework

NUMBER: TBD

_____

POLICY:

At Community Care Northumberland ("CCN"), this Integrated Ethics Framework will guide all staff, physicians at Ed's House, volunteers, the Senior Leadership Team, and Board of Directors in their decision making. It also provides a standardized approach to develop core competencies for working through ethical issues and making decisions.

A corporate ethics framework helps support ethical behavior and practices throughout the organization and helps identify and address ethical issues and dilemmas as they arise.

The key resources contained in this Integrated Ethics Framework include:

● **Ethics Consultation procedure**
● **Appendix A:** Our **Mission**, **Vision**, and **Values**.
● **Appendix B-1:** The **IDEA Ethics Framework Tool** intended to support client- and resident-related ethical decision-making.
● **Appendix B-2:** The **Accountability for Reasonableness (A4R) Ethics Framework Tool** intended to support organizational ethical decision-making and priority setting.

Taken together, these resources provide the foundation and guidance for ethical decision-making at CCN.

DEFINITIONS

Ethical issue: Fundamentally, ethics is concerned with what makes actions right or wrong, or permissible or impermissible. In health and supportive care, the difference between "right" and "wrong" is often less clear, and the decisions we are faced with are rather about deciding which choice is best when faced with less-than-ideal options. Ethical issues arise when values are in conflict with respect to a particular decision or situation and there is uncertainty or disagreement about which values should be given priority and guide action. These "value conflicts" can occur within individuals (e.g. you're

pulled in two different directions by your personal or professional values), between individuals or groups (e.g. a disagreement between staff members or between staff and clients/residents/families), or at an institutional level (e.g. resource allocation issues).

Ethics consultation: "Consultation" in this context refers to the act of an individual or group of individuals conferring with an Ethicist, seeking clarification about a specific issue or information, or asking for guidance or a recommendation about a particular event or course of action (e.g. to discuss with a resident's family the resident's expressed wishes when capable). Ethics consultation can take many different forms depending on the circumstances, ranging from informal (e.g. Ethicist answering a question via e-mail), to more formal involvement (e.g. to attending a team-family meeting).

Ethicist (Bioethicist): A professional who holds a graduate degree and specialized training in Bioethics.

PROCEDURE

Ethics consultations are facilitated communication and educational processes that support ethical client and resident care. They also promote the integrity of health-care providers and supports, and the health- and supportive-care systems on the whole. Ethics consultations can be provided for clinical (client/resident) or organizational issues, or a hybrid of these issues. Ethics consultations are available to all stakeholders who require assistance in resolving an ethical issue or making an ethical decision, including clients/residents, family members, health-care providers, physicians, administrators, board members, and volunteers. While ethical issues should aim to be addressed as close to the issue as possible (e.g. with the resident-care team if a clinical issue), CCN supports that the ethicist can be accessed by anyone, at any time, and for any reason, without fear of retribution.

Depending on the situation, an ethics consultation may have one or more of the following objectives:

● To clarify the ethical issue(s) or question(s) and educate stakeholders about the ethical dimensions of the case;
● To facilitate communication between people involved in the case/situation and, where necessary, to help resolve conflict or disagreement;
● To assist in identifying alternative courses of action and, if appropriate, to provide recommendations for or against certain options;
● To facilitate an ethical decision-making process;
● To promote reflective practice;
● To help address moral discomfort or moral distress experienced by staff members and physicians;

● To enhance the capacity of stakeholders to identify ethical issues and use appropriate frameworks/approaches toward ethical decision-making. See Appendix B-1 and B-2 for the organization's ethical decision-making framework tools.

● To propose, assist with, or lead, when appropriate, follow-up measures to ensure a more durable and proactive resolution to the ethical challenge identified; these measures can include debriefing sessions, educational rounds, or policy/guideline development and support.

The Ethicist and Chief Executive Officer are accountable for this Framework at CCN. Accountability is monitored by the Senior Leadership Team, and Board of Directors.

