Unionville Home Society

GOVERNANCE COMMITTEE MEETING

AGENDA

Thursday, October 16, 2025
5:00pm – 6:30pm
In-person (UHS Conference Room at Union Villa)/Zoom Meeting (Hybrid)

Committee Members:	Samantha van Velzen (Chair), Philip Enright, Dan Horchik, Philip Gunn, Robert Cattle, Brian Pollard
UHS Staff:	Abby Katz Starr (President & CEO), Julie Horne (CFO), Terry Collins (CAO), Evelyn McGrogan (Executive Assistant)
Regrets:	

#	Agenda Item		Encl.	Lead	Time
1.	Call to Order			Chair	5:00 – 5:05pm
2.	Roll Call and Appointment of Committee Meeting Chair and Recording Secretary				
3.	Confirmation of Quorum Present				
4.	Confirmation of Proper Notice Given				
5.	Declaration of Conflicts of Interest				
6.	Approval of the Agenda		√		
7.	Approval of the Minutes – May 14, 2025		√	Chair	
8.	Business arising from the Minutes			Chair/ Abby Katz Starr	5:05pm
9.	President & CEO Update			Abby Katz Starr	
10.	New Business				
	10.1	Follow up to Critical Incident Protocol	√	Abby Katz Starr	
	10.2	UHS/Foundation Amalgamation - Update		Julie Horne/Abby Katz Starr	
	10.3	Outcome of survey for Board meeting times/days	√	Abby Katz Starr	

#	Agenda Item		Encl.	Lead	Time
10.	New Business (continued)				
	10.4	Medical Assistance in Dying policy/protocol update	√	Abby Katz Starr/Terry Collins	
	10.5	Managing the Wyndham Gardens Board Minutes		Abby Katz Starr	
	10.6	Future Items for consideration		All	
11.	Adjournment/Date and Time of Next meeting: **Wednesday, January 21, 2026, 5:00-6:30pm**			Chair	6:30pm

Unionville Home Society

Governance Committee Meeting

Wednesday, May 14, 2025, 5:00 – 6:30pm

In-person (UHS Conference Room)/Zoom Meeting (Hybrid

MINUTES

Committee Members Present:	Glenn Crosby (IPC), Philip Enright, Dan Horchik, Philip Gunn, Robert Cattle
UHS Staff:	Abby Katz Starr (President & CEO), Julie Horne (CFO & Privacy Officer), Terry Collins (CAO), Evelyn McGrogan (Executive Assistant)
Regrets:	Samantha van Velzen (Chair)

1.0 Call to Order

Glenn Crosby called the meeting to order at 5:01pm.

2.0 Roll Call and Appointments of Meeting Chair and Recording Secretary

A roll call was completed. Glenn Crosby and Evelyn McGrogan were appointed Meeting Chair and Recording Secretary, respectively.

3.0 Confirmation of Quorum Present

It was declared that a quorum of the Directors was present.

4.0 Confirmation of Proper Notice Given

All of the Directors having been given proper notice of the meeting and being present or having waived notice, the meeting was declared to be regularly constituted in accordance with the by-laws of the Corporation.

5.0 Conflict of Interest

No conflicts of interest were declared.

6.0 Approval of the Agenda

MOTION BD/25/05/14 – 01
Moved by: Dan Horchik
Seconded by: Phil Enright
The Agenda was approved as presented.

CARRIED

7.0 Approval of Minutes – March 11, 2025

MOTION BD/25/05/14 – 02
Moved by: Philip Enright
Seconded by: Dan Horchik
The minutes of the March 11, 2025 Governance Committee Meeting were approved as presented.

CARRIED

8.0 Business Arising from the Minutes

No business arising from the minutes of the March 11, 2025 meeting was presented.

9.0 Nominating Committee Report

Glenn Crosby gave a report from the Nominating Committee. He noted that he's heard from about half of the Board about whether they are continuing on the Board or want to renew their terms. He indicated that Lyndsey McIntyre has agreed to stay on for 1 more year as Treasurer but noted that he is trying to recruit an accountant for the Board this year to work with Lyndsey and to be on the Audit & Finance Committee. Glenn noted that it will be important to have someone with finance experience on the Board, considering the plans that UHS has in contemplating new businesses in the near future, while protecting our investment funds. He stated that he is approaching a couple of accountants to see if they might be interested in serving on the UHS Board.

