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| **SECTION 2** | **ADMINISTRATION AND FINANCIAL MANAGEMENT** |
| **POLICY & PROCEDURE 2.1A** | **INFORMATION COLLECTION, USE AND DISCLOSURE – COMMUNITY SUPPORT SERVICES** |

The organization has a system for collecting information used for the planning, reporting, and evaluation of services. The information collected is in accordance with the requirements of the Ministry of Health and Long Term Care and Ontario Health.

At minimum, the following data is collected for each type of service provided by the organization:

CLIENT INFORMATION:

- number of referrals
- clients served - both current and fiscal year to date
- age, gender and language of clients
- provision of services in French and other languages if applicable
- ethno-cultural communities served if applicable
- admissions and discharges
- individuals not eligible for service
- number of clients who appealed
- clients on the waiting list

FINANCIAL INFORMATION:

- unit cost
- average cost per client
- amount of fees collected
- number of subsidized clients
- total cost of the service

SERVICE INFORMATION:

- units of service (according to Ministry' s definitions)
- hours and days of operation
- availability of on call services

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| **POLICY & PROCEDURE 2.1A** | **INFORMATION COLLECTION, USE AND DISCLOSURE - COMMUNITY SUPPORT SERVICES** |

EMPLOYEE INFORMATION:

- number of paid staff - full-time and part-time
- designation of employees – Personal Support Worker, etc.
- number of volunteers
- number of volunteer and student hours

## PROCESS FOR COLLECTING CLIENT INFORMATION

Organization staff collects client information including personal health information verbally during the assessment process. Information collected is recorded and retained as per the organization's Records Management policy (section 2.2)

To ensure client information is kept up to date, completed assessment forms are reviewed and updated annually unless noted otherwise on the individual service policy.

## USE AND DISCLOSURE OF CLIENT INFORMATION

At the assessment stage, all clients are asked to sign a "Consent to Collect, Use and Disclose Personal and Health Information" form. The form outlines the parties with whom the organization may disclose client information and the situations in which this may occur. It also provides clients an opportunity to identify parties with whom information should not be shared. Client consent is required to share assessment information within the organization, to upload the information to a centralized electronic system (Integrated Assessment Record), and to share with other parties in the Circle of Care (e.g. other health service providers or agencies, and the client's family members.)

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| **POLICY & PROCEDURE 2.1A** | **INFORMATION COLLECTION, USE AND DISCLOSURE -COMMUNITY SUPPORT SERVICES** |

Clients have the right to withhold consent, but those who do not provide consent to have their personal and health information shared may experience limitations in the services provided to them. Clients may withdraw their consent at any time by contacting the organization.

The organization requests a verbal confirmation of consent from an existing client when a new service is added or when a service is removed.

Information collected about clients is used only by those within the organization with a demonstrable need to know in order to provide the client with services in the most effective manner possible. Similarly, the organization only discloses information to others within the Circle of Care as required for the effective provision of services.

*CONSENT MANAGEMENT*

Client consent forms are archived by the agency.

For more information, see the "Consent to Collect, Use and Disclose Personal and Health Information" form.

## ACCESS TO INFORMATION

Clients may access their assessment information at any time by making a request to the organization in writing. If a client wishes to make a change to his/her assessment information, the organization will review the request to determine if a re-assessment is required.

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| **POLICY & PROCEDURE 2.1A** | **INFORMATION COLLECTION, USE AND DISCLOSURE -COMMUNITY SUPPORT SERVICES** |

The organization can only handle requests to access information that is under its custody. If the client wishes to access information held by another health service provider, the client must contact that provider directly.

## COMPLAINTS PROCESS

Complaints related to the collection, use and disclosure of information will be handled in the standard manner set out by the organization for all complaints and appeals. See the "Client Information Sheet" for more details regarding this process.

All information collected will be handled in accordance with the Personal Information Protection and Electronic Document Act (PIPEDA).

The information is reported as per Ministry requirements.

The information is also collected and then collated and organized in a manner which enables management and the Board to use it for informed decision-making. The reporting method used enables trends to be seen and evaluated.

**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.1B** **INFORMATION COLLECTION – HOUSING SERVICES**

The organization has a system for collecting information used for the planning, reporting, and evaluation of services. The information collected is in accordance with the requirements of the Ministry of Housing and Municipal Affairs.

The following data, but not limited to, is collected for housing provided by the organization:

APPLICANT INFORMATION:

- age
- gender
- contact information
- income
- employment status
- previous tenancy
- housing and related needs
- special needs

See *Application for Housing Park Drive Villa and Tolley Place & Senior Application Form for Housing in Stormont, Dundas & Glengarry*

TENANCY INFORMATION:

- number of tenants
- number of RGI and Market units
- number of 1 and 2 bedroom units
- number of Affordable Housing Program tenants
- age

EMPLOYEE INFORMATION:

- number of paid staff - full-time and part-time

All information collected will be handled in accordance with the Personal Information Protection and Electronic Document Act (PIPEDA).

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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.1B** **INFORMATION COLLECTION – HOUSING SERVICES**

EMPLOYEE INFORMATION:

- number of paid staff - full-time and part-time

All information collected will be handled in accordance with the Personal Information Protection and Electronic Document Act (PIPEDA).