ACCESS TO CONSULTATIONS	
Requestor of Consultation	When an issue of ethical concern arises with respect to the support or care of an individual client/resident or clients/residents in general, and when those who have made initial attempts to address the ethical issue(s), for example, by using the framework set out in Appendix B, believe they could benefit from assistance in this area, a request for such assistance may be made, at any time, to the Ethicist by: ● a client/resident; ● a family member directly involved in the support or care of a client/resident; ● the client/resident's legal guardian; ● a member of the team directly involved in the client/resident's support or care. ● any CCN staff member, physician, board member, or volunteer concerned about an ethical issue related to clinical care or organizational practice. Although individuals involved in the client/resident's support or care can refuse to participate in an ethics consultation, no one has the right to obstruct or interfere with the consultation process (i.e. by blocking access to the client/resident's record or preventing others from requesting or participating in a consultation). A request for an ethics consultation can be submitted by e-mail at ethics@commcare.ca or if deemed an emergency by senior leadership, by calling the Ethicist directly at 905-375-2716.
	After a consultation request has been received, it will proceed in the following manner: **Step 1:** Requesting the consultation. This request will be received by the CCN Ethicist, and will be followed-up within 2 business days of

Ethicist	receipt of the request. More urgent requests will be treated on a case-by-case basis. This follow-up will clarify from the individual requesting the consultation the reason for the request (i.e., the ethical question or issue) and the pertinent background information. Depending on the situation, this follow-up may be done in person, over the phone or videoconference, or through e-mail. For consultations concerning a client/resident's support or care, the gathering of background information may involve speaking with other relevant stakeholders (e.g. staff, client/resident, family members) and reviewing the resident's health record if applicable. **Step 2:** <u>Determining the level of response required.</u> Consultations may be completed over the phone or via e-mail for less complex or more factual questions, or they may require more active involvement (e.g. attending a committee meeting, family conference, or team meeting, speaking directly with the client/resident/family). In collaboration with the parties involved in the consultation, the Ethicist determines the appropriate response based on the complexity of the situation, the amount of additional information required, and the needs of the individual(s) requesting the consultation. **Step 3:** <u>Consultation with others as appropriate.</u> To assist with the resolution of an ethical issue, the Ethicist may seek input from other professionals. These may include other staff members at CCN, or colleagues from the University of Toronto Joint Centre for Bioethics. Client/resident privacy and confidentiality will be maintained in keeping with applicable laws and policy at CCN. **Step 4:** <u>Ongoing involvement (if required) and follow-up.</u> Some situations may require ongoing ethics support, such as policy-related and organizational issues or complex clinical cases that evolve over time. It will the responsibility of the requestor to seek follow-up if concerns persist, or if they believe the situation could benefit from ongoing or additional ethics support.
NOTIFICATION	
Ethicist	When a request for an ethics consultation is received directly from a client/resident and/or family member, notify the Most Responsible Practitioner if applicable, and the Director or delegate to inform them of the consultation request, if they were not already involved in the request to consult.

DOCUMENTATION

Ethicist	When a consultation involves direct client/resident or family contact, and the decision relates to the support or care of the client/resident, the Ethicist may document directly in the client/resident's record.
Ethicist	Enter every consultation into the Ethics Consultation Database for statistical monitoring of activities. This information is used to identify trends in the organization's ethical issues, challenges, and situations. The de-identified aggregate information will also be brought to the attention of relevant groups, including: the Senior Leadership Team (SLT), and Board of Directors annually, and may be presented to others at their request. Information entered in the database or presented to additional CCN committees is de-identified and is meant to capture general activities and specific types of consultation requests for the generation of departmental reports and does not contain identifiable Personal Information (PI), or Personal Health Information (PHI).

CONSULTATION FOLLOW-UP

Ethicist	Depending on the nature of the ethics consultation, follow-up from the ethics consultation service may include one or more of the following services which the Ethicist can provide or support: Ethics Debriefing When ethically challenging situations occur, members of the interdisciplinary team can be left with a sense of moral discomfort or distress. An ethics debriefing session provides both emotional and didactic support for those members of the care team involved in such situations. In particular, debriefings are intended to provide a morally open space for reflective dialogue, sharing of experience, and prospective problem solving. The goal is to increase participants' abilities and confidence in dealing with morally troubling situations, to provide an environment for frank discussion of those situations, and to provide the opportunity to plan effective management of similar situations in future. Ethics debriefing sessions are not the same as Critical Incident Stress Debriefing (CISD), which address all forms of distress following a critical/traumatic event, with primary focus on the psychological trauma. Ethics Education A particular consultation may identify a need for an ethics education event, which can be designed to enhance ethics knowledge,