Glenn noted that we have some candidates for the UHS Board. One is Leigh Caplan, who is a health care educator and spouse of the late MPP, David Caplan, and with her medical background and her interest in serving on the UHS Board, she could be a great fit. The second is Brian Pollard, who was a former Assistant Deputy Minister in the Ministry of Long-Term Care and is now working for Lakeridge Health. He was very involved in long-term care housing, and is very keen to serve on the Board. The Nominating Committee plans to meet with both of these candidates first and then recommend them to the Board.

Glenn noted that he's also reached out to Nick Pileggi, a former urban planner with the City of Markham, who is now a partner with the second or third biggest planning group in York Region. He lives in East Gwillimbury and works in Aurora, he knows the Villa and what's happening, and he could provide some insight. It would be great to have him on the UHS Board, and also as a member of the Building & Property Committee.

Glenn noted that his term is up in June 2025, but he is wanting to stay on for another 1-2 years.

Glenn stated that that he would be sending out emails to Board members to see who is interested in standing for election at the AGM. He noted that the Nominating Committee would be interviewing the newer individuals interested in joining the Board.

Glenn is considering the thought of expanding the UHS Board to 22 members in light of the possibility of the amalgamation of the Foundation and UHS Boards. This would allow for those Foundation board members to

be elected to the UHS board, also in consideration of transition of new members while legacy members might be in their last year. Abby noted that our Articles currently allow for up to 19 members on the Board. He noted that we could ask Amaar Naqi and Santo Natale to come over to the UHS Board. Abby noted that this could be done at the AGM as a special resolution to increase the Board to 22 members, and then the election of Board members could occur later in the meeting. A question was asked about where we could host Board meetings with 22-30 people in attendance, and Abby noted that the Wyndham Activity Room or the Wyndham Dining Room could host that number of people for a meeting.

Glenn asked whether the Governance Committee is prepared to make a recommendation to the UHS Board to increase the number of Board members to 22 and have it on the agenda of the AGM.

MOTION BD/25/05/14 – 03
Moved by: Philip Gunn
Seconded by: Robert Cattle
That the UHS Board be expanded to 22 people for the 2025-2026 fiscal year.

CARRIED

The discussion then moved to the issues of quorum at both Board and Committee meetings, which seems to have been a problem recently. Glenn noted his preference for in-person meetings, especially for Board meetings, as the meeting seems to be more effective and productive when the Board members are in person. We could always offer virtual meetings for those that are unable to attend due to illness or being away on vacation. He asked whether we should consider some type of consequence for those who continue to miss meetings.

Abby noted that there is already something in the bylaws about excessive absences for Board members missing meetings. But it could be a deterrent if there are consequences for those who can't attend a meeting for whatever reason.

Philip Enright mentioned that we need to stay flexible so that people can attend virtually, especially if the Board member is still working a full-time job, as it is very difficult to make a 5:00pm meeting when working full-time.

Philip Gunn noted that tracking of those attending meetings might be a better idea than consequences and it would be a good first step at addressing the quorum issue. He noted that it seems more problematic if Board members are missing Board meetings, more so than for Committee meetings. He noted that there needs to be a bit more flexibility for Committee meetings.

Dan Horchik noted that we could try to track attendance for the Board meetings for a year and see how it goes. He noted that he does like the option of virtual meetings, as it can sometimes take him 2hrs to drive from Toronto up to Unionville, so the virtual option should remain.

Abby noted that we could adjust the timing of meetings, we could have them later in the evening, to allow people to get home, get their dinner going and then attend an evening meeting at 7:00pm or 7:30pm. Philip Gunn suggested that we develop a survey to send out to Board members asking several questions including timing of meetings, dates, in-person vs. virtual, etc.

Abby noted that she and Evelyn will put together a survey with questions around meeting times, in-person vs. virtual meetings, and separate out the Board meetings and the Committee meetings so that we get separate answers for both, and then we'll bring back the results to the first Governance Committee meeting after the AGM. She also noted that we will also be sending out a calendar to Board members in the summer/August for the year's meeting dates.

WGAU Board

Glenn noted that there has been interest expressed from a Wyndham Gardens resident in joining the WGAU Board as a resident member. She is Christine Gerwlivch, who is the Chair of the Ad Hoc Committee at Wyndham Gardens.