The information is reported as per Ministry requirements on an annual basis.

This information is collected and then collated and organized in a manner which enables management and the Board of Directors to use it for informed decision-making. The reporting method used also enables trends to be seen and evaluated.

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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.2** **RECORDS MANAGEMENT**

## MAINTENANCE OF RECORDS:

The organization keeps complete records on services it provides for each client and tenant.

The client record contains:

- identifying information obtained at the time of Intake including an emergency contact person
- assessments and plan of service
- documentation of client's consent to release information
- documentation on the termination or refusal of service for each client
- progress notes including reasons for discharge

The tenant record contains:

- application form including financial information and emergency contact person
- lease
- correspondence received and sent including rent increase notices
- documentation of any unusual occurrence/issues/concerns including verbal communication

## RETENTION OF RECORDS:

Retention periods for inactive records meet the requirements of the Long Term Care Act, the Social Housing Act, and other legislative guidelines. Examples are as follows:

### Clients, Tenants and Employees:

- inactive client/tenant records - 7 years
- inactive employee records - 7 years
- payroll records - 7 years

### Financial records:

- accounts payable records - 7 years
- inventory - durable items costing - 5 years

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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.2** **RECORDS MANAGEMENT**

## RECORDS SECURITY FOR CONFIDENTIALITY

The organization maintains the confidentiality of all personal information retained on records.

**Procedures to ensure security and confidentiality include:**

- secure storage for electronic data using passwords and firewalls on data servers and electronic hardware programs
- secure storage for confidential records in locked filing cabinets or secured areas
- access to confidential records limited to persons with a demonstrable need to know the information they contain
- protecting the identity of individuals cited in reports or other documents by limiting access to these documents
- obtaining the written permission of the individual before information contained in confidential records is released to persons or agencies outside the organization.
- orientation and training for all staff, volunteers, students, and Board members regarding to the confidentiality policy
- obtaining a signed statement agreeing to abide by the confidentiality code of the organization at the start of an individual's association with the organization and reviewed yearly
- maintaining employees medical files separately from their personal file and limiting access to these documents

**Responsibility for maintaining security and confidentiality of records:**

Executive Director is responsible for:

- maintenance of a secure storage system
- access to records
- release and use of information
- retention of records
- destruction of records and documents - approval, supervision, and method of shredding

A Privacy Officer is designated by the Executive Director to undertake the day-to-day tasks required to maintain the security and confidentiality of records.

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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.3 STRATEGIC LONG RANGE PLANNING**

## PLANNING AND COORDINATION WITH COMMUNITY

The organization consults on a regular basis with other agencies in the region and with agencies in the immediate community in order to evaluate current services and to plan for future needs in both healthcare and housing sectors. Such communication reduces duplication of services and enables the organization to be fully aware of other services being offered or being planned by partner agencies.

**Community Support Services:**
The organization has established close working relationships with colleagues and is a member of the Community Support Coalition, Eastern Counties and area as well as the Champlain Community Support Network. The Coalition and the Network provide input and education to funders and community partners.
JWMCSS establishes strategic plans taking into account the CCSN strategic plan, as well as regional and provincial initiatives and directions in both Social Housing and Healthcare.

**Housing Programs:**
The organization is also a member of the Housing Providers Advisory Committee, (Counties of Stormont, Dundas and Glengarry and City of Cornwall) which provides input and education from funders and community partners.
The organization has established the following goals with respect to the strategic directions of the Service Manager's office for the catchment area it serves:

- To continue building upkeep and upgrades
- To enhance accessibility and safety of the buildings
- To seek opportunities to be included in future regional social and affordable housing project planning

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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.3 STRATEGIC LONG RANGE PLANNING**

In order to deliver streamlined services and to prevent overlap or duplication of services, the organization works in cooperation with many housing, health, and support service agencies such as:

- Community Support Coalition, Eastern Counties and Area
- Champlain Community Support Network
- Ontario Community Support Association
- Ontario Non-Profit Housing Association
- Eastern Ontario Health Unit
- Ontario Health
- Home and Community Care Support Services
- Local physicians and hospitals
- Local Municipalities

**ORGANIZATION PLANNING**

The organization undertakes to evaluate current services and to plan for future needs, using statistical information, satisfaction surveys and cost analysis in order to prepare for services needed in the community.

The evaluation and long range planning occur on an annual basis in conjunction with the annual budget preparations as set out in the funders' agreements, such as the Multi-Sector Service Accountability Agreement with Ontario Health and the Operating Budget with the City of Cornwall and United Counties of Stormont, Dundas and Glengarry Social Housing Division.

The Executive Director will present new strategies from Health Sector and/or Housing Sector to the Board of Directors as they become available.

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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.4 QUALITY MANAGEMENT**

The Board of Directors and leaders of the organization have a commitment to integrate quality into the culture of the organization. All Board members, employees, (paid staff, volunteers) are required to take part in the process of quality improvement in order to ensure that services of quality are delivered throughout the organization.

Quality principles are based on a person-focussed philosophy which includes the following:

- promotion of client/tenant independence;
- respect for client/tenant preference;
- ongoing evaluation of client/tenant satisfaction with services; and
- client/tenant involvement in the assessment process.