	decision-making skills, as well as, to help staff address similar ethical considerations that can arise in the future. Policy Review or Development An ethics consultation can identify an organizational need for revision or development of a policy or guideline to support decision-making in similar situations.
CONFIDENTIALITY	
All Participants	Confidentiality will be respected within the terms of the process outlined above, in keeping with applicable laws and CCN policy. Additionally, through the Ethicist's association with the University of Toronto, Joint Centre for Bioethics, specific cases may be brought forward to the Clinical, Organizational and Research Ethics (CORE) group for discussion. These discussions are conducted with a confidentiality agreement signed by all participants and only de-identified information is shared during this process.

Appendices

Appendix A: Our Mission, Vision, and Values
Appendix B-1: IDEA Ethical Decision-Making Framework Tool
Appendix B-2: Accountability for Reasonableness (A4R) Decision-Making Tool

References

Accreditation Canada, Qmentum. (2019). Standards – Governance.

Accreditation Canada, Qmentum. (2019). Standards – Leadership.

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Byskov J, et al. (2017). The need for global application of the Accountability for Reasonableness approach to support sustainable outcomes. *International Journal of Health Policy and Management*, 6:2.

Daniels N, Sabin JE. Setting limits fairly: Can we learn to share medical resources? Oxford: Oxford University Press, 2002

Gibson, J.L., D.K. Martin and P.A. Singer. "Priority Setting in Hospitals: Fairness, Inclusiveness, and the Problem of Institutional Power Differences." Soc. Med. 2005 Dec;61 (11):2355-62. Epub 2005 Jun 9

Markham Stouffville Hospital Integrated Ethics Framework, 2018

Ontario Hospital Association, Guide to Good Governance, second edition

Toronto Central CCAC - Community Ethics Network. July 2008 document entitled, "Ethical Decision-Making in the Community Health and Support Sector, Community

APPENDIX A: Our Mission, Vision and Values

Mission
To connect our communities to the support, service and care they need throughout their lifelong journey.

Vision

A community where people experience connection and well-being.

Our Values

Relationships: we enter each relationship with care, ensuring equity, respect and collaboration.
Accountability: we approach our work with integrity while balancing the voices of the people, community and funders.
Community: we are engaged partners and together we celebrate our strengths and respond to the needs of the community.
Compassion: we deliver meaningful services supporting dignity and belonging through empathy, collaboration and inclusivity.

APPENDIX B-1: IDEA ethical decision-making framework

Thinking about ethics is an integral part of service delivery for all involved in health and supportive care. Ethics is about making the best available choices, and providing reasons for those choices. Unfortunately, which options are best, can often be unclear. It is for this reason that the IDEA framework was developed. This framework provides a

fair, step-by-step process to assist in the navigation and resolution of complex clinical ethical issues that arise in the delivery of health and supportive care.

The IDEA ethical decision-making framework[1]

1. IDENTIFY the facts   **2.** DETERMINE ethical principles in conflict
3. EXPLORE the options   **4.** ACT and evaluate

CROSS REFERENCE

Step 1: Identify the Facts	Step 2: Determine Ethical Principles in Conflict
Identify what is known versus what is not known: ● Situational (Medical) Indications ● Client/Resident Preferences ● Quality of Life, and ● Contextual Features Users of the framework should take into account all of the relevant considerations and stakeholders; this often includes facts that may not be known initially.	Identifying the ethical principles in conflict will not provide solutions; however, this step will assist in further clarifying and articulating the issues. Common ethical principles to consider might include, but are not limited to: ● Autonomy ● Beneficence (or doing good) ● Non-maleficence (or doing no harm) ● Justice
Step 3: Explore Options	**Step 4: Act and Evaluate**
The intent of this section is to brainstorm different alternatives and to consider the potential outcomes and impacts of each one (e.g., evaluate the potential positive and negative considerations of each option). Do the options fit with the client/resident's preferences? Do the options comply with policy and law?	Develop and document the action plan in the client/resident's chart. Evaluate the plan. Were the intended results obtained, or is additional follow-up and/ or action required? Ongoing documentation and communication of the evaluation is necessary. Self-evaluate your decision. What have you learned?