There was discussion around the possibility of having some Board member training. It is very important that Board members recognize their responsibility is not to suit their personal interests, but it is to the Corporation first and then secondly to the residents. It is also important that Board members keep information discussed at Board meetings confidential unless otherwise noted. Training around the responsibilities of serving on a Board of Directors would be a great way to address these important issues for new and existing Board members.

Abby noted that unlike UHS and Foundation Board minutes, the WGAU minutes are public and they are posted in the Wyndham Gardens building and are housed in their library. Any resident has the opportunity to review the WGAU minutes. Abby noted that the Governance Committee may want to have a discussion specifically about the preparation of WGAU minutes, and what they should include or not.

Abby noted that there continues to be a misunderstanding by the Ad Hoc Committee that UHS is a parent organization to WGAU. We've tried many times to explain this to both the Ad Hoc Committee and the residents, but the misunderstanding continues as they look to the history of the New Unionville Home Society. Abby noted an example of this, where the Ad Hoc Committee is expecting UHS to backstop any expenses that Wyndham Gardens has, and this is absolutely incorrect – UHS and WGAU are separate Corporations, and UHS has no ability to backstop the other Corporation's expenses.

10.0 President & CEO Update

In-Camera Policy

Abby reported on the in-camera policy that the Governance Committee had addressed at their recent meeting. The necessary changes to the policy have been made as recommended by the Governance Committee. There were questions about Board members could take personal notes during a meeting. Abby noted that legal counsel has confirmed that if a Director decides to take personal notes, they should recognize

that those notes may not be private and might become discoverable in litigation. Our counsel has recommended that the paragraph with respect to minutes should be deleted from the policy.

There was a question about inclusion on non-Board members during an in-camera session of the Board. This is clarified in the section under participation, where the Board can decide who to include in an in-camera session. It was determined that no decisions will be made in the in-camera session, the session is simply for in-depth conversation. Once the conversation has been had, then the Board will rise from the in-camera session and then make a decision in the Board meeting. If the Board determines that staff should not be present for the decision, then they would be asked to step out of the meeting.

Risk Registry

The Committee will recall that we created a Risk Registry that the Governance Committee had provided some good input to, and this Risk Registry will be brough to the 3 Corporate Boards after the AGM. It will include the full gamut of potential risks, with a dashboard of the top 3 to 5 risk items that could potentially happen high probability high impact.

Corporate Incident

The Governance Committee has suggested that we add to the Corporate Incident Policy:

- A definition of what a corporate incident is with examples;
- Specify who the audience for this policy is, i.e. all staff/non-union staff/volunteers);
- Also provide the Governance Committee an indication of frequency of review and training for staff on corporate policies.

Legal Engagement Letters

Abby has received draft engagement letters for both UHS and Foundation to review. There is already an engagement letter for Wyndham Gardens that was done soon after Abby's arrival to UHS in 2020 and we will review that to see that it is still relevant. Abby will provide these drafts to the Governance Committee in the new fiscal year after the AGM.

AGM

Abby noted that she's hoping everyone comes to the AGM and noted that we are going to add a little bit to the meeting. We will be showing our new recruitment video, as well as the Partnership video. We'd like to make the meeting more dynamic, but we also need to make sure that we have quorum for each of the Boards at the AGM.

11.0 Adjournment/Date of Next Meeting

MOTION BD/25/05/14 - 06
Moved by: Dan Horchik
Seconded by: Philip Gunn
The meeting adjourned at 5:43pm.

CARRIED

Signed: _____ Signed: _____

Glenn Crosby, Chair Abby Katz Starr, Secretary

Signed: _____

Evelyn McGrogan, Recording Secretary

AKS:EM

UNIONVILLE HOME SOCIETY

Corporate Incident Response and Escalation

Policy

Policy Statement

Unionville Home Society is committed to protecting the organization from any operational, reputational or legal risks associated with incidents of a corporate or business operations nature. UHS is committed to fulfilling the obligation that all incidents, are appropriately reported, investigated and resolved.

Scope

This policy applies to all employees, contractors, and third-party vendors as well as to all incidents that meet the established criteria set out in this policy.