In order to integrate quality management and improvement into the organization, the following steps are recommended:

- the use of quality surveys;
- ensuring that all Board members, staff, volunteers, clients, and tenants contribute to the quality improvement process;
- ensuring that the organization's commitment to continuous quality is made known to clients/tenants; and
- identifying a qualified person/team/committee to coordinate quality monitoring and improvement activities.

## PROCEDURE

Quality management monitoring is completed by including the following procedures:

### Clients:

- An assessment and care plan is completed for each community support services client with their input and approval.

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- A follow-up contact is made within two weeks of starting a service to ensure the client's needs are being met and they are satisfied with the service.
- All service clients are asked to complete a service survey at least once a year. Surveys will be tabulated and the results will be summarized.
- Complaints and concerns will be dealt with in a timely manner
- Ongoing monitoring with the client and the staff involved will be completed.

**Staff and Volunteers:**

- There is a job description for each position which includes duties and responsibilities.
- There is an interview process in place which includes reference and police checks.
- There is an orientation and training schedule which includes Health and Safety guidelines, communication, confidentiality, conflict of interest and other applicable sessions.
- Service surveys will be completed on a regular basis not less than once a year and the results will be communicated to individuals whose work is surveyed.
- Multi-service agreements are reviewed annually.
- Concerns will be addressed in a timely manner.

**Tenants**:

- New tenants receive orientation and handbook.
- Tenants' Association meetings are conducted on a regular basis at Park Drive Villa.
- Regular newsletters are sent to Tolley Place tenants to keep lines of communication open.
- Proper notification and time-lines are used to enter tenants' units
- Two persons will enter a unit if tenant is not at home for prescheduled maintenance or for emergencies.
- Complaints and concerns are dealt with in a timely manner.
- Contact between the tenants and staff is ongoing.

**SECTION 2 ADMINISTRATION & FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.4B QUALITY PRINCIPLES**

## POLICY:

J.W. MacIntosh Community Support Services (JWMCSS) is committed to a Quality Improvement Plan which will strive to cover all relevant aspects of the programs it offers while conforming to the organization mission statement and vision.

The following Quality Improvement Principles serves as the foundation of the commitment of JWMCSS to continuously improve the quality of services it provides. Quality services are services that are provided in a safe, effective, client-centered, timely and equitable fashion.

JWMCSS is committed to the ongoing improvement of the quality of care its clients receive as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- The support provided incorporates evidence based, effective practices;
- The supports and services are appropriate to each client's needs, and available when needed;
- Risk to clients, providers and others is minimized, and errors in the delivery of services are prevented;
- Client's individual needs and expectations are respected; clients – or those whom they designate – have the opportunity to participate in decisions, regarding their support; and services and services are provided with sensitivity and caring
- Support and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and providers of care.

## SECTION 1 - QUALITY IMPROVEMENT PRINCIPLES

Quality improvement is a systematic approach to assessing services and improving them on a priority basis. JWMCSS approach to quality improvement is based on the following principles.

**SECTION 2 ADMINISTRATION & FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.4B QUALITY PRINCIPLES**

- **Client Focus** High quality organizations focus on their internal and external clients and on meeting or exceeding needs and expectations
- **Client Centered Services** are characterized by a commitment to promoting and preserving wellness and to expanding choice. This approach promotes maximum flexibility and choice to meet individually defined goals and to permit client centered services
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality
- **Leadership Involvement.** Strong leadership, direction and support of quality improvement activities by the governing body and Executive Director are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with the organization's mission and /or strategic plan.
- **Date Informed Practice.** Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Statistical Tools.** For continuous improvement of care, tools and methods are needed that foster knowledge and understanding. Continuous Quality Improvement (CQI) organizations use tools such as charts, cause and effect diagrams, and flowcharts to turn data into information.
- **Prevention Over Correction.** Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.
- **Continuous Improvement.** Processes must be continually reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

**Continuous Quality Improvement Activities** – Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by the JWMCSS leadership, is understood, accepted and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels in performance improvement. Quality Improvement involves two primary activities:

- Measuring and assessing the performance of JWMCSS services through the collection and analysis of data.
- Conducting quality improvement initiatives and taking action where indicated, including the
    - Design of new services, and/or
    - Improvement of existing services

The tools used to conduct these activities are described in Appendix A, at the end of this Plan.

## SECTION 2 – LEADERSHIP AND ORGANIZATION

**Leadership.** The key to the success of the Continuous Quality Improvement process is leadership. The following describes how the leaders of the JWMCSS provide support to quality improvement activities.

The **Quality Improvement Committee** provides ongoing operational leadership of continuous quality improvement activities at JWMCSS. It meets at least twice a year and consists of the following individuals.

Executive Director
Operations Manager
Team Leader
Supervisor
One employee from each program. To be confirmed

The responsibilities of the Committee include:

- Developing and approving the Quality Improvement Plan.
- As part of the Plan, establishing measurable objectives based upon priorities identified through the use of established criteria for improving the quality and safety of JWMCSS services.
- Developing indicators of quality on a priority basis.

- Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Establishing and supporting specific quality improvement initiatives.
- Reporting to the Board of Directors on quality improvement activities on JWMCSS on a regular basis.
- Formally adopting a specific approach to Continuous Quality Improvement (such as Plan-Do-Check-Act: PDCA).

The **Board of Directors** also provides leadership for the Quality Improvement process as follows:

- Supporting and guiding implementation of quality improvement activities at JWMCSS.
- Reviewing, evaluating and approving the Quality Improvement Plan annually.

The Leaders support QI activities through the planned coordination and communication of the results of measurement activities related to QI initiatives and overall efforts to continually improve the quality of care provided. This sharing of QI data and information is an important leadership function. Leaders, through a planned and shared communication approach, ensure the Board of Directors, staff, clients and family members have knowledge of and input into ongoing QI initiatives as a means of continually improving performance/services.

This planned communication may take place through the following methods;

- Story boards and/or posters through the following methods;
- Sharing of JWMCSS annual QI Plan evaluation
- Newsletters and/or handouts

**SECTION 2 ADMINISTRATION & FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.4B QUALITY PRINCIPLES**

## SECTION 3 – GOALS AND OBJECTIVES

The Quality Improvement Committee identifies and defines goals and specific objectives to be accomplished each year. These goals include training of front line employees and administrative staff regarding both continuous quality improvement principles and specific Quality Improvement initiative(s). Progress in meeting these goals and objectives is an important part of the annual evaluation of quality improvement activities.

Following are the ongoing long term goals for JWMCSS QI Program and the specific objectives for accomplishing these goals for the years 2016-2018.

- To implement quantitative measurement to assess key processes or outcome;
- To bring managers and staff together to review quantitative data and adverse events to identify problems;
- To carefully prioritize identified problems and set goals for their resolution;
- To achieve measurable improvement in the highest priority areas;
- To meet internal and external reporting requirements;
- To provide education and training to managers and staff; an example of an objective involving education and training; 100 % of all managers and staff will be trained in the principles and practices of Quality Improvement by June 2016.
- To develop or adopt necessary tools, such as practice guidelines, consumer surveys and quality indicators.

JWMCSS will list all of its goals and objectives for the current year. The objective(s) for each of the selected goals need to be specific and measurable. Specific and measurable means that JWMCSS will be able to clearly determine whether the objectives have been met at the end of the year by using a specified set of QI tools (See Appendix A). At least one of the goals and its corresponding objective(s) should concern staff education related to JWMCSS quality improvement activities.

**SECTION 2 ADMINISTRATION & FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.4B QUALITY PRINCIPLES**

## SECTION 4 – PERFORMANCE MEASUREMENT

Performance Measurement is the process of regularly assessing the results produced by the program. It involves identifying processes, systems and outcomes that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, that are integral to the performance of the service delivery system, selecting indicators of these processes, systems and outcomes, and analyzing information related to these indicators on a regular basis. Continuous Quality Improvement involves taking action as needed based on the results of the data analysis and the opportunities for performance they identify.

The purpose of measurement and assessment is to:

- Assess the stability of processes or outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level.
- Identify problems and opportunities to improve the performance of processes.
- Assess the outcome of the service provided.
- Assess whether a new or improved process meets performance expectations.

Measurement and Assessment involves:

- Selection of a process or outcome to be measured, on a priority basis.
- Identification and/or development of performance indicators for the selected process or outcome to be measured.
- Aggregating data so that it is summarized and quantified to measure a process or outcome.
- Assessment of performance with regard to these indicators at planned and regular intervals.
- Taking action to address performance discrepancies when indicators indicate that a process is not stable, is not performing at an expected level or represents and opportunity for quality improvement.
- Reporting within the organization on findings, conclusions and actions taken as a result of performance assessment.

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**Selection of a Performance Indicator**
A performance indicator is a quantitative tool that provides information about the performance of JWMCSS's process, services, functions or outcomes. Selection of a Performance Indicator is based on the following considerations.

- Relevance to mission – whether the indicator addresses the population served
- Delivery of service importance – whether it addresses an important process that is:
  - High volume
  - Problem prone or
  - High risk

**Characteristics of a Performance Indicator**. Factors to consider in determining which indicator to use include;

- Scientific Foundation: the relationship between the indicator and the process, system or service outcome being measured.
- Validity; whether the indicator assesses what it purports to assess.
- Resource Availability; the relationship of the results of the indicator to the cost involved and the staffing resources that are available.
- Client Preferences; the extent to which the indicator takes into account individual or group (e.g., racial, ethnic, or cultural) preferences.
- Meaningfulness; whether the results of the indicator can be easily understood, the indicator measures a variable over which the program has some control, and the variable is likely to be changed by reasonable quality improvement efforts.

