

#### Langs Board of Directors October 29<sup>th</sup>, 2024 5:30 – 7:30 pm E206 AGENDA

Item	Time	Торіс	Presenter	Purpo	oses/Outcom	e Required
				Info	Discussi on	Decision/ Motion
1. W	elcome and	Call to Order	·		·	
a)	5:30 pm	Welcome and Call to Order	Jen			
		- Recognition of Quorum		Х		
		<ul> <li>Declaration of Conflict of Interest</li> </ul>		Х		
		- Territorial Acknowledgement	Stephen Paniccia			
b)	5:35 pm	Chair Remarks	Jen			
		- Community Holiday Dinner Invitation		Х		
c)	5:40 pm	Approval of Agenda	Jen			Х
d)	5:43 pm	Approval of Consent Agenda	Jen			Х
2. Co	onsent Age					
		Board Minutes from September 24, 2024	Enclosed	Х		
		North Dumfries Advisory Committee Report	Enclosed	Х		
		Incident Report Quarterly Summary	Enclosed	Х		
		Occupational Health and Safety	Enclosed	Х		
		Alliance Board to Board Report	Enclosed	Х		
3. Bo	oard Develo	pment				
	5:45 pm	Cybersecurity	Will Homerston	X		
4. In	ternal and C	Committee Reports				
a)	6:00 pm	CEO's Report	Debbie		Х	
b)	6:15 pm	Treasurer's Report	Brad		Х	
Motion	to approve	reports a) to b)	Jen			Х
5. Uj	pdates					
a)	6:23 pm	CND OHT	Stephen/Debbie	Х		
b)	6:30 pm	Alliance for Healthier Communities	Debbie	Х		
c)	6:45 pm	Ontario Health West	Debbie	Х		
6. O	ther Busine	SS				
a)	7:00 pm	Policy Reviews <ul> <li>Board Manual</li> </ul>	Debbie			Х
b)	7:15 pm	Questions/Feedback/Discussion	Jen	Х	Х	
7. M	eeting Adjo	urnment				
Motion	to Adjourn		Jen			Х
Date of	f Next Meeting	g: November 26 <sup>th</sup> , 2024				

## YOU'RE INVITED TO THE \* Annual \* Community Holiday Dinner

WEDNESDAY, DECEMBER 11, 2024 5:00PM-7:30PM

LANGS - 1145 CONCESSION RD. CAMBRIDGE

To RSVP or for more information, please contact Sarah McTavish at sarahm@langs.org



	Langs Board Meeting Minutes			
Date	September 24, 2024			
Present in Person	Brad Ratz, Brendan Wylie-Toal, Jeff Small, Nana-Afia Agyeipah, Yvon	ne Brow	n, Stepher	n Paniccia,
	Jen Davis			
Regrets	Juliette Coughlan, Denise Carter, Mona Elgargani			
Staff	Debbie Hollahan, CEO, Sarah MacTavish			
Chair	Jen Davis			
Topic/Comments/Action		Info	Action	Decision
1. Welcome and Call to				1
<ul> <li>a) Jen welcomed everyo</li> </ul>	ne to the board meeting	✓		
<ul><li>b) Call to Order</li></ul>				
<ul> <li>Jen called the meet</li> </ul>	eting to order, thanked everyone for attending.	<ul> <li>✓</li> </ul>		
<ul> <li>Quorum was record</li> </ul>	gnized.	$\checkmark$		
<ul> <li>There were no cor</li> </ul>	nflicts of interest declared.	<b>∨</b>		
<ul> <li>Territorial Acknow</li> </ul>	ledgement presented by Gary Desborough, LCDC Board Chair at the AGM	•		
directly preceding				
MOTION (Brad/Stephen)	to approve the agenda. CARRIED			~
c) Chair and Board Mem	iber Remarks			
•	deep Kalirah to the board meeting.	✓		
	nd table introductions.	$\checkmark$		
2. Minutes of Last Mee				
	ninutes of the meeting of June 25 <sup>th</sup> , 2024.			
No errors or omis	_	$\checkmark$		
	to approve the minutes of the meeting of June 25 <sup>th</sup> , 2024. <b>CARRIED</b>			✓
3. Board Development				
Women's Health Centre				
Danielle Hughes,	Women's Health Centre coordinator presented to the group with the			
following highligh		$\checkmark$		
	ielle shared the tagline: Care for Every Woman, At Every Age	✓		
	ielle introduced the group to Women's Health and the current research			
	ilable.	✓		
o The	Vision and Key Guiding Principles were identified and shared with the			
boa				
o Dan	ielle reviewed the current Programs and Clinics namely: Prenatal Clinic,	$\checkmark$		
Kno	wing Me program, and Perimenopause Unveiled: Understanding your			
Cha	nging Body.			
o Dan	ielle shared some future planning with the board and described the	~		
Met	tabolic Clinic and the PAP clinic.	~		
o Dan	ielle shared new collaboration opportunities created with this space in	<b>v</b>		
min	d and highlighted the connections made with YWCA, Cambridge Food Bank			
and	Cambridge library.	$\checkmark$		
o Dan	ielle shared the TogetHer for Health Fundraiser was very successful and the			
com	nmunity provided program suggestions through their survey responses.			
4. Internal and Commit	-			
a) Executive Committee	-			
	e Executive Committee report noting the Terms of Reference and Board	$\checkmark$		
Calendar were re				
	sed new legislation requiring police checks for staff and volunteers; more	~		
	pected over the next few weeks.			
	mmittee discussed and suggested to the board to trial using consent agenda			$\checkmark$
to allow for discu	ssion time. The group agreed to trial it for the next meeting.	~		
<ul> <li>Jen shared Langs</li> </ul>	current involvement with the HART Hubs proposal. She noted that there	<b>`</b>		
are details yet to	be determined and more information can be expected.			

The p	roperty tax exemption funds had not yet been received. The executive committee	✓		
deter	mined pausing until November for next steps is in Langs best interest as we are still			
waitii	ng for a decision from the City re: zoning change for the property at 1273 Concession			$\checkmark$
Rd.				
	xecutive committee discussed Strategic planning and Succession planning and risk for EO position.	~		
	of Annual Compliance and Risk Management Report			
	rt is enclosed in the package.	✓		
	oard discussed how risk is managed operationally with staff (Senior leadership, quality	✓		
	ovement committee, and Director of Finance).			
-	oard discussed their governance responsibilities with respect to risk and considered a	✓		
risk s	ubcommittee.			
<b>MOTION</b> (Ste	phen/Jeff) to approve the Annual Compliance and Risk Management Report as			
presented by	the CEO. <b>CARRIED</b>			$\checkmark$
c) Approval	of Signing Authorities			
Basec	on the Board Manual and Bylaws, the board voted the following executive members			
as sig	ning authorities:			
		~		
	avis, Chair			
	e Carter, Vice Chair			
	Ratz, Treasurer			
Nana	-Afia Agyeipah, Secretary			
	Manual, policy 8.04 states, the legal signing authorities shall also include the CEO, the	·		
	tor of Finance and other designated staff as needed.			1
	(Stephen/Brendan) to approve signing authority as listed above for the 2024-2025 year.			v
d) CEO Repo				
	<ul> <li>presented the month in review with the following highlights:</li> <li>Ontario Health West is pleased with our progress for Primary Care Expansion</li> </ul>	$\checkmark$		
		· •		
	<ul> <li>OHW highlighted Langs' Women's Health in their newsletter.</li> <li>Clinical team patient rostering continued over the summer at both sites; happy to</li> </ul>	✓		
	report no waitlist currently in North Dumfries			
	<ul> <li>Prenatal clinic started at Langs with a plan to use space at Three Doors Down</li> </ul>	✓		
	pending zoning change.			
	<ul> <li>Debbie shared with the board a ½ day twice per week clinic at HOF, 562 Concession</li> </ul>	$\checkmark$		
	Rd, which is primarily staffed by the Langs IPC team. Debbie shared some push			
	back from CND OHT due to its similarities to CMAC clinic. It is noted that sharing			
	the clinic's purpose with OHT partners should clear misunderstandings. Langs			
	board supports continued collaboration with community partners to improve			
	access to and coordination of care for our neighbours.			
	• Langs agrees to be listed as a 'Relief Centre" in case of natural disasters. There will	~		
	be not overnight, the City's insurance will cover damages/staff time, Region and			
	Red Cross would coordinate evacuation.			
	<ul> <li>Langs hosted a successful community Garage sale over the summer.</li> </ul>	~		
	• Langs was nominated for Cambridge Chamber award, <i>Organization of the Year</i> ,	✓		
	over 11 employees. The event will be on November 14 <sup>th</sup> .			
	<ul> <li>Clothing Giveaway will be on October 7<sup>th</sup>, please bring donations to main reception by October 4<sup>th</sup>.</li> </ul>	~		
	<ul> <li>Central Intake Hub proposal for cataracts CI has been submitted.</li> </ul>	✓		
	• Langs continues successful onboarding of new employees with 12 new hires this	✓		
	past summer.			
	• New benefits plan was chosen and will be shared with staff in the next weeks.	<b>√</b>		
	• Langs hosted successful staff social wellness activities over the summer.	$\checkmark$		
	<ul> <li>IDEA Action Team have finalized the IDEA Framework which is available on the</li> </ul>	v		
			Dag	e <b>2</b> of <b>4</b>