Definitions

Corporate/Operational risk incident: an event which has, has had or could have had ("near miss"), a negative financial, business or reputational impact on the UHS; or an event that causes disruption to or a reduction in the quality of an operational service.

Escalation: The process of raising the priority of an incident to ensure appropriate attention and resources are allocated for resolution.
The post-incident review (often called incident postmortem) is performed after the incident to determine the root cause and assign actions to prevent repeat incidents.

Policy

The purpose of this document is to outline the procedures for escalating incidents of a corporate or business operations nature within the organization to ensure timely resolution and minimal disruption to business operations.

Critical Incident criteria

The following are the criteria to be used to determine the critical nature of a corporate incident:

Impact on financial assets

Financial loss, the additional costs of redoing activities or correcting damages, any additional costs of redoing activities or correcting damages; legal costs.

Impact on business objectives

Failure or inadequacy of output of UHS tasks, business process(es) or project(s) which affects its ability to achieve its key objectives.

Impact on reputation

The risk of deterioration of the reputation, credibility or public image of UHS towards different external stakeholders (e.g. Government, LTC sector, general public etc.).

Reporting concerns

This section sets out the requirements for reporting an incident. The purpose of these requirements is to ensure that all critical corporate incidents are reported and investigated in a consistent and timely manner. This enables the organization to respond effectively to related threats to its personnel, assets and reputation in a uniform manner with the appropriate degree of urgency.

When should you report a critical corporate incident ~~be reported~~?

- Did/ could the incident have a negative financial, business or reputational impact on the UHS?
- Did/ could the incident affect business operations or deliverables (e.g. delay, outage, reduced quality)?
- Did/ could the incident gain visibility externally in terms of media/public coverage?
- Did/ could an incident occur as a result of the failure of a control measure?

Types of incidents (see appendix A for a detailed listing)

The types of incidents that should be immediately reported are, but not limited to:

- Fraud.
- Deliberate inaccurate recording, or deletion of data
- Conflicts of interest that are not clearly inconsequential, including where the involved subject(s) are suspected of fraudulent activities, such as self-dealing, financial gain and/or the misuse of company assets (e.g. time, resources etc.).
- Bribery, Corruption, Money laundering.
- Unauthorised political activity and payments.
- Obstruction of justice or interference with an investigation.
- Acts of theft of assets.
- Theft of or Dishonest uses of the intellectual property of others
- Breaches of data security or privacy
- Deliberate breaches of IT systems where there is any indication of control weakness.
- Unauthorised external communications where the information was inaccurate or misleading
- Any breaches that could capture significant media attention or otherwise seriously damage the reputation of the organization.
- Any Incident where a UHS third party (e.g. supplier, contractor) is alleged to have taken action that would be considered suspicious.

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Internal reporting lines

All employees, consultants, and third-party vendors are encouraged to speak up and to raise concerns regarding corporate incidents through normal internal reporting lines, usually their line manager. However, some Incidents may also be of such a serious nature that they require immediate referral to senior levels of management and/or other responsible subject matter experts.

Accountabilities

Employees are strongly encouraged, and senior leaders and managers are **required,** to report critical corporate incidents in accordance with this policy and to cooperate with any investigation carried out under this policy.

Senior Leadership and at all levels of management are responsible for monitoring, identifying, immediately communicating and resolving any operational, reputational or legal risks which may result in a critical corporate incident.

The President and CEO (CEO) is responsible for the overall management and reporting of critical corporate incidents to the Board(s) and will ensure that all identified incidents from any department are recorded accurately and completely, in addition:

- To provide advice and guidance on potential impacts and associated risks and their resolution and control;
- To initiate any investigation and subsequently triggering the creation of an investigation team if necessary;
- To notify all necessary internal and external partners (Board, Privacy officer, counsel, ministry, etc.) .

In addition, the CEO or their designate is responsible for:

- providing oversight for the administration of this policy and associated procedures.~~;~~
- ensuring that ~~-~~training and awareness activities are put in place to promote understanding and compliance with this policy and associated procedures.

The Board is responsible for ensuring management has the appropriate systems, advice and guidance in place to deter, prevent, and detect potential corporate incidents; and to create an ethical atmosphere across the organization.

The CAO will assume responsibility for the direct oversight of any investigation should the CEO or other Senior Leadership member be the subject(s) of an investigation under this policy, in addition to providing advice and guidance on privacy related issues stemming from a corporate incident.