**The Performance Indicator Selected for JWMCSS Quality Improvement Plan**. For purposes of this plan, an indicator(s) comprises five key elements; name, definition, data to be collected, the frequency of analysis or assessment, and preliminary ideas for improvement. The following Table represents the process regarding how a performance indicator should be documented and assess.

| ***Measure of Service Quality*** *(Complete this table for each indicator which is selected.)* | |
|---|---|
| **Name** | ***Name. Usually a brief two or three word title.*** |
| **Definition** | *Definition. With detail, explain the name by including the data elements and the type of numerical value to be used to express the indicator (percentage, rate, number of occurrences etc.)***.** |
| **Data Collection** | *Describe how the data will be collected as well as the method and frequency of collection, and who will collect the data.* |
| **Assessment Frequency** | *State how often the Quality Improvement Committee will assess information associated with the indicator.* |

**Assessment.** Assessment is accomplished by comparing actual performance on an indicator with:

- Self over time.
- Pre-established standards, goals or expected levels of performance.
- Information concerning evidence based practices.
- Other services or similar service providers.

## SECTION 5 – QUALITY IMPROVEMENT INITIATIVE

Once the performance of a selected process has been measured, assessed and analyzed, the information gathered by the above performance indicator(s) is used to identify a continuous quality improvement initiative to be undertaken. The decision to undertake the initiative is based upon JWMCSS priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones. The model utilized at JWMCSS is called Plan-Do-Check-Act (PDCA).

- **Plan** – The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated outcomes. Ideas for improving processes are identified. This step requires the most time and effort. Affected staff or people served are identified, data compiled, and solutions proposed. (For tools used during the planning stage, see sections "a" thru "d" in APPENDIX: A)
- **Do** – This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.
- **Check** – At this stage, data is again collected to compare the results of the new process with those of the previous one.
- **Act** – This stage involves making the changes a routine part of the targeted activity. It also means "Acting" to involve other (other staff, program components or clients) – those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow ups.

## SECTION 6 – EVALUATION

An evaluation is completed at the end of each calendar year. The annual evaluation is conducted by JWMCSS and kept on file along with the Quality Improvement Plan. These documents will be reviewed by Accreditation Canada as part of the JWMCCS certification process.

The evaluation summarizes the goals and objectives of JWMCSS's Quality Improvement Plan, the quality improvement activities conducted during the past year, including the targeted process, systems and outcomes, the performance indicators utilized, the findings of the measurement, data aggregation, assessment and analysis processes, and the quality improvement initiatives taken in response to the findings.

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- JWMCSS will provide a brief summary of the findings for each of the indicators used during the year. These summaries should include both the outcomes of the measurement process and the conclusions and actions taken in response to these outcomes. JWMCSS will summarize the progress in relation to the Quality Initiative(s). For each initiative JWMCSS will provide a brief description of what activities took place including the results on the indicator. What are the next steps? How will JWMCSS "hold the gains?" JWMCSS will also describe any implications of the quality improvement process for actions to be taken regarding outcomes, systems or outcomes at the program in the coming year.
- Recommendations: Based upon the evaluation, JWMCSS will state the actions seen as necessary to improve the effectiveness of the QI Plan.

**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.5 RISK MANAGEMENT**

## IDENTIFYING RISK

The management of risk is an ongoing process of identifying potential risk situations, planning protective strategies and monitoring their effects. It is a process which pervades every aspect of organizational work and, like quality management, must be recognized and understood by Board, management, staff and volunteers alike.

The following strategies for reducing potential risk are used in the daily work of the organization.

- adequate general liability insurance
- automobile insurance for all drivers
- staff/volunteers using their automobiles to transport clients must increase their liability insurance to 1 million dollars and must provide proof of this coverage
- knowledge and use of Routine Practices
- employees, both staff and volunteers are screened and carefully selected
- ongoing monitoring of employees and volunteers
- training of staff and volunteers in dealing with clients who pose potential threat to themselves or others
- staff and volunteers are trained in lifting and transferring of clients
- safety techniques for volunteer drivers such as helping seniors into cars and walking with an unsteady client
- guidelines about the client's living conditions which will result in refusal to provide service based on the risk posed to staff or volunteer are provided
- any unusual or inconsistent behaviors of tenants and monitoring for health issues that may pose a risk to themselves or other tenants, i.e. signs of confusion are recorded
- safe guards are put in place to reduce hazard, i.e. locks on storage room, remove fuses from tenant's stove, maintenance of walkways , buildings

DATE APPROVED: January 26, 1998
DATE REVISED: May 9, 2005; January 31 2012
**ANNUAL REVIEW COMPLETED (Initial)**

| 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 |
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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.5** **RISK MANAGEMENT**

## EMERGENCY SITUATIONS

The organization develops procedures for handling and responding to emergency situations. Staff and volunteers are given clear, written procedures for response to client/tenant emergencies, stating what to do, and whom to contact. Clients/tenants are given written instructions about whom to call should they observe an emergency or are unable to accept service on a given day.
Staff and volunteers are trained in recognizing client illness, disabilities, mental instability, and abusive tendencies.
The organization's Emergency Evacuation Procedures are in accordance with Ministry guidelines.

**ATTACHMENT:**
Fire Safety Plan for Park Drive Villa and J.W. MacIntosh Community Support Services

## UNUSUAL OCCURRENCES

There is a system in place for the reporting of unusual incidents (i.e. on-the-job injury, near-misses, etc) which includes whom to report to, time frame, and follow-up. Management's tracking, recognizing trends, and seeking solutions based on the information from these unusual occurrence reports constitutes excellent quality monitoring and improvement.