				1
	Langs website.	/		
	• Langs board members can expect to be able to use the Langs website board portal	$\checkmark$		
	to sign in an access material.	$\checkmark$		
0		v		
	technology training indicator.	$\checkmark$		
0		·		
	reminders in EMR for Links2Wellbeing project (social prescribing). Kelly Conrad,			
	awarded for her work at Langs re: social prescribing.			
0		$\checkmark$		
	emergency codes that will be updated based on the mock exercise with Senior	-		
	Leadership and tabletop exercise with HIROC.	$\checkmark$		
0				
0		$\checkmark$		
	ability to carry the funding until quarter 2/3.	$\checkmark$		
0	0			
	funded by MOH.	$\checkmark$		
(	Langs meeting with Engage Rural to support call for proposals to end Gender based			
	violence for rural communities.	$\checkmark$		
(	The group discussed the use of AI Scribe and existing legislation.			
	for DEP renovations			
	pie presented the board with quotes for DEP renovations.	$\checkmark$		
	bie noted three quotes were provided and the quote presented from VMS Construction	<b>_</b>		
	reasonable.	$\checkmark$		
• The	quote presented was for splitting office S219 with an expected cost of approximately	v		
\$25 <i>,</i>	000.			
o It wa	is noted that before determining whether to use reserve funding the board needs a	✓		
bett	er understanding from Kate of what is available in the operational budget.	-		
	Durat			
f) CND OHT		$\checkmark$		
	hen attended the first meeting of this year for the CND OHT JCB and reported	v		
	rences between his expectations and the meeting content. He noted he looks forward			
	e next meeting and hopes to see dynamic movement from the Joint Board Committee.	$\checkmark$		
	bie described the current reporting structure between Langs and CND OHT.	•	$\checkmark$	
	board discussed a desire for more information, for example, what do the terms of		•	
	rence say? What authority do directors/chairs at the JBC have?			
•	ity Services Report	1		
	noted the summer picnics and programs were well attended and successful.	$\checkmark$		
	March break fee will increase to \$75 a week. It was noted there are processes in place	v		
for f	ee subsidy and payment plans for those community members who express need.			
		$\checkmark$		
	reviewed one recommendation as presented in the package to approve use of the	v		
	nasium for Beechwood Brainery.	$\checkmark$		
• Deb	pie noted the group will provide liability insurance to Langs.	-		
<b>MOTION</b> (Ste honorarium f	phen/Brendan) to approve Beechwood Brainery use of the gymnasium for an ee. <b>CARRIED</b>			~

h) Treasurer's Report	t							
<ul> <li>Brad present presented in</li> </ul>	Statement as	~						
<b>MOTION</b> (Brad/Yvonn ending on August 31,			$\checkmark$					
Brad present as follows:	s the statement of operations as present	ed in the packa	ge with the highlights					
	ent month and year to date surplus for p e expenses.	urchased servio	ces due to the timing of	~				
	cit for provincial government funding rev allments rather than monthly.	enue due to fu	nding paid in 3					
o Defi	cit for grants due to the timing of funding	g being received	d.					
	Surplus for program/user fees due to sur		enrollment paid in					
-	l and May. The surplus will offset the sala							
	ry and benefits surplus due to some of th illed.	ie one-time fun	iding positions still to					
MOTION (Brad (Nama)	to approve the Financial Statement for t	he period and	ng on August 21, 2024			✓		
CARRIED		ne penoù enun	ng oli August 51, 2024.					
i) Incident Report Q				$\checkmark$				
	ort enclosed and reviewed by the board.	FD.						
5. Updates	endan) to approve reports a) to i). CARRI	ED				•		
a) Alliance for Healthi	er Communities							
	ted a board member be Langs liaison at t	he Alliance Boa	ard: Brendan suggested	$\checkmark$				
	able to join in January.							
b) Ontario Health Wes	-			✓				
<ul> <li>They are plea</li> </ul>	ased with our progress for primary care e	xpansion.						
6. Other Business								
	mittee – Membership discussion and vot	-						
	the meeting and thanked everyone for the			<b>√</b>				
<ul> <li>Nana led the group discussion regarding current candidates for membership: Sabrina</li> </ul>								
McGregor and Sandeep Kalirah who have both attended meetings as guests.								
MOTION (Nana/Brendan) to approve Sabrina McGregor and Sandeep Kalirah for board membership to the Langs Board of Directors for the 2024-2025 year. CARRIED ✓								
7. Meeting Adjournment								
MOTION (Brad/Yvonne) to adjourn this meeting of the Langs Board of Directors. CARRIED								
Chairperson	Jen Davis	Secretary	Nana-Afia Agyeipah	1				
L		1						

#### North Dumfries Program Advisory Committee Report October 2024

#### **Board Information**

The Committee met in person, with 3 committee members in attendance. Other introductions included our newest Committee member, Jessica Owen from Porchlight, the new Clinical Coordinator at North Dumfries, Danielle Cortez and Maddie McHarg who is the new SSW student from Conestoga College.

Danielle Cortez presented an update to the committee regarding the Primary Care expansion project which is nearing completion and includes a nurse's office and two exam rooms. The NDCHC has cleared their waitlist and is accepting new patients for those in the community still looking for a doctor.

One of the new office spaces will be dedicated to honour the late Shelley Shearson. A plaque outlining Shelley's passion, dedication, and commitment will be placed outside the new office space. Shelley's family was very appreciative of the thought.

Beginning November 1<sup>st</sup> new youth mental health supports will be available to those youth in grades 6-12 through brief intervention services. This model of youth mental health supports within the Youth Wellness Hub at Langs main site has had great success and we look forward to expanding these services to North Dumfries.

North Dumfries Youth and Adult Programs continue to be well attended overall. The Committee will meet again in December.

Respectfully Submitted, Juliette Coughlan, Committee Chair



#### Quarterly Incident Report Summary Q2

#### (July 2024 to September 2024)

TYPE OF INCIDENT/OCCURRENCE			тот	AL NUMBER OF INCIDENTS IN QUARTER: 23				
Critical Injury		Less Serious Injury	5	Self-Inflicted Injury/Abuse				
Medication Error	1	Exposure to Sharps		Needle Stick				
Alleged Abuse or Mistreatment	3	Complaints/Grievances	2	Suicidal Ideation	2			
Discrimination		Verbal Aggression (Minor to Severe)	1	Alarm Activated	1			
Workplace Violence/Harassment		Total Non-Compliance	1	External Disaster				
Medical Emergency (BLUE)	1	Unknown/Unauthorized Person (GRAY)		Property Damage	1			
Bomb Threat (BLACK)		Fire (RED)		Theft	1			
Hazardous Materials – Evacuation (BROWN)		Internal Disaster (ORANGE)		Mischief				
Physical Aggression to Others (WHITE)		Cybersecurity (CYBER)		Privacy Breach	2			
Missing Child (AMBER)		Missing Person (YELLOW)		Other: Scuff Mark on parking lot concrete	1			
Other: Phishing Attempt	1	Other: Medical Condition (seizures)	1	Other: Left school property	1			
				Other: Physical Aggression	1			
INTERVENTION								
Problem Solving	10	Dismissal/Suspension		Family and Children's Services	3			
Ask to Leave Premises	1	Crisis Counselling		Emergency Services	4			
Supervisory Support	10	Police Assistance	3	Responded to Alarm Call	1			
Individualized Program	1	First Aid	6	Other: Compass Support	1			
				Other: Verbal reminder, parental intervention	1			
REPEATED OCCURRENCES				· · · · · · · · · · · · · · · · · · ·				
Yes	7	No	5	Unknown	9			
RESULT OF HARM								
Harmful: A safety incident that resulted in harm to the individual   1								
No Harm: A safety incident that reached an individual but no discernible harm resulted 16								
Near Miss: A safety incident that did not reach the individual and therefore no harm results. These have also been called "close calls" or "good catches".								

Complaints/ Grievances	Alleged Abuse or mistreatment	Privacy Breach	Theft
- Patient compliant re: medical reception	- Three instances involving F&CS reports	<ul> <li>Patient received incorrect consultation</li> </ul>	<ul> <li>Participant's bike was stolen</li> </ul>

	TOP & TRENDING INCIDENTS										
		<u>2023</u>	/2024		<u>2024/2</u>	<u>025</u>	Trend				
	Q1	Q2	Q3	Q4	Q1	Q2					
TOTAL # OF REPORTS	26	17	27	19	12	23					
Suicidal Ideation	3	1	1	1	1	2					
Less Serious Accident/Injury	7	3	3	1	3	5					
Total Non-Compliance	1	0	3	1	2	1	$\langle$				
Verbal Aggression (Minor to Severe)	9	1	2	2	2	1					
Medical Emergency	0	1	3	0	0	1					



#### Joint Occupational Health & Safety Committee (JOHSC) Quarterly Report April 1<sup>st</sup> – September 30<sup>th</sup>, 2024 (Q1 and Q2)

Langs sites include: Langs CHC, North Dumfries CHC, Region Coordination Centre, Grow Community Centre

JOHSC Updates	Notes
New Manager Co-Chair Announced	Debbie has appointed Dana Calma, Program Coordinator as the new Manager Co-Chair with the JOHSC. Dana has actively participated on the committee and obtained her Occ. Health certification earlier this year. Dana works from Grow Community Centre has brings experience of the satellite locations to this work. The change will take effect January 1 <sup>st</sup> 2025.
Second annual Committee Self- Assessment completed	In May, the JOHSC completed their second annual self-assessment. This year saw greater participation, and increased levels of satisfaction. Staff were also asked to provide feedback regarding the committee and again there was an overwhelmingly positive response. The committee will continue to work on staff engagement this year.
Monthly inspections to begin at 3 Doors Down	As new programs begin to be offered at 3 Doors Down, monthly inspections will begin to make sure the space is being kept clear from hazards.

Item/Frequency	Meets	Partially Meets	Does not meet	Notes	Legislative Requirements
JOHSC Bulletin Board (Ongoing)	~			All of our sites have OH&S bulletin boards with pertinent and required information.	The employer must post: a copy of the Act; the names and work locations of all members; a copy of the organization's OHS policy; a copy of the organization's Workplace Violence & Harassment policy; any order of Ministry of Labour inspector; MSDS Binder, evacuation plan/procedures; certification and First Aid confirmation of training of staff; and internal/external contacts
Committee Meets Every 12 weeks and Maintains Minutes (Ongoing)	✓			The committee has been meeting every 8-12 weeks. Meeting minutes are reviewed by committee members and signed off by the chairs and posted on OH&S bulletin boards at each site.	Committee keeps minutes of its proceedings and makes same available for examination and review by an inspector. Meetings are required at least once every 12 weeks.
Monthly JOHSC Checks Completed (Ongoing)	~			Monthly inspections are done at each site during the first week of the month. Inspection results are posted on the OH&S bulletin board.	A committee member designated by the members representing the workers will inspect the physical condition of the workplace at least once a month.