Please contact the Ethicist if you would like assistance using this tool, or if you have an ethical issue or concerns: ethics@commcare.ca

APPENDIX B-2: Accountability for Reasonableness (A4R) ethical decision-making framework

Community Care Northumberland has adopted an organizational ethical decision-making framework, the **Accountability for Reasonableness** (**A4R**), to aid decision

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1 (Modified from TORONTO CENTRAL COMMUNITY CARE ACCESS CENTRE (COMMUNITY ETHICS NETWORK), JULY 2008 document entitled, "Ethical Decision-Making in the Community Health and Support Sector, Community Ethics Toolkit")

makers throughout the organization in setting priorities and reaching decisions that are legitimate and fair.

What is Accountability for Reasonableness (A4R)?
Accountability for Reasonableness (A4R) is an ethical framework that describes the conditions of a *fair decision-making process.* It focuses on *how* decisions should be made and *why* these decisions are ethical.

There are five conditions that optimize fairness in the process of decision-making:

Value	Description
Empowerment	In order to minimize power differences, efforts should be made to adequately involve relevant stakeholders into decision making.
Relevance	Decisions should be made explicitly with stakeholder views in mind, and should be based on the best available evidence.
Transparency	Decisions should be publicly defensible. The process by which decisions were made must be open to scrutiny and the basis upon which decisions are made should be publicly accessible to affected stakeholders.
Revisions and Appeals	There should be opportunities to revisit and revise decisions as new information emerges, as well as mechanisms to address disputes should they arise.
Compliance	There should be either voluntary or public regulation of the process to make sure that the other four conditions are met.

Please contact the Ethicist if you would like assistance using this tool, or if you have an ethical issue or concern: ethics@commcare.ca

SECTION:

POLICY: Succession Planning

DATE ISSUED:

NUMBER:

REVISED:

REVIEWED:

NEXT REVIEW:

POLICY:

Community Care Northumberland (CCN) will have a formal succession plan in place to provide leadership continuity and to avoid extended costly vacancies (planned and unplanned) of crucial positions across the organization. Leadership needs will be assessed to allow for the selection of qualified individuals that are diverse and a good fit to carry out CCN's mission, vision, values and strategic plans.

PROCEDURE:

It is the responsibility of the Board of Directors to implement the procedure for succession planning of the Chief Executive Officer.

Temporary Change in Chief Executive Officer
For a temporary change in Chief Executive Officer (i.e. illness or leave of absence) the Board and the Chief Executive Officer, on an annual basis, will designate a member (or members) of the management team to assume responsibilities of the corporation and inform the Board Chair of this designate and any limitations placed on their authority.

Permanent Change in Chief Executive Officer

In the event the Chief Executive Officer is no longer able to serve in their position (i.e. resignation or termination), a Board of Directors will:
- Appoint an interim Chief Executive Officer such as a:
    - A current member of the Senior Management Team
    - An external consultant (with experience as an interim Chief Executive Officer

- Appoint an "Chief Executive Officer Hiring Committee" (ad hoc committee) which will be made up of at least two (2) members of the Board. It will be the responsibility of this committee to implement a preliminary transition plan as follows:
    - Consider the need for consulting assistance (i.e., transition management or executive search firm) based on the transition circumstances.

- Review the organization's strategic plan and conduct a brief assessment of organizational strengths, weaknesses, opportunities, and threats (SWOT) to identify priority issues that may need to be addressed during the transition process.
- Identify attributes and characteristics that are important to consider in the selection of the next permanent leader.
- Establish a time frame and plan for the recruitment and selection process.

Board Committee Members will work with the Human Resource department in this process and any other Senior Management Team members as appropriate. In addition, the Succession Planning Framework will include the role of Chief Executive Officer to assist the Board in their decision-making process.

It is the responsibility of the Senior Management Team to implement, monitor and evaluate the Succession Plan for all critical roles within the organization. The framework of the succession plan includes:

- Identifying critical roles
- Building success profiles
- Identifying & assessing potential candidates
- Accessing developmental needs
- Developing talent
- Measuring progress

The key crucial positions that currently fall under this succession plan include:

- Chief Executive Officer
- Director of Client Services
- Director of Hospice Services
- Director of Donor Relations
- Others (to be discussed)

The elements of the succession plan should take into consideration:

- Roles and responsibilities
- Commitment to process
- Organizational risk profile
- Roles and required skills.
- Potential successors, conditions, and expectations
- Mentoring and development plans.