- All staff and volunteers must immediately report all unusual occurrences to their Supervisor.
- The Supervisor will record and track the occurrence information and will take any action deemed necessary. Where appropriate, the Supervisor will notify the Executive Director.
- Tenants are asked to report any unusual occurrences they witness or experience with other tenants, guests, staff, and volunteers.
- Tenants are asked to report any unusual occurrences in regards to the property or any other part of the facility.

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| 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 |
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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.5** **RISK MANAGEMENT**

## COMPLAINTS PROCEDURE

All clients, staff, tenants, and volunteers are informed of the organization's complaint procedure in writing:

- Supervisor will speak with all individuals who have complaints or wish to appeal about their service.
- Supervisor will offer a resolution to the problem within 30 days of receiving the complaint or appeal and will discuss the resolution with the client.
- A record of all complaints and appeals is maintained in a separate file and reviewed by the management and the Board or an appropriate Committee on a regular basis.

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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.6 FINANCIAL MANAGEMENT**

The Board of Directors is expected to adhere to the terms of their funding agreements with (Ontario Health and the City of Cornwall Social Housing Division – Service Manager), meeting the financial requirements, and providing sound financial management.

**The Board of Directors is responsible for:**

- Establishing a Board finance committee to monitor fiscal management
- ensuring financial records are maintained in compliance with Generally Accepted Accounting Principles
- approving the annual operating budgets as per funding agreements
- developing an annual fundraising plan complete with the issuing of charitable receipts
- ensuring adequate cash flow for provision of organization services
- reviewing and approving financial statements and payments on a regular basis (operating statements are reviewed monthly; invoice payments are approved monthly). The reviewing of statements and payments may be delegated to the finance committee.
- appointing an auditor, approved at the annual board meeting as per the corporation bylaws, to conduct the annual audit
  appointing three designated members of the board who are responsible for approving payments to vendors. Two signatures (approvals) are needed for each payment. The approval for the designation is completed at the first board meeting following the annual board meeting. Cheques/online payments under the amount of $1000.00 can be signed/approved by the Operations Manager and designated board members. Payments of $1000.00 or greater require the approval of two board members

**The Executive Director is responsible for:**

- ensuring funding agreements requirements are maintained
- ensuring the Operations Manager develops annual budgets to meet the funders conditions

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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.6** **FINANCIAL MANAGEMENT**

**The Board of Directors will ensure that Ministry requirements are met by:**

- completing an annual reconciliation report
- ensuring that financial statements account for all revenues of the corporation
- maintaining a registry of assets
- ensuring that there are systems for internal controls, for financial management

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| **SECTION 2** | **ADMINISTRATION AND FINANCIAL MANAGEMENT** |
| **POLICY & PROCEDURE 2.7** | **OPERATING AND CAPITAL EXPENDITURES** |

## Policy:

The Board of Directors recognizes the importance of operating and capital budget planning. Expenditures that are deemed reasonable and necessary for the provision of all services are calculated into the operating and capital Budgets.

## Definitions:

Arms Length Transaction: An arm's length transaction is a business deal in which the buyers and sellers act independently and do not have any relationship to each other The concept of an arm's length transaction assures that both parties in the deal are acting in their own self-interest and are not subject to any pressure or duress from the other party. Non Arms Length Transaction: In a non-arm's length transaction, the seller and buyer have a connection by marriage, family or other dealings.

## Procedures:

Operating and capital budget expenditures:

- are authorized in accordance with the policies of the Corporation, consistent with government policies, approved by the applicable funder (Ontario Health, City of Cornwall-Service Manager, etc.) and supported by acceptable documentary evidence.
- Expenditures that are budgeted for do not require Board approval.
- Expenditures not budgeted for that are estimated to be over the amount of $10,000 before taxes require Board approval
- If a supplier is not at arms length from the staff procuring the quotes, then 3 quotes are to be sought for expenditures over $5,000.
- Three quotes will be obtained for expenditures over the cost of $10,000. If three quotes cannot be secured, a record must be kept on the efforts made to procure the quotes.

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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.7** **OPERATING AND CAPITAL EXPENDITURES**

- The Board of Directors will review the quotes before approval is given. The board has the discretion to choose the company's quote that will best meet the needs of the Corporation.
- Capital expenditures are also approved by the applicable funder depending on the amount of the expenditure as per financial policy of the funder.
- The Corporation will not, without prior written approval from the funder, sell, lease or otherwise dispose of any assets purchased with funding, the cost of which exceeded $25,000 at the time of purchase.
- If the Board of Directors requires major capital funding (more than $100,000), they must submit a business plan request to the applicable funder.