Item/Frequency	s	ally s	: not	Notes	Legislative Requirements
	Meets	Partially Meets	Does I meet		
Responses/Repairs (Ongoing –within 21 days)	✓			Responses and repairs are being made in a timely manner. When necessary, recommendations for changes to policies and procedures or facility are forwarded to the Leadership Team.	Employer to ensure that responses and repairs required as a result of monthly inspections are completed in a timely manner. Response to recommendations for changes to policy, procedures or facility is to be made within 21 days.
WHMIS Training (Annually/Ongoing)	~			WHMIS training is completed by new staff within 1 month of the start date, then updated annually. MSDS binders are posted on the OH&S bulletin boards for staff access and are updated as needed. All required products are labeled with MSDS labels.	Employer ensures that the worker education program is provided to a worker or the workers and are re- familiarized at least annually.
Health and Safety Awareness Training (Ongoing)	✓			New employees receive mandatory Health and Safety Awareness training during orientation; records of training are kept by HR.	Legislation states that the employer ensures the training of each employee.
Workplace Violence and Harassment Training (Ongoing)	✓			New employees receive mandatory Workplace Violence & Harassment training during orientation; records of training are kept by HR.	Adherence to Bill 132 is a legislative requirement; employer ensures the training of each employee.
Fire Drills/Fire Evacuation Drills (Annually/Ongoing)	$\checkmark$			Fire drills are held regularly at all sites. Evacuation information is posted in every office and at every exit. Staff review fire safety with participants at the start of every program session. All sites completed their fire drills by Sept 30, 2024.	Legislation states that fire drills are to be conducted annually. Langs conducts fire drills a minimum of once a year at all sites.
First Aid Kits (Ongoing)	✓			First aid kits are located in the kitchen at all sites. They are checked quarterly as part of regular inspections. Programs that are off site travel with a first aid kit.	First Aid kits shall be inspected not less than quarterly and the checklist of items completed and signed. First Aid kits shall contain as a minimum and in good condition the items required by the Regulation.
Fire Extinguishers (Annually)	<b>&gt;</b>			All sites have fire extinguishers that are serviced annually and meet the legislative requirements for inspection. Fire Extinguishers at Main Site, Grow Community Centre and RCC are checked by Richardson Fire Systems Inc. Richardson Fire Systems completed the annual fire extinguisher inspections at the above sites on March 21, 2024.	Fire extinguishers are to be inspected annually.

Item/Frequency	Meets	Partially Meets	Does not meet	Notes	Legislative Requirements
				North Dumfries satellite site fire extinguishers are inspected by the Township of North Dumfries.	
Health and Safety Committee Membership & Certification (Ongoing)	>			We meet the legislative requirements for membership. We have a committee of nine members. Currently we have six worker reps (2 are certified) and three management reps (3 are certified).	In workplaces with more than 50 workers, the committee must have a minimum of 4 members. At least half of the committee members shall be employees who do not exercise managerial/supervisory functions. At least 2 committee members must be certified members (one representing workers and one representing the employer)
Workplace Violence Inspection (Annually)	~			Workplace violence inspections are scheduled for October 2024. Findings will be brought to Leadership in October for recommendations.	This is an annual legislative requirement
Incidences of Workplace Violence (ongoing)	>			There were no incidents of workplace violence during this reporting period; no recommendations for prevention of workplace violence were made.	Adherence to Bill 132 is a legislative requirement
Incident Reports	$\checkmark$			There were 2 incidents indicated by staff as health and safety during this reporting period. No recommendations were made for improvement. <u>Critical Incident Debriefs:</u> 0 Incidents debriefed.	Adherence to the Occupational Health and Safety Act, where the employer will provide to the JOHSC the results of a report respecting OH&S

Requirements of the Ontario Occupational Health & Safety Act Rating Description Above: Meets requirements – meets or exceeds the requirements Partially meets requirements – meets 50% or more of the requirements Does not meet requirements – meets less than 50% of the requirements



#### October 2024

Welcome to the October issue of the Board to Board Report. Board to Board is released four times a year. Its goal is to keep Alliance member Boards informed about the most recent developments in Ontario's health system and how these changes can impact member organizations. Board to Board brings you updates about Alliance's government relations and advocacy work, research and Learning Health System updates, as well as connects you to relevant supports, resources and each other. We invite you to share this information with your fellow Board members. If there are any questions and issues you'd like to spotlight in the Board to Board, let us know and we will make sure to include them in the next newsletter.

This issue comes to you during the Community Health and Wellbeing Month (CHWM), an annual communication campaign coordinated by the Alliance. During CHWM, we celebrate Alliance members' incredible work to advance equitable health and wellbeing in communities across Ontario. The Community Health and Wellbeing Month coincides with the official launch of the "For Us. For You." campaign. It is an important part of the Alliance's advocacy efforts, in partnership with nine provincial associations, to close the wage gap in community health sector. As we spotlight your important contributions to the health system, we will also continue to raise awareness about the need for additional investments to help address the Human Health Resources crisis and ensure your organizations can continue to deliver high-quality programs and services. As Board members you have an important role to play in both campaigns. Check out the updates below for ways to get involved.

In this Board to Board, you will also find information about Alliance's work on harm reduction, prescribed alternatives and substance use, as well as an update from the Black Health Committee on how your organization can advance better health and wellbeing for Black people and communities.

Commitment to health equity embedded in the Health Equity Charter continues to be the foundation of our collective work. Please see the resources below, including the Health Equity Charter Self-Assessment Tool, Governing for Health Equity and other trainings that can support your Board in this work.

Finally, make sure to register for upcoming Board events and check out the 101 webinar series that can be beneficial for both new and returning Board members. These pre-recorded webinars are great resources for all members to learn more about the Alliance and foundational documents that guide our collective work as well as other topics that can support you in your role as governors.

#### For the French version of the newsletter, please click the button at the top.

#### **Alliance Updates**

### Advocacy to close the wage gap continues with the upcoming launch of "For Us. For You." campaign

The Alliance together with other provincial associations is continuing to advance our collective advocacy efforts to close the wage gap between the community health sector and other areas of Ontario's healthcare system and other sectors.

## **#ForUsForYou** Close the wage gap

The ten associations, in collaboration with *EnterpriseHealth*, have been preparing for the

official launch of our "For Us. For You." Campaign. Its goal is to raise awareness with both the Government of Ontario and the public about the existing wage gap, the role of the community health sector within Ontario's health system, and the impact of the wage gap on delivery of essential primary health care services provided by our members. The campaign also aims to encourage the government to collaborate with the community health sector to address the Health Human Resource challenges, as well as mobilize support from our partners.

The "For Us. For You." campaign will officially launch this fall. A pre-launch **Community Health All Member Webinar on Health Human Resources** will be hosted **on October 15**, **9-10:30 a.m.** The webinar is open to all members of the ten provincial association and will provide detailed updates about the launch plan, how members will be involved, and the resources and materials available to support their participation in this campaign. You can register by following this <u>link</u>. In addition, as we prepare for our campaign push, we are looking for passionate individuals who are willing to serve as media spokespeople. This is an opportunity to share frontline stories and highlight the essential role community health workers play in our healthcare system, as well as convey the impact of wage disparities on the ground. Here's what we're looking for:

- Individuals who are open to being interviewed by journalists to help raise awareness of the challenges the community health sector is facing.
- Individuals who can share their experiences on the ground, and the impact the wage gap is having on frontline workers and the care provided to clients.
- Those who are looking to play a key role in building momentum for our campaign.

We will hold a spokesperson training session where we will provide more details about the role along with the necessary supports and training. If you or someone you know fits this description and would be interested in this opportunity, please reach out! We will share more information about the training session soon.

If you have any questions or would like more information about the webinar, spokesperson role, and/or campaign overall, please reach out to Samuel Garcia-Feliz, Policy and Advocacy Lead, at <u>samuel.garciafeliz@allianceon.org</u> or Sarah Hobbs, CEO, at <u>sarah.hobbs@allianceon.org</u>.

### Alliance's work to support harm reduction, prescribed alternatives and Consumption and Treatment Services

On August 20, the Ontario Government announced the closure of ten Consumption and Treatment Services (CTS) sites. Seven of those are led by Alliance members. (You can read the Alliance's statement in response to the announcement <u>here</u>.) These sites have been invited to apply to transition to Homelessness Addiction Recovery and Treatment (HART) Hubs. With the announcement of funding for new HART Hubs, the government also introduced restrictions on the 12 existing CTS sites that will remain open. That includes five sites run by Alliance members. These sites will need to adhere to additional new requirements around inspection, community safety and complaint processes. Many sites have already been engaging their communities to address these issues. Staff have raised concerns around the new requirements: they don't consider harm reduction principles, social determinants of health or the needs of the people who will be most impacted by these restrictions. They will also entail additional administrative burden that is currently not funded properly.

The Alliance and our members are firm in our commitment to harm reduction. It is a crucial aspect of person-centred care that meets people where they are at and supports individuals and communities in achieving their goals for health and wellbeing. In partnership with Alliance members, Addictions and Mental Health Ontario (AMHO), and Indigenous Primary Health Care Council (IPHCC), we support our members and other

community organizations who provide harm reduction services in numerous ways, including:

- Strengthening our ongoing advocacy for integrated primary health care that includes harm reduction alongside wraparound supports,
- Providing guidance and tools to help those members who will continue to provide CTS services navigate the regulatory changes,
- Facilitating the sharing of knowledge and information.

The situation is fluid, but we will face this uncertain future together with members and many allies. As our plans for stepped-up advocacy take shape, we will invite Alliance members to help us amplify our messages.

#### Register for Board Liaisons and Chairs virtual meeting Government Relations 2.0: The role of Boards in the pre-budget process and preelection campaigns Wednesday, October 30, 2024 | 5:30-7:30 pm Register here.

We invite you to register for the Board Liaisons and Chairs Virtual Meeting. This annual event is an opportunity for board members across the province to come together, discuss issues important to them and learn from each other.

This year, the theme is **"Government Relations 2.0: The role of Boards in the pre-budget process and pre-election campaigns."** During previous webinars and at a conference learning session in June, we talked about the importance of building government relations. We also know that many of you have been working to develop your government relations strategy, meeting with and writing letters to your MPPs and other government officials in the past few months. Now, with the upcoming pre-budget process and a probability of both provincial and federal elections in the next year, it is time to expand the work. What are some ways Boards can get engaged in the pre-election work? How can you involve clients and community? What are some ways to amplify the ongoing "For Us. For You." campaign to close the wage gap as well as the government relations work around operational increases and harm reduction?

The webinar will include a presentation from the government relations firm *EnterpriseHealth* that will offer an insight into the current political landscape and provide concrete strategies and tactics for Boards to strengthen your government relations work. You will also hear from Alliance staff about our current government relations work, pre-budget and pre-election strategy, as well as tools and resources we will be providing to help align our collective messages. There will be time for small group discussions for you to share questions and concerns with other Board members and learn from each other.

#### Get involved in the OOHA campaign to support Canadian Dental Care Plan

The new Canadian Dental Care Plan (CDCP) is now in place and there's been great progress in government efforts to make dental care more accessible to all Canadians. So far, almost 700,000 people have received dental care, and over 20,000 oral health professionals are participating in the program.