The Chief Financial Officer (CFO) is responsible for monitoring the financial, and other internal controls put in place and to provide timely, cost-effective recommendations for improvements to these controls. In addition, the CFO will be responsible for immediate reporting to the CEO and for the recovery of lost funds and assets, where possible stemming from the impact of a critical corporate incident.

The Investigation Team has the primary responsibility for leading investigations into reports of critical corporate incidents. The investigation team is a cross-functional group with relevant skills to support an investigation. This Investigation Team may be comprised of the organizations Counsel, Chief Administrative Officer, Chief Financial Officer, or others as deemed appropriate (relying on advice from the CEO, and legal counsel).

Escalation Process for a critical corporate incident

Where it is determined, based on the above noted criteria that an incident is critical/serious in nature, the following communication and escalation process is mandated:

- Suspected and known incidents as defined in this policy must be reported to the CEO or their designate **immediately** using all available channels (in person, telephone, email etc.). At no time is an employee to withhold the notification of a critical incident, nor attempt to rectify it in the absence of the CEO's advice and guidance.
    - The employee will notify the CEO with all pertinent information such as:
        - type or nature of the suspected improper activity involving Organization Assets
        - name of the person(s)/corporation/entity believed to have triggered this incident (if known)
        - location/ unit impacted
        - dates of the incidents, if known
        - description of how the concerns came to light
        - any documentation that may support the occurrence
        - policies, laws, or regulations alleged to be breached

The CEO will then trigger the following notifications where deemed necessary:

- Upon receiving a notification that a critical corporate incident has occurred, the CEO or their designate will immediately notify the organization's Board Chair, counsel and if deemed necessary will strike the Investigation Team. This Investigation Team may be comprised of the CEO or their designate, organization's Counsel, Chief Administrative Officer, Chief Financial Officer, or others as deemed appropriate
- Investigation Team will conduct a preliminary review to determine whether to proceed with an investigation. The preliminary review will be conducted in a timely and confidential manner. During the preliminary review and any subsequent investigation, the Reporter may be contacted for additional information. When the preliminary review is complete, the CEO or their designate, will recommend, in writing, to the Investigation Team and Senior Leaders of next steps for resolution.
- Simultaneously, the CEO or their designate may convene a cross-functional group with relevant skills to support the resolution of the incident.
- If specialist skills are required, external specialists will be consulted/acquired to augment the group (banking representatives, auditors, vendors etc.).
- During an investigation, the Investigation Team may contact and interview any individual as deemed necessary to the investigation.

- Investigations shall be conducted responsibly and adhere to the principles of procedural fairness, in a manner that is respectful of individuals and that ensures appropriate and acceptable evidence is obtained. Collection of evidence, including organization information and assets, may be required in some situations. Under the direction and guidance of the CEO or their designate, the Investigation Team will have the authority to examine, copy, and/or secure the contents of files, desks, cabinets, and other storage facilities across the UHS campus, including electronic files and devices, with the exception of personal property.
- During an investigation, interim measures such as placing an employee on administrative leave or modification of employment duties may occur. The appropriate interim measures may be implemented - in consultation with the organizations' Counsel and the Chief Administrative Officer

All reports of critical corporate incidents will be investigated in an open-minded, independent and professional manner. The investigation procedure will vary depending on the nature of the suspected incident, or its impact.

UHS has established the processes and procedures outlined in this policy to ensure that the appropriate level of accountability within the organization reviews and resolves all corporate incidents in the appropriate manner proportionate to their impacts.

Confidentiality and non-retaliation

All participants in an internal investigation stemming from a critical corporate incident shall keep the details and results of any investigation confidential. The details and results of investigations are not to be disclosed or discussed with anyone other than those personnel associated with the organization who have a legitimate need to know such results in order to perform their duties and responsibilities. Particulars of the investigation with potential witnesses may be disclosed only if such disclosure would further the investigation, and only after consultation with legal counsel and Human Resources (as applicable). Throughout the investigation, Senior Leadership members who have a legitimate need to know will be informed of pertinent investigative findings as well as authorized representatives of law enforcement and other agencies where appropriate. To the extent possible by law, the identity of individuals involved in an investigation will be protected.