On a yearly basis the Senior Management Team will review the Succession Planning Framework and evaluate every six months.

CommunityCare
NORTHUMBERLAND

SECTION: Board of Directors	**POLICY:** Process for Selection of Board Officers
DATE ISSUED: July 8, 2011	**NUMBER:** BD-100
REVIEWED: Jan/16, Oct/19, Mar/24	
REVISED: Dec/19, Nov/21	**NEXT REVIEW:** March/2026

PURPOSE:

To provide depth and consistency in succession planning and skills development of the Board Officer positions.

POLICY:

The Officers of the Board of Directors will consist of a Chair, Vice Chair and a Treasurer. It is the responsibility of the Nominating Committee for ongoing succession planning and to recommend a slate of Officers to the Board for approval annually.

PROCEDURE:

The following outlines the process for selecting Board Officers:

1. No later than three (3) months prior to the completion of the term, the Nominating Committee shall canvas current 'Officers' to determine if they are willing to renew their term or if there will be changes and/or vacancies in the Officer position.
2. In the event that there are positions to be filled, the Nominating Committee shall canvas all elected Directors to determine their willingness to serve as a Board Officer and/or their recommendation of potential candidates to fill available Officer positions.
3. The Nominating Committee will discuss the information received in the poll of members and review the perceived strengths and weaknesses of potential candidates. In keeping with best practice, attention will be given to the guiding principles of equity, diversity, and inclusion.
4. Members felt to be preferred candidates shall be approached by the Chair of the Nominating Committee (and/or delegate) to determine their interest in letting their name stand for chair, vice chair, or treasurer positions.
5. It is understood that there is a progression from Vice-Chair to Chair. During their tenure the Vice-Chair will be afforded an opportunity to chair a Board meeting. It is also deemed advantageous for the Vice Chair to serve a term as Chair of the Governance Committee.
6. In the event the Vice Chair cannot fulfill their duties as Chair, the Nominating Committee will recanvass the Board and the current chair may be asked to stay on in the interim.
7. No Director may serve as Chair or Vice Chair for more than two (2) years for each position.
8. Modifications to the above process may be necessary and considered by the Board in extenuation circumstances.

Qualifications Prerequisites:
All Board Members of at least one year's standing or deemed by the Nominating Committee to have equivalent experience, are potential candidates for Vice Chair or Treasurer

Vacancies:
Any vacancy occurring in the office of the Chair, Vice Chair or Treasurer by death, resignation, removal or otherwise, will be filled for the unexpired portion of the term of office in the following manner:
- *Chair –* to facilitate continuity, if the Officer serving as Chair is unable to complete term of office, the member serving as Vice Chair shall assume the duties of the Chair for the remainder of the vacated term of office.
- *Vice Chair/Treasurer –* If the Officer serving as Vice Chair or Treasurer is unable to complete the term of office, the Board will elect another director to the Office of Vice Chair or Treasurer for the vacated term of office. Such an election shall occur at the next regularly scheduled Board meeting.

Selection Criteria – Desirable Attributes for Officers
- Proven Leadership skills; courage and strength of character.
- Good strategic and facilitation skills; ability to influence and achieve consensus to facilitate productive meetings.
- Act impartially and without bias, and display tact and diplomacy.
- Solid facilitation and conflict resolution skills.
- Must have the time to continue the legacy of building strong relationships between the agency and stakeholders/partners.
- Ability to establish trusted advisory relationships with the CEO and other Board members.
- Governance and broad-level experience in community support/health care sector.
- Specific for the Treasurer position – strong financial knowledge with an understanding of Financial Managements.

Confirmation by the Board: In accordance with CCN By-Laws Section 5, number 5.1, the officers of the Board shall be elected at the first Board meeting following the annual meeting. At this meeting, the nominating committee shall table the recommendations for Chair, Vice Chair, and Treasurer and the Board shall elect these officers by a vote.

References: BD-160 Board of Directors Nomination & Election process.