More detail can be found at Canadian Dental Care Plan - Canada.ca

The Canadian Dental Care Plan (CDCP) came after years of advocacy led by the Ontario Oral Health Alliance (OOHA), the Alliance for Healthier Communities and other organizations. Now we need to ensure the CDCP remains in place regardless of the results of the next federal elections. To support the CDCP, the OOHA has launched a lobby campaign in Ontario. The goal is to meet with Conservative MPs, explain the benefits of the CDCP and urge them to commit to preserving the program.

#### ACT:

- The OOHA is currently setting up small lobby teams in Conservative federal ridings that will be meeting with MPs over the next three months. If your organization is in a Conservative riding and you would like to get connected to your local team, please contact Jacquie Maund from the Ontario Oral Health Alliance at jacquie.maund19@gmail.com.
- The OOHA has developed an MP Lobby Kit to help prepare for a meeting. Please contact jacquie.maund19@gmail.com to get a copy.

#### **Community Health and Wellbeing Month 2024**

### Community Health & Wellbeing Month



## The Future is

### Join Community Health and Wellbeing Month and help amplify the message: *The Future is Community*

For years, during one week in October, the Alliance and members celebrated our collective work to advance health equity and community health and wellbeing. This year, we are expanding Community Health and Wellbeing Week to a whole month to allow more time

and flexibility for members to organize events, meet with elected officials and highlight why accessible, locally tailored and culturally appropriate primary health care is essential to sustainable and effective health system while calling for additional investments to strengthen community health in our province.

We encourage all board members to participate in the Community Health and Wellbeing Month and help us amplify the message. Here are some ways to get involved.

#### **Events and activities:**

• Check with your organization to see what events and activities they are planning during the Month and what role you can play. From leading a community walk, greeting an MPP during their visit to the centre, helping with a BBQ, delivering opening remarks or simply being one of the participants – the possibilities are endless.

#### Stories in local media:

• Help share stories in the local media about your organization with your network and/or on social media. Alliance staff have prepared a number of templates members can adapt using local examples and pitch to local newspapers. Check with your organization if you can co-author the op-ed to highlight the community governance aspect of our work.

#### Social media:

• If you are on social media, we encourage you share the different examples of how your organization embodies the essence of "The Future is Community" using hashtag #CHWM2024.

**LEARN MORE:** To learn more about this year's theme, main messages and suggested activities, check out the <u>Event in a Box</u> or visit our <u>website</u>. If you have any questions, please contact Oleksandra Budna at <u>oleksandra.budna@allianceon.org</u>

#### **Learning Health System Updates**

#### Advancing Sociodemographic Data Collection: Continuing the Work

December 31 is approaching quickly. It's our goal date for Alliance members to achieve 75% sociodemographic data completeness. This is an important milestone, but it won't be the end of the journey. Wherever your organization is at, and however far it has come, we're here to support continued improvement.

- Consider signing up for our self-directed online Rapid Action and Learning Intensive for Sociodemographic Data (RALI-SDD) program, developed in partnership with Alliance members. So far, 23 teams have accessed RALI. Will yours be next? Email Ql@AllianceON.org for more information.
- On October 2, we held a support webinar, *Driving Forward: How (and why) to continually advance sociodemographic data collection in your organization*, to help

teams create or sustain momentum in this work. Check out the recording and slide deck <u>here</u>.

#### **Measuring Patient-Reported Outcomes**

Patient-reported outcome measures (PROMs) are used to determine how effective an intervention is in supporting an individual's health and wellbeing goals. To help our members capture this information in a standardized way, the Alliance is rolling out a tool called EQ-5D across the sector. This tool <u>was pilot-tested in several Alliance-member</u> <u>organizations</u> to determine its feasibility and suitability for our members and their clients. Now we're launching the sector-wide rollout of this tool with a <u>lunchtime webinar on Friday</u>, <u>November 29</u>.

#### **Building Members' Capacity for Engaging with Data**

We're hosting a three-day, in-person PLE series in November to help Alliance members manage, understand, and use their data more effectively. Encourage your DMCs, clinical and program managers, and finance managers to consider signing up.

- **November 5: for DMCs & other data folks** Registration Link: https://aohc.siteym.com/event/Nov5PLE
- November 6: For clinical & program managers (bring your DMC!)
- Registration Link: https://aohc.site-ym.com/event/Nov6PLE
- November 7: For finance managers

Registration Link: https://aohc.site-ym.com/event/Nov7PLE

#### Upward and Outward: Advancing Social Prescribing

Our Social Prescribing team has just launched a self-paced, 9-module <u>online</u> <u>learning series</u> to help providers and teams initiate or improve equity-focused social prescribing programs. It takes about 3 hours to complete, and it's free! If you're interested in enrolling, <u>fill in this</u> form. We're also still offering our Coaching Collective for Social Prescribing; email <u>SocialPrescribing@AllianceON.org</u>.

And don't miss our October 25 webinar <u>The</u> Future is Social Prescribing: Why it's a key to an integrated, accessible, and resilient health system. We'll be celebrating the



Congratulations to the Black Focused Social Prescribing project, Natasha Beaudin, Social Prescribing Project Lead at the Alliance for Healthier Communities, and Kelly Conrad, Clinical Manager at Langs, on their Social Prescribing Impact Awards. successes and sharing the learnings of the past 6 years and looking to the future of social prescribing and its potential role in health system transformation.

The awards were presented at the first Canada's Social Prescribing Conference "Advancing Social Prescribing for Health & Wellbeing" that took place in Toronto on September 26-27.

**LEARN MORE: There's lots more.** Keep reading <u>EPIC News</u>; check out our <u>resource</u> <u>library</u> and <u>learning events</u>, or email your questions about our Learning Health System to <u>LHS@AllianceON.org</u>.

#### Health Equity, Diversity and Inclusion Hub

#### Advancing Black Health Strategy

As a historically marginalized group, the African, Caribbean, and Black (ACB) communities face enduring



challenges in achieving health equity. Often, efforts to correct this struggle occurs in isolation, but the Black Health Committee (BHC) is committed to changing that narrative. Our mission is to dismantle centuries-old barriers and establish 360-degree holistic, culturally affirming care for the ACB communities. Health equity requires more than just service provision; it demands intentional preparation and the creation of safe spaces for all, regardless of population size. The commitment to Anti-Black Racism (ABR) extends beyond the walls of health institutions and centres.

Adopting a strategic, intentional health plan focused on equity through ABR selfassessments, targeted training, and policy commitment are the first steps toward systemic change. These efforts, though seemingly small, can spark a ripple effect in the healthcare system, gradually leading to a broader reform. Board members have the power to turn these steps into a resounding call to action by dedicating resources and embedding these priorities into policy discussions.

Navigating these changes may appear daunting, but resources exist to make the journey smoother. The Black Health Committee offers support and guidance to all member centres committed to this shared fight for health equity in the ACB community.

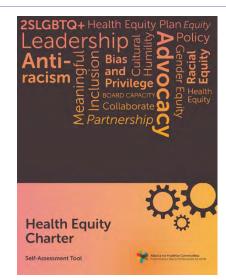
For more information on the strategic plan deployment, implementation of ABR selfassessment, and the implementation of health equity measures, members can contact Dr. Akeem Stewart, Provincial Lead, Black Health and Wellness, via email at <u>astewart@durhamchc.ca</u> or by phone at 905-723-3391 x 1060. Together, we can work toward a healthier, more equitable future.

#### **Advancing Health Equity: Key Action Items**

- If your organization hasn't endorsed the **Health Equity Charter**, review it with your Board and send an endorsement motion to Gabriela Panciu at gabriela.panciu@allianceon.org
- Build Board's Capacity to advance health equity

   take Governing for Health Equity

   Training: English/French
- Assess your progress on putting the Health Equity Charter into action – use Self-Assessment Tool and submit report to the Alliance: English/French



#### Health Equity Charter Resources

- Full version of the Health Equity Charter: English | French
- Short version of the Health Equity Charter: English | French
- Health Equity Charter 101 webinar: English | French
- Core Concepts Glossary: English | French

#### **Other Trainings and Resources**

- Indigenous Cultural Safety training from the IPHCC
- The Active Offer of French Language Health Services from the RMEFNO (available in EN & FR)
- <u>LGBT2SQ Foundations course</u> from Rainbow Health Ontario (now available in French)
- Black Governance and Leadership Project training
- <u>NE'IIKAANIGAANA "All My Relations" Toolkit</u>
- Black Health Strategy (EN/FR)

#### **Resources and Tools**

#### **101 Webinar Series**

These pre-recorded webinars are available in both English and French. All recordings are around 30-40 minutes long and can also be found on the member portal along with slides. These are great resources to share with your fellow board members.

- Alliance 101: English | French
- Health Equity Charter 101: English | French
- Model of Health and Wellbeing 101: English | French
- Health System 101: English | French
- Governance 101: English | French
- Government Relations 101: English | French

#### CONNECT

We are working on a library of policies and templates that will be accessible through a member portal. If you have policies, frameworks, statements and other tools that you can share with other members, please send them to Oleksandra Budna at <u>oleksandra.budna@allianceon.org</u>.

#### **Upcoming Events**

#### **Board Liaisons and Chairs Virtual Meeting**

October 30, 2024 | 5:30-7:30 pm https://ca01web.zoom.us/meeting/register/u5YufuCppzwjHNUXU8Peqtg-xbaFTV4Z7-NI

#### Health System Changes Webinar

November 14, 2024 | 5:30-7pm https://ca01web.zoom.us/meeting/register/u5Urdeyhqz0iHNA5N6uc2JlasZb9hZMe2nN

#### **Members' Rights and Responsibilities**

Your membership in the Alliance for Healthier Communities means that you are part of a vibrant network of community-governed primary health care organizations in Ontario. You are also part of a movement that works to improve the health and wellbeing of people and communities facing barriers to better health and advance health equity through comprehensive primary health care. Together, we stand for healthier people, healthier communities, a more inclusive society and more sustainable health system.

Visit our website to review the Members' Rights and Responsibilities.

#### **Member Complaint Process**

Every member of the Alliance has the right to bring forward any complaints they may have about the Alliance.

The process is available on our <u>website</u>. If you have any questions or concerns please contact <u>oleksandra.bunda@allianceON.org</u>.

#### Feedback

We are very open to comments and feedback.

In particular, we would very much appreciate it if you could take a few minutes to answer the following questions:

1. What did you find useful and/or interesting Board to Board?

Please provide your answers and any other comments in the manner that is most convenient for you, either by:

- emailing <u>Oleksandra Budna;</u>
- by completing the online survey

Thank you very much for taking the time to answer these questions. They will be

- 2. What would you like to see in future reports?
- 3. How could it be improved?

useful in our continued effort to improve future communications.