Protection from reprisal

Engaging in an act of Reprisal constitutes a breach of this policy. The organization fosters a work environment free from reprisals and takes swift and appropriate action in cases in which retaliation occurred.

Whistleblower Protection

No person covered by this policy shall:

- dismiss or threaten to dismiss an employee;
- discipline or suspend or threaten to discipline or suspend an employee;
- discriminate or harass an employee;

- impose any penalty or reprisal upon an employee; and
- intimidate or coerce an employee because the employee has acted in accordance with the requirements of the policy.

Whistleblowers who believe they have been retaliated against may file a written complaint with the President & CEO. Anyone found guilty of retaliation against a whistleblower is subject to disciplinary action up to and including dismissal. An employee affected by the retaliation may seek redress, if appropriate. Please see the UHS Whistleblower policy.

Post incident Review/Investigation reporting

- At the conclusion of an investigation, the CEO or their designate will issue a report to the organizations' Counsel, the Chair of the Board, and the Investigative Team.
- The individual who reported the incident will be contacted (if the report was not made anonymously) by the CEO or their designate, and informed that the investigation has been completed.
- The Chief Financial Officer will be responsible for the recovery of lost funds and assets, where reasonably possible, resulting from a critical corporate incident.
- The CEO in consultation with the organizations Counsel will determine if and when to contact appropriate law enforcement and/or regulatory agencies.

Retention of Evidence / Record Keeping

- The CEO's office shall become the custodian of all original files and documents pertaining to critical corporate incidents and any subsequent investigation in order to identify and preserve potential evidence. Any documents generated by the members of the Investigation Teams during the investigation shall forward these documents to the CEOs office for safekeeping. As may be required by law, the organization may relinquish these original documents (after obtaining a photocopy) to authorized representatives of law enforcement and/or regulatory agencies where appropriate. The retention and disposals of these documents will be made in accordance with the UHS Record Retention Policy.
- In all cases, records will be maintained as required by the nature of the investigation undertaken and any action to be taken in compliance with provisions of any relevant collective or employee agreement, or organization policy.

References to related policies can be found on SURGE Policy Professional, under the Corporate Policies, they are but not limited to:

Code of Conduct & Ethics

Whistleblower Policy

Fraud Policy

Collective Agreement

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APPENDIX A

UHS defines the following incidents, allegations and suspicions breaches as, but not limited to:

- All Incidents that include but are not limited to allegations or suspicions of:
  - Fraud.
  - Deliberate inaccurate recording, or deletion of data that is not clearly inconsequential.
  - Conflicts of interest that are not clearly inconsequential, including where the involved subject(s) are suspected of fraudulent activities, such as self-dealing, financial gain (directly or indirectly) and/or the misuse of company assets (e.g. time, resources etc.).
  - Bribery.
  - Corruption.
  - Money laundering.
  - Unauthorised political activity and payments.
  - Obstruction of justice or interference with an investigation.
  - Any incident where there is a potential breach of a significant law or regulation.
- Any Incident that involves senior members of UHS management at any level (SLT, managers, or admin).
- Any Incidents that indicate a deficiency or manipulation of internal controls.
- Any other Incident where there is a potential financial, reputational or regulatory risk that could be significant to the organization. For example, the following breaches of the Code of Conduct where certain materiality thresholds are met:
  - Acts of theft of assets.
  - Theft of intellectual property - where that information is of a restricted nature or significantly valuable to UHS.
  - Dishonest uses of the intellectual property of others where UHS could potentially be exposed to litigation or reputational damage should the fact become known.
  - Deliberate breaches of IT systems where there is any indication of control weakness.
  - Failure to adhere to polices in relation to gifts & entertainment where the recipient is a government official or in any way associated with a government body.
  - Unauthorised external communications where the information was inaccurate or misleading and there is a potential reputational or regulatory risk.
  - Any breaches that could capture significant media attention or otherwise seriously damage the reputation of the organization.
  - Breaches of data security or privacy that may have significant legal or reputational impact on the organization.
- Any Incident where a UHS third party (e.g. supplier, contractor) is alleged to have taken action that would be considered suspicious if it were committed by an employee related to its business interactions with UHS and is not clearly inconsequential.

If you are in any doubt as to whether an Incident fulfils the criteria to be reported, then you must report it to the CEOs office immediately.