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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.8 PROCUREMENT**

**Expenditures for over the cost of $20,000** before taxes **will be completed using the procurement policy:**

- Under the supervision of the Executive Director, the Property Manager, appointed staff member or contracted business will prepare request for proposal (RFP), which will contain the following:
    - Clear statement of products or services required in sufficient detail to allow the preparation of a responsive bid
    - Date and time by which the proposals must be returned
    - Evaluation criteria
    - Any other information which it may be necessary or desirable to provide.
- Distribute RFP by mail, email, or hand delivery to firms on bidders list.
- Review of proposals by Executive Director, Property Manager, appropriate staff and Board committee. . Written documentation of the review process including ranking sheets and justification shall be prepared.
    - Contractor selection/recommendation presented by Executive Director, management team member(s), and appropriate committee , who will make a recommendation to the Board.
- Contracting will be awarded after the approval of the Board of Directors.
- Monitoring of Performance – Under the supervision of the Executive Director, the Property Manager or an appropriate member of the staff shall be responsible for monitoring the implementation of the contract and shall ensure the fulfillment of all written requirements. If the contracting organization violates any of the terms or conditions of its award, the staff member shall notify the Executive Director immediately. With the Board of Directors' approval, the Executive Director will take appropriate corrective action.
- Any annual contracts over the cost of $5,000 for software or maintenance will be reviewed every 3 years to ensure they are meeting regulations and legislation, meeting the needs of the operations and providing the most cost effective service.

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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.8.1 PURCHASING**

Under the supervision of the Operations Manager, the appointed person will review the request for purchasing items. These items include but are not limited to:

- Office supplies
- Infection control preventative items (gloves, hand sanitizers, etc.)
- Recliner lift chair
- Help call – emergency call system

Medical devices are purchased as needed and used for general use only. These items will be purchased new from a reputable store (i.e. Medigas, Pharmacy).

- Electric blood pressure cuff
- Wheelchair
- Walker
- Bath seat

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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.9A FEE POLICY – COMMUNITY SUPPORT SERVICES**

## CLIENT FEES:

The Board of Directors is responsible for approving client fees recommended by the Executive Director in conjunction with budget preparation.

- a current fee schedule is readily available within the organization
- clients are informed of the fee policy and schedule of fees at Intake
- fee schedule for each service is provided to the client at the time service begins
- clients are informed of method of paying their fees
- fee schedules are reviewed regularly
- A record is kept of all fee increases and dates of the increases
- clients are informed when fees change
- clients unable to pay may be offered a subsidy if available
- clients who refuse to pay will have service discontinued after discussion with the client regarding circumstances. A referral to another service organization may be made if deemed appropriate and with the client's consent.

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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.9B** **FEE POLICY – HOUSING SERVICES**

## TENANT FEES:

The Board of Directors is responsible for approving rental fees for market rents, social housing and affordable housing programs in conjunction with budget preparation.

- a current market rent schedule is readily available within the organization
- tenant applicants are informed of the rental fees as they apply for housing
- all tenant rents and other associated costs are reviewed annually
- rent amounts are based on CMHC regional rents
- rent increases are set annually based on the Residential Tenancies Act rate of increases
- parking fees are determined by the costs associated with maintaining the property
- tenants are informed of method of payment
- tenant income verification is completed annually for individuals receiving Rent Geared to Income (RGI) rental rates
- tenant income verification is completed once before a tenant is approved for a unit within the Affordable Housing Program
- tenants are given a notice of 90 days for any rent increases as per the Residential Tenancies Act
- tenants who refuse to pay their rent will be contacted to develop a payment plan and/or given an N4 'Notice to Terminate for non payment of rent' form, If N4 is given, the Landlord Tenant Board eviction process will be followed.

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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.10 SIGNING AUTHORITY**

1. The Board of Directors has a policy which provides the Chairperson, Vice-Chairperson, the Secretary, and/or other designated Officers of the Board of Directors authority to sign legal agreements, financial transactions, and other matters of importance to the Board and its organization.

2. The Board of Directors will also authorize the Executive Director and any other members of the senior staff who are designated to sign legal agreements or financial transactions as per funding requirements. In the case of financial transactions, the maximum amount of the financial transaction to be signed by the staff member is to be designated.

3. The Board of Directors will authorize the Executive Director to sign legal agreements to obtain funds including grant requests.

4. The Board of Directors will authorize the Executive Director to sign official donation receipts for income tax purposes. The Board Chair will sign official donation receipts for any donations made by the Executive Director.

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**SECTION 2** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.11** **EXPENSES COMPENSATION**

Authorized Board members, staff, and volunteers will be reimbursed for reasonable out-of-pocket expenses that are incurred for work-related activities. An advance may be requested when attending out of town conferences/seminars.

The Executive Director is responsible to approve for any excess travel expense.

**Meals**

Reasonable and appropriate meal expenses may be reimbursed. You may incur a meal expense when you are on organization business, you have prior Supervisor approval for the expense, and you:

- are away from the office area (i.e., more than 24 km) over a normal meal period; or
- have a business meeting within 24km of the office area that must occur over lunch

Breakfast: $15.00 (includes tax and tip)
Lunch: $20.00 (includes tax and tip)
Dinner: $30.00 (includes tax and tip)
***Detailed receipt required***

Alcohol cannot be claimed and will not be reimbursed.

**Transportation**

Automobile: $0.45/km
The starting point and destination of the trip must be stated on the claim form. Administrative staff will calculate the mileage paid based either on the starting point or the main office location, dependent on program parameters.