#### 2015



2016

#### **Canadian Blood Services**

False appointments were made by automated software, blocking genuine donors from booking appointments



#### Nova Scotia Health Authority

Records for almost 3000 patients potentially compromised, including health card number, name, date of birth and details on procedure performed



#### LifeLabs

- Information on 15 million customers potentially accessed
- Test results from 85 000 Ontarians before 2017 stolen



Norfolk General Hospital

computers were restored

from backups without

3 infected hospital

ransom payment

2017

2019

#### Lakeridge Health

Patient records remained secure and no impact on patient care was reported



#### Natural Health Services Ltd.

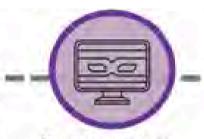
- Medical marijuana provider based 1.6 in Alberta that operates 7 clinics across Canada
- EMR records for 34 000 patients compromised



#### **CIUSSS du Centre-Ouest**de-l'ile-de-Montréal

- Disconnected networks from the Internet early, which prevented a ransom
- Critical systems offline for weeks

Recent cyberattacks on Canadian health information systems, including **denial of service (red), ransomware (green), data breach (blue), mixed (orange)** and **unknown** (purple)



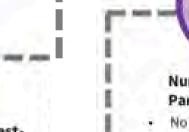
#### Numerous Ontario **Paramedic Services**

No impact on ability to respond to 9-1-1 calls Ongoing investigation into whether PHI was

compromised



The Hospital for Sick Children (SickKids) Disruptions to dictation, pharmacy, labs, imaging, phone and payroll systems. No data breach of PHI discovered Hacker group apologized and provided free decryptor, although it was not used



#### and other systems were pre-emptively Failback to paper charts 2020



**Michael Garron Hospital** 

locked down

Firewall prevented data exfiltration

#### eHealth Saskatchewan

40 GB of encrypted files stolen, between 550 000 and 5.5 million files containing PHI impacted

## **Why Cybersecurity Matters?**

Cyberattacks on healthcare are increasing, making patient data highly vulnerable.

• Healthcare often lags in adopting advanced technology and security measures.

A breach can disrupt care, cause financial loss, and compromise sensitive data.

#### 2022



#### **Eastern Health System of** Newfoundland and Labrador

- Delayed thousands of appointments, procedures and SARS-CoV-2 tests
- More than 200 000 files compromised. from thousands of people dating back to 1996



#### **Humber River Hospital**

- IT systems were shutdown pre-emptively
- Disruptions to clinics and redirection of ambulances





#### **Better Outcomes Registry & Network** (BORN) Ontario

- Vulnerability in third-party file transfer solution led to exfiltration of PHI for around 3.4 million newborns and people seeking pregnancy care across Ontario between 2010 and 2023
- No evidence thus far that PHI used for fraud

## DAIXIN Ransomware attack: TransForm Shared Service Organization





-TransForm Shared Service Organization is a shared service provider for 5 Ontario hospitals, which were all impacted by ransomware attack

-Attack was first disclosed on October 23, 2023

-Ransomware attack resulted in loss of access to critical information

-Five Ontario hospitals, Data subjects including patients, professional

-Network was rebuilt from scratch - restoration was expected to be -Ransom was not paid - stolen data was published in the dark web -Offered Credit monitoring and identity theft protection

PARTNERING TO CREATE THE SAFEST HEALTHCARE SYSTEM

## Code Cyber: Cybersecurity Threat Langs Emergency Response Manual

## **Code Cyber Includes:**

- Activation of Code Cyber
- The role of cybersecurity response team and of all staff, students and volunteers.
- The key stages of response: Recognition, Containment, Mitigation, **Restoration and Recovery.**
- Appendix with:
  - Phishing Cyber Incident Response
  - Crisis Communication Checklist & Communications Plan

Role	Responsibilities	
CEO	Responsible for overall decision-making, escalation procedures, and strategic guidance during the incident, and acts as the primary liaison between the response team and the Board, if required.	
Senior Leadership	Provides executive oversight and supports resource allocation. Ensures effective coordination and communication to teams.	
Director of Finance	Manages insurance and banking connections, coordinating closely with insurers and financial institutions to ensure Langs' coverage and financial strategies align with cybersecurity incident response needs.	
IT/Data Coordinator	Oversees technical aspects, including system isolation, data recovery, and coordination with IT teams. Leads internal response efforts and liaises with external consultants.	
Compass IT Support	Provides technical expertise and assistance for incident response and mitigation. Collaborates closely with the IT coordinator, offering guidance on solutions. Ensures timely cybersecurity updates for Langs, executes response plans to minimize disruption from cyber-attacks, and monitors systems for risks. Analyzes activity, recommends responses with CEO or IT/Data Coordinator.	
Communications & Special Events Coordinator	Facilitates immediate notification to satellite sites for "Code Cyber" incident awareness and manages ongoing communication to all sites and impacted partners as directed by the cybersecurity response team.	
Administrative Support	Keep thorough documentation of the steps taken including dates, and times.	
Human Resources	Supports staff and leadership through cyber incidents, notifies staff on how to connect with EAP support, supports any staffing plans during downtime, if needed.	
All Staff, Students, Volunteers	Listen to announcements and follow direction from the response team, and promptly adhere to provided instructions. This may involve actions such as shutting down devices or disconnecting from the network until further notification and utilize down-time forms Avoid independent actions and strictly adhere to established protocols for effective incident resolution.	

#### Response Procedure for Cybersecurity Response Tean

Stage 1: Recognition Phase: Date:

- Notify IT/Facilities Coordinator #245
- Notify IT Support (Compass) #333
- Confirm cybersecurity threat
- Overhead page "Code Cyber Stage 1 announce room number."
- The Cybersecurity Response Team immediately convenes
- Communications coordinator notifies leadership at off-site locations
- Seek direction from IT Support (Compass)
- Document on communication checklist template

#### Stage 2: Assessment Stage: Date:

- The team implements measures based on internal and external consultation (Compass, HIROC, etc.) to contain the incident (Actions might include isolating affected systems or implementing security protocols.)
- Overhead page Code Cyber Stage 2 all Staff notice
- All staff shut down computers and refrain from email correspondence
- П All cyber-response team return to work in person
- Senior Leadership communicate with their teams (fan-out notifications)
- П Notify City of Cambridge staff onsite (two computers on our network
- п. Walk-around and shut down all computers
- Implement down-time procedures
- п Provide regular updates by overhead announcements or in-person
- Continue to follow direction from Compass
- Document on communication checklist template

#### Stage 3: Containment and Mitigation: Date:

- Notify HIROC 1-800-465-7457 or 416-733-2773
- o After hours: 1-844-544-4762 or 416-730-3075
- Take direction from HIROC and Compass
- Determine if PSS is accessible through external servers/phones
- Identify available off-network laptops/tablets available for use
- Notify (see communications plan appendix)
- o Bank -TD
- o Telus
- Police as directed by HIROC
- Legal council as directed by HIROC
- o Privacy Commissioner of Ontario
- Ocean
- OHW
- Clinical Connect
- City of Cambridge
- Relevant Funders
- Partners (Hospital and other FHTs)
- Vendors per program
- Document on communication checklist template
- Communications Coordinator provides regular updates to staff about the incident's status, actions being taken, and necessary precautions.
- Provide updates by overhead announcements

BLUE	Medical Emergency
RED	Fire
BROWN	Hazardous Material-Evacuate
BLACK	Bomb Threat
WHITE	Assistance Required (violent situation)
ORANGE	Internal Disaster
GRAY	Unknown/Unauthorized person
AMBER/	Missing child/Person
YFLOW	
CYBER	Cybersecurity Threat

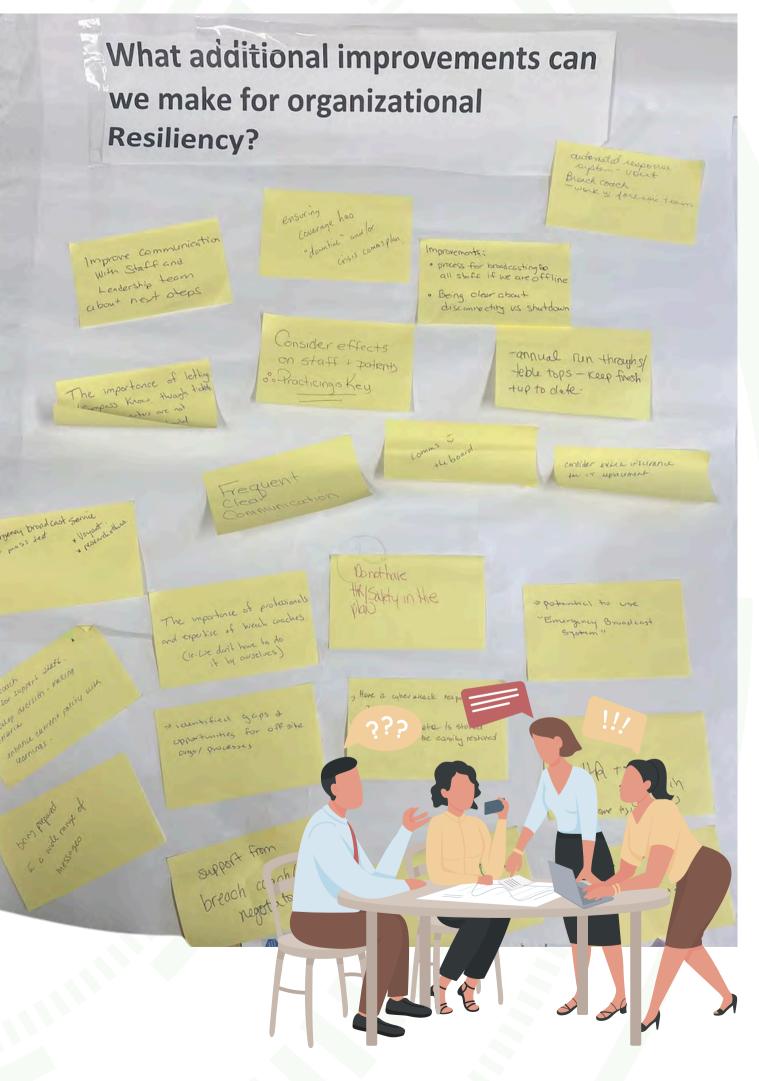
## **Tabletop Exercise with HIROC**

## **Tabletop Exercise Goals:**

- Raise awareness & educate leadership
- Review a hypothetical cybersecurity breach event & exercise incident response roles to a cyber event
- Test new processes, identify strengths & weaknesses in your plans
- 3 Questions: What concerns might you have? Who would be informed? What actions should be taken at this stage?

## Key learnings:

- Additional cyber response team members identified
- Improved communication protocols
- Strengthened downtime procedures
- Discussed ransomware response strategies
- Importance of regularly testing incident response plans.



## Feedback from

Thank you for having us at your cyber emergency tabletop exercise.

HROC

The team at Langs were so engaged which made a wonderful exercise and I hope team find the experience valuable.

Recognition of Langs' leadership and work in this area by being invited to speak at the November 2024 HIROC Cybersecurity Workshop.

YOU'RE INVITED!

## **Human Focused Mitigation Strategies**



Incident Reporting Procedures:

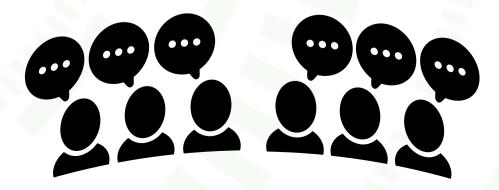
Downtime Procedures

O

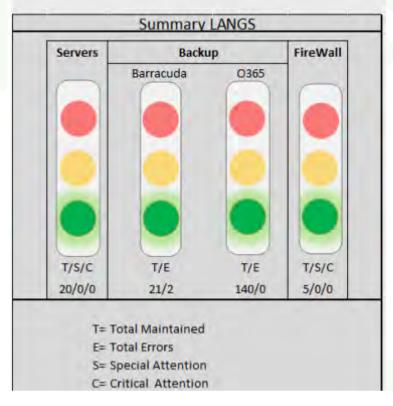
Cyber Tabletop Activities w/ HIROC



### Professional Practice Committee



## Weekly IT Summaries from Compass

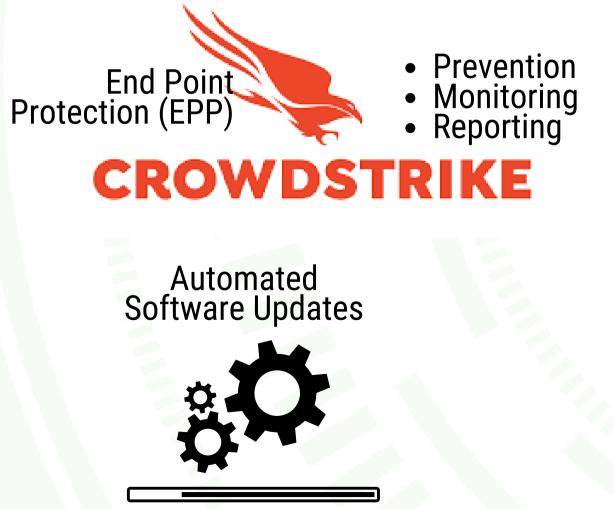




## Multi-factor Authentication (MFA)



Verification Password Access += When accessing app for first time or after password reset (30 days)

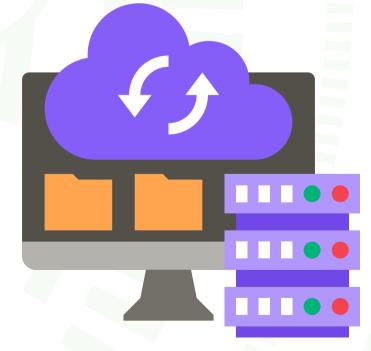


**Password Security Policy** \*\*\*\*\* • LOGIN Minimum requirements for passwords





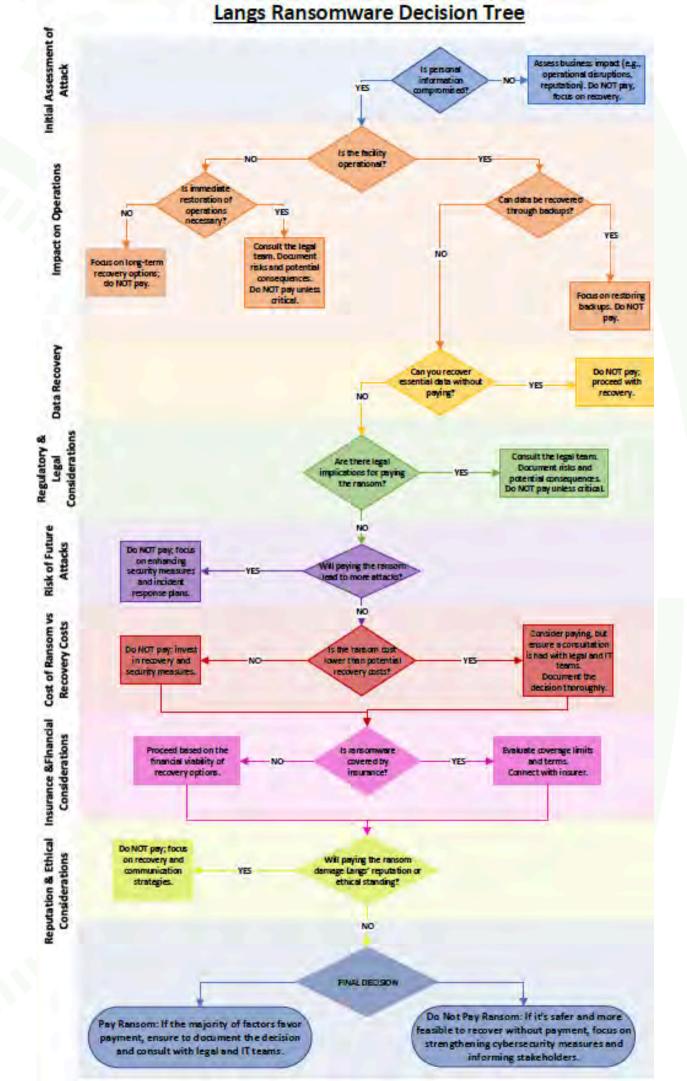
### **RegularData Backups**



## [DRAFT] Langs Ransomware Decision Tree

- 1. Initial Assessment of Attack
- 2. Impact on Operations
- 3. Potential for Data Recovery
- 4. Regulatory and Legal Considerations
- 5. Risk of Future Attacks
- 6. Cost of Ransom vs Recovery Costs
- 7. Insurance and Financial Considerations
- 8. Reputation and Ethical Considerations
- 9. Final Decision

As per HIROC and other cybersecurity experts - paying ransom is a **LAST** resort.

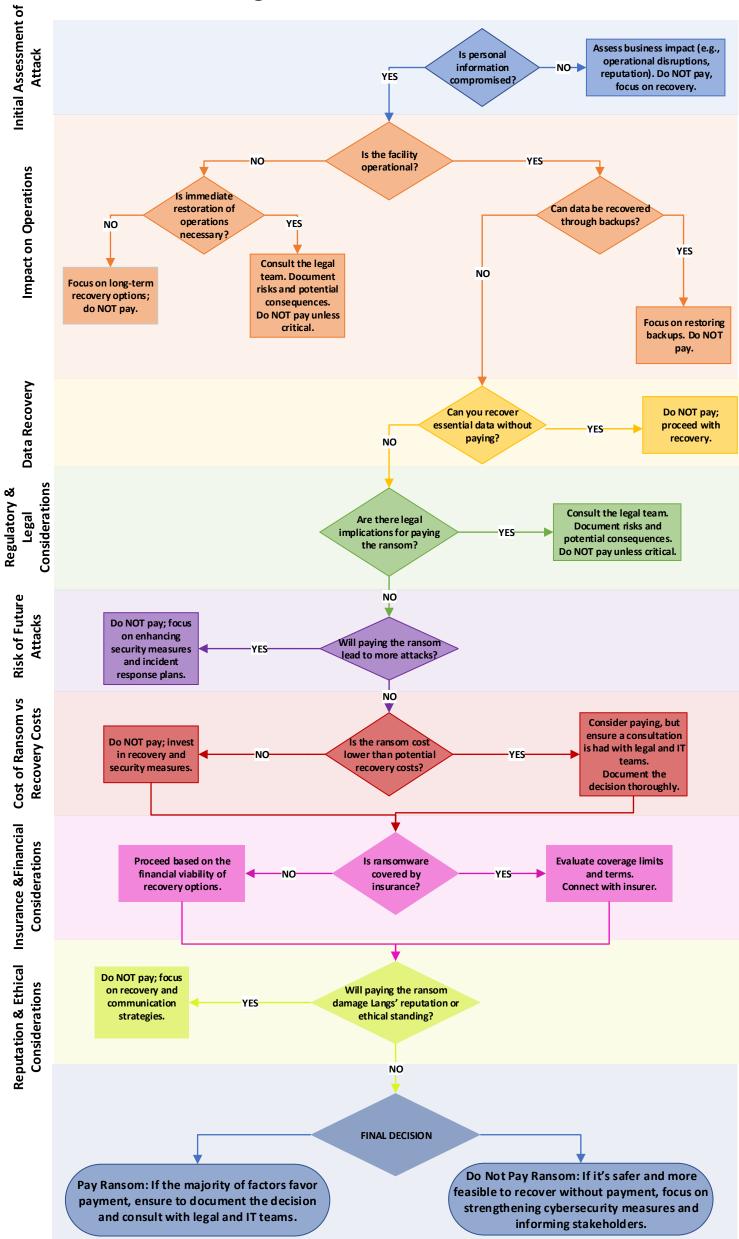


# Cybersecurity at

## **SUMMARY**

- We are taking proactive steps in enhancing cybersecurity (policy, training, tech solutions).
- We understand the importance of continued vigilance and regular reviews to stay ahead of evolving cyber threats.
- Next steps: Regular drills (table tops etc.), continuous and evolving staff training and of course continuous improvement! **KEY POINTS** 
  - Cyberattacks pose risks to privacy, finances, client safety, and system operations.
  - Organizations must stay alert and ready for cyberthreats
  - Balancing efficient workflows with strong cybersecurity is crucial