Railway: Economy fare and the most economical company must be used where available.
***Ticket stub required***

DATE APPROVED:
DATE REVISED: January 31 2012, May 25, 2021, March 29, 2022
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**SECTION 2 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.11 EXPENSES COMPENSATION**

Taxi: Use when this is the most economical use of transportation. The starting point and the destination of the trip must be stated on the claim form. ***Receipt required***

Air: Economy flight and the most economical airline must be used where available.
***Ticket required***

Bus: Use when nature of trip permits.
***Ticket stub required***

Using a Personal Vehicle: If you use your personal vehicle while on organization business, the following apply:
- The vehicle must be insured at the vehicle owner's expense for personal motor vehicle liability.
- It is the driver/owner's responsibility to ensure that the motor vehicle insurance includes coverage for business use of the vehicle.
- The organization will not reimburse the costs of insurance coverage for business use, physical damage or liability.
- The organization is not responsible for reimbursing deductible amounts related to insurance coverage.
- In the event of an accident, you must file a claim with your personal insurance company.

In the event of an accident, should personal insurance be exhausted, the organization may be approached regarding options for organizational insurance coverage.

Parking: Will be reimbursed when necessary.
***Receipt required***

Accommodation: Reimbursement will be made for actual cost of room for Hotel/Motel only. Personal expenses (i.e. phone charges, movie rentals, etc) will not be reimbursed.
***Receipt required***

DATE APPROVED:
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**Transportation for Volunteer Drivers:**
For Volunteers who work for the organization in the capacity of driver, reimbursement for automobile expenses is paid as follows:

Automobile: $0.50/km
The starting point and destination of the trip must be stated on the claim form. Transportation program volunteers receive reimbursement from their home and back to their home. MOW program volunteers receive reimbursement based on the route plan, which is calculated by the MOW staff.

**SECTION 4 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.12 CLIENT SUBSIDY**

## POLICY:

J.W. MacIntosh Community Support Services recognizes that financial barriers may result in clients being unable to access programs and services that would be of benefit to them. Therefore, J.W. MacIntosh Community Support Services has designated fundraising dollars that will be utilized to:

1. Assist clients experiencing financial barriers to access programs and services of JWMACCSS, and,
2. To subsidize personal needs of clients and caregivers on a case-by-case basis. Requests may include, but are not limited to, requests for personal care products and clothing.

There is a process in place to ensure equitable access to the available subsidy.

## PROCEDURE:

Applicant must be an active client or a caregiver of an active client of the J. W. MacIntosh Community Support Services.

Referrals for clients/caregivers who may benefit from a subsidy will be accepted from staff, volunteers, clients, family members, and/or other individuals from the community.

There will be 2 members of the Board of Directors, and 1 staff member (as appropriate) designated to review and approve/deny the client request for financial assistance.

Requests for assistance letters will be shared via email for review and approval. Approval will be determined by consensus, and where consensus cannot be reached, by a majority vote.

Detailed information about the potential recipient will be gathered including interviewing the client, visually seeing the living conditions, and verbal information on their income and expenses. An appropriate staff member will determine this information.

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**ANNUAL REVIEW COMPLETED (Initial)**

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**SECTION 4 ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.12 CLIENT SUBSIDY**

If the subsidy request is approved, the client's invoice or item will be paid directly by JWMCSS.

A request for the same person can only happen once annually up to a maximum of $500 total per year.

The board of directors may allocate a yearly amount to be utilized for client subsidies at the AGM, and the decision to provide client subsidy will be based on the yearly budget.

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**ANNUAL REVIEW COMPLETED (Initial)**

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**SECTION 4** **ADMINISTRATION AND FINANCIAL MANAGEMENT**

**POLICY & PROCEDURE 2.13** **INVESTMENTS**

## POLICY:

The organization may, from time to time, have surplus funds that should be invested at higher interest rates than currently obtained in the organization's operating bank account(s).

It is the policy of J.W. MacIntosh Community Support Services to invest its surplus funds prudently in financial instruments that will maximize return on investment while protecting the principal amount(s) invested and preserving the liquidity necessary to meet the organization's current and projected spending needs. As per the organization's Supplementary Letters Patent, the funds of the corporation must be invested pursuant to the Trustee Act. In addition, any legislation dictating where surplus program funds must be invested shall be respected.

## PROCEDURE:

From time to time, the Operations Manager and Executive Director are responsible for making the following recommendation to the Finance Committee in accordance with this policy:

- The amount of surplus funds available to be invested, through the preparation of cash flow estimates for operating and capital funds, using reasonable and prudent assumptions
- The length of time for which surplus funds are available for investment
- The financial organization(s) and financial instrument(s) in which funds will be invested based upon and after review of viable options as provided by the organization's bank(s). Those options will protect the principal amount invested and will not expose the organization to undue risk.

Once the Finance Committee has determined the recommended investment decision, the Board of Directors will consider for final approval.

Once an investment and its instrument have been approved by the Board, the investment, when it becomes due, will be reviewed by the Finance Committee to ensure the investment instrument remains appropriate and then, upon approval of the Finance Committee, the principal and any gains will be reinvested in the same instrument. As well, the Finance Committee will approve the investment of any additional funds to an existing reserve and will report that decision to the Board of Directors. All new funds available and recommended for investment must have Board approval.

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