#### Langs Ransomware Decision Tree

#### Monthly CEO Report

Month/Year:Octo	ober 2024 Submitted by: Debbie Hollahan
Alignment with Strategic Directions	Activities/Program Updates
<b>Participants</b> Activities that occurred this past month New initiatives	<ul> <li>Community Services:         <ul> <li>Both 7<sup>th</sup> Inning and Spark Education program are full and operating with a waitlist. To date there have been 31 referrals to 7<sup>th</sup> Inning and 21 referrals to Spark for this school year.</li> <li>Langs Youth Wellness Hub is entering into a partnership with the Cambridge Fire Department to assist in the delivery of The Arsen Prevention Program. Langs and our Community Mental Health Worker will meet with the youth and provide Brief Intervention Services to support mental health concerns. Youth will be referred directly from the Fire Department and a new pathway has been created to have these youth seen quickly.</li> </ul> </li> </ul>
	<ul> <li>Clinical:</li> <li>5 new referrals were made through the Link2Wellbeing project (Social Prescribing)</li> <li>Over the past month, North Dumfries onboarded 109 new patients and Cambridge onboarded 11 new patients. The current waitlist is 0 in ND and 409 in Cambridge.</li> <li>Dr Blew ADHD Clinic received 6 referrals for September.</li> <li>Prenatal Clinic has received 10 referrals to date.</li> <li>Gender Affirming Clinic received its first two external referrals (beginning of October). Continued discussion with CMH re: community to hospital pathway – plan for late December/ early Jan launch. This pathway is unique to any other program locally related to gender affirming care.</li> <li>IPC Recovery Clinic at HOF – additional outreach clinic ½ day twice per week had 22 visits in September.</li> <li>High risk flu clinics scheduled for end of October at Kirkwood and Drumbo retirement homes, and IPC outreach sites. General Community clinics scheduled for November (both ND and Langs). ND to include covid vaccination. and Langs main site is working with Langs Pharmacy to provide covid vaccinations</li> </ul>
	<ul> <li>Diabetes Program: <ul> <li>Continue to see high volume of patients (55% in-person)</li> <li>295 new referrals this month</li> <li>Dietitian and Kinesiologist planning to offer programming and services to ND site, starting late fall this year. Includes prenatal health education, group physical activity, and T2 diabetes consults.</li> </ul> </li> </ul>
	<ul> <li>Social Work:</li> <li>Current SW waitlist for end of September is 73.</li> </ul>

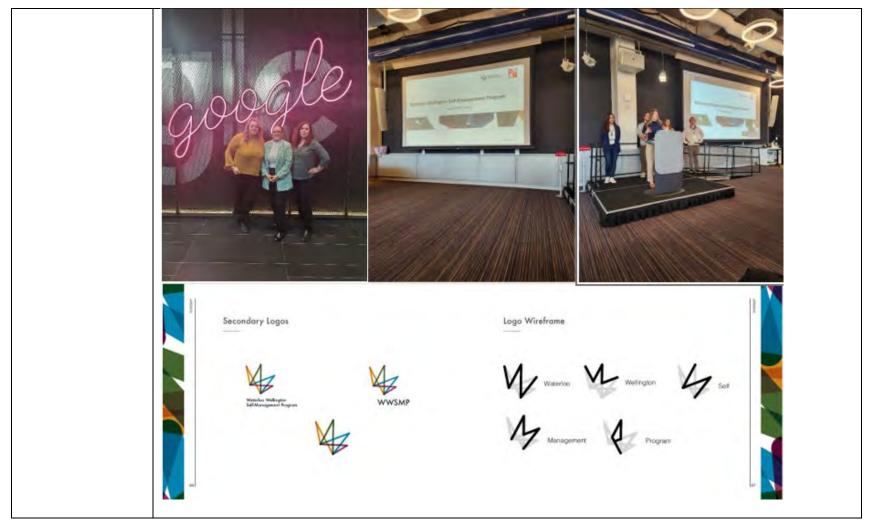
	The total number of referrals in September is 65.
	Health Guides:
	31 referrals received in September.
	<ul> <li>Health guide team participated in training session facilitated by CND OHT in preparation for the start of the frailty pilot project start.</li> </ul>
	Self-Management Program:
	<ul> <li>Team attendance at the 50+ Active Living Cambridge health fair was a great success – connecting with over 120 seniors at the booth, making three new organizational connections and offering a talk on <i>Sleep 101</i> attended by 25 people. A new partnership was developed with ABC Literacy Canada with potential offerings for our community.</li> </ul>
	Women's Health and Wellness:
	<ul> <li>Partnered with the Cambridge Library Queens Square location to provide an informational presentation on Perimenopause.</li> </ul>
	<ul> <li>Have been invited to offer more perimenopause workshops at the Cambridge Library, with meetings scheduled to discuss additional dates for a single session presentation to be held at the Hespeler location.</li> <li>Knowing Me at 3 Doors Down: Discussion and activities for older adult women recurring Thursday mornings</li> </ul>
	hosting my Tammy from Community Services started in September.
	Perimenopause Unveiled Program at 3 Doors Down:
	-Started October 1 on Tuesday evenings, small group of 9 registered with 7 attending weekly. -The group is halfway through the 6-week series and has already received some participant feedback "Just wanted to share some positive feedback for the Menopause series that I'm attending. The program has been really insightful so far. I love the interactive style of presentation which encourages sharing and discussion and Amanda is such a great facilitator. She is so knowledgeable and engaging, such a wonderful resource for participants. It's so nice talk with other women going through similar experiences and to feel like you are not alone trying to navigate this time. I've already learned so much and look forward to learning more over the remaining weeks to come."
	<ul> <li>Prenatal clinics continue to be run at the main site at this time as we are still awaiting the zoning change and permits so that we can expand our use of 3 Doors Down for women's health clinics.</li> </ul>
Communities	Events:
Activities that	Diabetes Support Groups:
strengthened or had	- T1DM Adult Community Series on Sept 10 approx. 8 ppl.

an impact on our community	<ul> <li>Parents Supporting Parents T1D group, 5 parents</li> </ul>
involvement	AFHTO Conference, October 24 and 25 in Toronto: Presenting 2 posters:
Any new	<ul> <li>"Streamlining Access to Care by Implementing a Regional Central Intake";</li> </ul>
partnerships	<ul> <li>"Fostering Psychological Health and Safety: Langs' Journey to a Healthier Workplace."</li> </ul>
	Langs is celebrating Community Health and Wellbeing Month throughout October by highlighting and advocating for
	community health care on our social media channels
	Upcoming Events:
	<ul> <li>Preparation is underway for the Giving Tree Sponsorship program, supporting working individuals and families who are patients/participants of Langs</li> </ul>
	<ul> <li>United Way Campaign starts November 1<sup>st</sup></li> <li>Chamber Community Awards November 14<sup>th</sup> – Langs nominated for Organization &gt;11 employees</li> </ul>
	- Chamber Community Awards November 14 – Langs noninated for Organization >11 employees
Systems	RCC- Central Intake:
Activities that demonstrated	• Diabetes referrals continue at high volumes. Regional network meetings have begun for the fall, with both the Adult Diabetes Network and Pediatrics Network meetings taking place.
collaboration across organizations or	<ul> <li>ORTHO referral volume remains high. Attended provincial MSK planning meeting ensuring alignment with potential future model.</li> </ul>
demonstrated	Cataract referral volume increasing. Awaiting expansion funding.
leadership	• OSDCP increased capacity at CI and the local Community Dentists now able to offer New Patient Exams due to funding surplus have allowed for a waitlist decrease, with under 1,000 names now on the list. Public Health has made requests to update indicators for Ministry reporting specific to coordinated use of Federal and Provincial programs.
	<ul> <li>Resource Clinician and Project Lead - Endocrinology Urgent referral pilot project data collection complete and currently conducting data analysis and writing a summary report. Leading working groups on creating a policy for CGM use in hospital settings and guidelines for POCT blood ketone testing in community settings.</li> </ul>
Capacity	HR:
Stats; usage;	• We have hired 4 staff since the last report. There are two expansion funded positions that remain open, Chiropodist and RPN, IPC.
Concerns or good	
news with staffing;	

Funding, program	• We launched a Psychological Wellbeing survey at the beginning of October. There was an overall increase of
changes etc.	5% from last year to a total Psychological Safety score of 84% but participation was down. The results are
New hires; vacancies	being analyzed to determine next steps.
Professional	Social/Wellness:
development	• Preparations are underway for our annual staff holiday dinner, and we are finalizing our Langs staff-
updates or	contributed dessert cookbook
opportunities	
	IDEA:
Building updates	• The new IDEA Facilitator has been hired and will be starting October 29, 2024. She has considerable
	experience facilitating IDEA programming and previously worked at CMH.
	• We are offering IDEA 101 and Spectrum Rainbow Health trainings this fall. Our goal is to have 100% trained
	by March 2025, after the fall sessions there will be ~30 staff still outstanding.
	• The Bathroom sticker pilot at main site was well received. This involved placing signage on all washrooms
	validating that people are welcome to use whichever washroom they feel safe in. Darcy will be connecting
	with satellite sites to roll this out to all other locations
	Funding Applications:
	<ul> <li>Regional HART Hub (Homelessness, Addictions, Recovery, Treatment) application submitted Oct 25<sup>th</sup></li> </ul>
	- Lead organizations: Healthcaring KW and House of Friendship. Langs will be satellite for Cambridge
	- Regional application considered a transitional site (with Kitchener CTS site closing), therefore no start-
	up funds
	- Langs submitted budget for ~2M to expand outreach primary care team (Physician, NP, RPN, outreach
	worker, SW); addiction counsellors, case managers, peer worker.
	- Model for KW will be site at the CHC with support from Ray of Hope and The Working Centre (St. John's
	Kitchen). Site has been identified to offer 10-15 transitional beds.
	- Model for Cambridge will be outreach at current locations (150 Main, Bridges, House of Friendship and
	the new Women's Shelter in Galt)
	- Met with City of Cambridge counsellor Dave Calder. In support of Cambridge model of expansion of
	outreach. Will continue to explore possible sites.
	Regional Gender Based Violence application for rural area submitted. Porchlight will be lead organization.
	Langs a partner along with Engage Rural.

	<ul> <li>Ontario Health West-regionwide Central Waitlist Management proposal submitted. Funding is for one year (~2.2 M), with requested amounts up to 5 years following. Initial CI is Cataract followed by Orthopedics. Funding announcement was anticipated by end of September but has not yet been made.</li> </ul>
	<ul> <li>Fundraising:</li> <li>Giving Tree and Community Holiday Dinner rely heavily on donors who will be canvassed through various means from late October throughout November</li> <li>Giving Tuesday (December 3, 2024) – social media campaign on that day</li> <li>Year end donations (end of 2024 calendar year) – will be encouraged through email blast to subscribers</li> <li>Gift card Fundraiser launches the end of October and forms are due back November 20<sup>th</sup>.</li> </ul>
	<ul> <li>Professional Development:         <ul> <li>Community Diabetes Program Waterloo Region Knowledge Exchange hosted at Langs with 24 diabetes educators attending from Langs, WCHC, and Community Healthcaring KW. The topics were Diabetes Program update, Small Steps Big Changes YMCA pilot, Disordered and Binge Eating in-service.</li> <li>All staff have been assigned Cyber Security and Privacy training to complete by mid-November.</li> </ul> </li> </ul>
	<ul> <li>Building:</li> <li>Renovations at the Ayr site complete just finishing setting up the rooms.</li> <li>The permit to build the ramp at 3 Doors Down has come through and the contractor is able to begin. Awaiting utilities markings.</li> <li>Staff Picnic Table that was in the backlot has been moved due to safety concerns. Moved to the Ayr site this week.</li> </ul>
Quality/Risk Management MSSA indicators; Risks identified Events this past	<ul> <li>Quality Improvement Committee (QIC):</li> <li>The QIC is currently reviewing and summarizing the most recent patient experience and Langs Listens survey results. These insights will be instrumental in shaping the brainstorming session for our upcoming Quality Improvement Plan for the new year. The results will be rolled up and presented visually to all staff and the board.</li> </ul>
month	<ul> <li>Risk Management:</li> <li>Phishing exercise for cyber security has taken place this month and will find out results later in October</li> </ul>

	<ul> <li>The risk register is now finalized in the HIROC portal. This platform will be our central hub for tracking risk data, documenting changes related to controls or mitigation strategies, and generating reports for leadership, the board, and HIROC.</li> <li>Additionally, William will be participating in a fireside chat at an upcoming HIROC Cyber Workshop, where he will share his insights on cybersecurity and data protection from a community and health perspective.</li> <li>Professional Practice Committee:         <ul> <li>Dr. Andrea Martin shared her AI scribe experience. Updating our AI policy to ensure product meets PHIPA and PIPEDA requirements. Awaiting further guidance from Alliance but for now, free versions are not recommended without a privacy impact assessment.</li> </ul> </li> </ul>		
Challenges	Compensation		
On Radar	<ul> <li>Zoning application for 3 Doors Down still pending</li> <li>Youth Wellness Hub being designated Ontario Youth Wellness Hub</li> </ul>		
Additional	Property Tax payments received		
Items/Updates	<ul> <li>The new Nurses' office in ND is dedicated in memory of Shelly Searson.</li> </ul>		
<ul> <li>Renovations planned for DEP expansion in December.</li> </ul>			
	<ul> <li>Kelly Conrad was awarded the prestigious Social Prescribing Connector Award 2024 from the Canadian</li> </ul>		
	Institute for Social Prescribing on September 26 <sup>th</sup> . This recognition celebrates her commitment to the values, collaborative approach, and impact of social prescribing.		
	Rhythm and Blues Cambridge offering a Black Men's program on Saturdays, starting in November.		
	<ul> <li>Self-Management Program was one of 9 successful Canada-wide applicants who received the opportunity to work with <i>Creative Day for Social Good</i> through Capacity Canada and Conestoga College. A brand new, fresh look was created for the program by a team of graphic design and public relations students. The new look included a refresh of branding, promotion, templates, and advertising plans. The team took a trip to Google for the unveiling and the rest of the RCC supported by watching the livestream from the office. It's been an exciting opportunity thanks to the hard work lead by Danielle Hughes, program Coordinator. (pictures below!)</li> </ul>		



### STATEMENT OF FIDUCIARY COMPLIANCE FOR THE PERIOD ENDING September 30, 2024

#### TO THE BOARD:

We attest that to the best of our knowledge and belief:

FINANCIAL:

- The financial statements have been prepared in accordance with generally accepted accounting principles.
- There have been no changes in accounting principles during the fiscal year to date.
- All cheques disbursed during the fiscal year have been signed in compliance with the signing authority limits established by the Board.
- All salaries, wages and related withholdings have been paid in full when due.
- We are in compliance with the covenants outlined in its banking and credit agreements at the moment.
- All necessary returns of financial information have been filed on time with the appropriate regulatory bodies and any necessary remittances made as listed:
  - a. monthly:

WSIB and EHT Premiums Remittance Payroll Deductions Remittances filled weekly HOOPP – contributions to the Pension Plan

**b**. quarterly:

none

c. yearly:

- 2023-24 Charity Return
- There are no known contingent liabilities except for those related to normal pending insurance issues.

GENERAL:

- LFVA is in compliance with all funder requirements.
- LFVA is not in breach of any applicable governing legislation.

The CEO and other appropriate officers of Langs Farm Village Association to the best of the Board's knowledge and belief, confirm that Langs Farm Village Association has fulfilled its obligations under the M-SAA during this period. Without limiting the generality of the foregoing, Langs has complied with:

- i. Article 4.8 of the M-SAA concerning applicable procurement practices;
- ii. The OH Connecting Care Act, 2019

Dated October 17, 2024

Signed:

Nethelladen-

Debbie Hollahan, CEO

Kate Calija, Ďirector of Finance

### Langs Farm Village Association Statement of Financial Position For the Six Months Ending September 30, 2024

	September 2024	September 2023
ASSETS		
<i>Current Assets</i> Cash on Hand	4,425,984	3,740,337
Investments	10,006	10,006
Accounts Receivable and HST Recoverable	131,948	527,064
Prepaid Expenses and Accrued Interest	31,623	31,623
Total Current Assets	4,599,562	4,309,030
Non-Current Assets		
Accounts Receivable -LCDC	641,564	641,564
Total Non-Current Assets	641,564	641,564
Capital Assets	2,793,185	2,046,077
Total Assets	8,034,310	6,996,670
LIABILITIES		
Current Liabilities		
Accounts Payable and Accrued Liabilities	1,352,978	1,106,832
Deferred Liabilities and Unearned Contributions	2,420,808	2,137,474
MOHLTC Recoverable	606,593	757,249
Total Current Liabilities	4,380,378	4,001,555
EQUITY		
Equity in Capital Assets	164,039	342,687
Reserve Funds and Previous Year Surplus	2,867,163	2,429,885
Current Operating Surplus	622,730	222,542
Total Equity	3,653,932	2,995,115
Total Liabilities and Equity	8,034,310	6,996,670

### Langs Statement of Operations as at September 30, 2024

#### CURRENT MONTH REPORT

	Current Month Actual	Monthly Budget	Monthly Variance	Explanation of significant monthly variances (over \$10,000)
REVENUE				
Ontario Health West Funding	1,034,696	1,036,010	-1,314	
Provincial Gov't Funding	14,292	19,937	-5,645	
Municipal Gov't Funding	90,313	90,312	1	
Grants	167,152	187,851	-20,699	shortfall due to the timing of funding being received
Program/User Fees	5,477	3,750	1,727	
Rental Income	15,358	21,899	-6,541	
Interest Income	17,391	0	17,391	
Bingo	2,596	1,333	1,263	
TOTAL REVENUE	1,347,275	1,361,093	-13,818	
EXPENSES				
Salaries and Benefits	1,054,550	1,085,906	31,356	some of the one-time funding positions are still to be filled
Purchased Services	68,234	77,724	9,490	
Administration & Office Expenses	45,800	48,185	2,385	
Professional & License Fees	0	2,127	2,127	
Program Supplies	60,328	60,132	-196	
Special Events	0	490	490	
Rent, Utilities & Occupancy Costs	79,592	73,139	-6,453	
Medical Supplies	6,249	4,518	-1,732	
Non-Insured Patients	0	333	333	
Travel and Training	11,708	8,540	-3,168	
TOTAL EXPENSES	1,326,461	1,361,093	34,632	
NET INCOME	20,814	0	20,814	

### Langs Statement of Operations as at September 30, 2024

#### YEAR TO DATE REPORT

	Yearly Budget	Fiscal YTD Actual	YTD Budget	YTD Variance	Explanation of significant YTD variances (over \$10,000)
REVENUE				3000-3603 <u>7</u> 38	
Ontario Health West Funding	12,432,122	6,208,246	6,216,061	-7,815	
					shortfall due to the MTCS funding paid in 3 installments rather than
Provincial Gov't Funding	239,239	97,330	119,620	-22,290	monthly
Municipal Gov't Funding	1,083,748	542,013	541,874	139	
Grants	2,254,211	1,119,825	1,127,106	-7,281	
					YTD amounts higher than the budgeted due to summer program enrollments paid in April and May; surplus will offset the salary
Program/User Fees	45,000	55,159	22,500		expenses for our summer students
Rental Income - Concession Rd	262,792		131,396	3,052	
Interest Income	0		0	90,517	
Bingo	16,000	17,498	8,000	9,498	
TOTAL REVENUE	16,333,112	8,265,036	8,166,556	98,480	)
EXPENSES					an fall fan in werde fan de seren w
Salaries and Benefits	13,030,870	6,116,981	6,515,435	398,454	some of the one-time funding positions are still to be filled
Purchased Services	932,691	341,867	466,346	124,479	variance due to the timing of some expenses, for example dental psecialist payments and OHT Clinician payments
Administration & Office Expenses	578,215	281,266	289,108	7,842	2
Professional & License Fees	25,525	14,500	12,763	-1,738	3
Program Supplies	721,585	354,976	360,793	5,817	7
Special Events	5,875	3,387	2,938	-450	D
Rent, Utilities & Occupancy Costs	877,664	446,068	438,832	-7,236	5
Medical Supplies	54,210	35,132	27,105	-8,027	
Non-Insured Patients	4,000	0	2,000	2,000	
Travel and Training	102,477	48,129	51,239	3,110	
TOTAL EXPENSES	16,333,112		8,166,556	524,250	
NET INCOME	0	622,730	0	622,730	D

#### Langs Statement of Operations as at September 30, 2024

Surplus Breakdown as at Sept 30, 2024:

Ontario Health West	541,053	Surplus mostly due to timing of some positions paid out of the one-time funding still to be filled
Other Sources of Funding	81,677	Surplus mostly due to the timing of some expenses
	622,730	

#### Board Manual Summary of Changes

Section	Changes Made
Policy 2.01	Change Alternative education bullet to include
	SPARK
	Removed TPA Midwifery
Policy 3.01	Added Election of Officers section
Policy 3.02	Updated Terms of Office
Policy 3.03	Updated Orientation Checklist
Policy 3.04	Updated Termination of Position of Board
	Director to reflect By Laws
Policy 4.01	Listed Manuals Board of Directors are
	responsible to approve
Policy 5.01	Added Past Chair responsibilities and one
	additional line to the Executive Committee
	responsibilities
Policy 5.05	Add service delivery reference number and
	removed staff, students and patient's sections
Policy 7.01	Added information on Consent Agendas
Policy 8.06	Removed DEP satellite at NPLC Doon and
	added Women's Health Centre at 1273
	Concession Rd
Appendix B: Organizational Chart	Update simplified Org Chart
Appendix E: Acronyms	Updated Acronyms