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Responses Overview Active

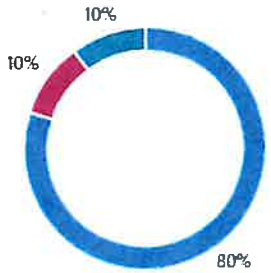
Responses	Average Time	Duration
17	02:34	108 Days

1. Which day of the week would you like to have UHS Board Meetings? Please rank by moving your choices into 1st, 2nd and 3rd place.

1	Tuesday
2	Wednesday
3	Thursday

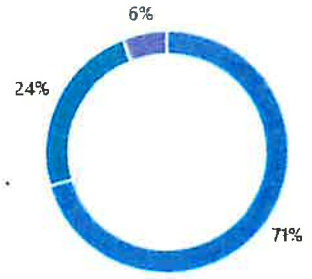
2. We have typically scheduled the Foundation Board Meetings in the hour prior to the UHS Board Meeting. We will be extending the Found ation Board Meetings to 90 minutes. Based on that, which would you prefer we do:

Keep current arrangement, with the Foundation Board Meeting immediately before the UHS Board...	8
Schedule the Foundation Board Meeting in the morning - 8:00am-9:30am	1
Schedule the Foundation Board Meeting in the morning - 8:30am-10:00am	1



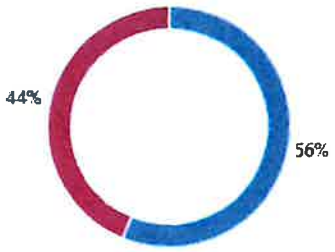
3. We are encouraging on-site attendance for Board Meetings. Will you be able/willing to come to Board Meetings in person?

Yes	12
No	0
Occasionally	4
Other	1



4. We are encouraging on-site attendance for UHS Board Meetings. Does on-site attendance impact your choices for meeting start time?

Yes	9
No	7

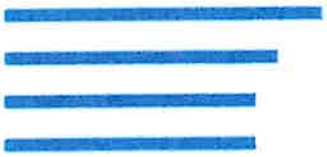


5. Which day of the week would you like to have WGAU Board Meetings? Please rank by moving your choices into 1st, 2nd and 3rd place.

1	Wednesday
2	Tuesday
3	Thursday

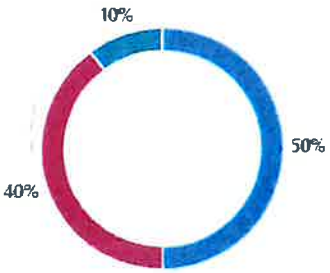
6. Which time slot would you like to have WGAU Board Meetings? Please rank by moving your choices into 1st, 2nd, 3rd and 4th place.

1	5:00pm-6:30pm
2	5:30pm-7:00pm
3	8:00am-9:30am
4	8:30am-10:00am



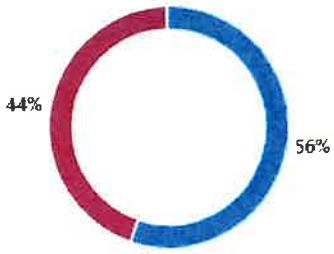
7. We are encouraging on-site attendance for WGAU Board Meetings. Does on-site attendance impact your choices for meeting start time/time slot?

Yes	5
No	4
Maybe	1



8. Scheduling all 3 Board meetings on the same day

I prefer all 3 Board meetings to happen on the same day.	5
I prefer the WGAU Board meeting to be held on a separate day from the Foundation/UHS Board...	4



UHS Medical Assistance in Dying Policy

Policy Statement

UHS recognizes the provision of MAID to a resident who meets the **eligibility criteria** as a legal option within a participating, publicly-funded, long-term care home participating in MAID.

UHS acknowledges the right of individual healthcare practitioners to **conscientiously object** to participating in the provision of MAID in accordance with any requirements outlined in law, professional regulatory standards, and UHS's requirements. Correspondingly, Unionville Home Society supports the right of individual healthcare practitioners/providers that support the provision of MAID to do so in accordance with the law and professional regulatory standards.

Scope

This policy applies to addressing resident inquiries or requests for Medical Assistance in Dying (MAID) within Unionville Home Society (UHS)

This policy does not apply to situations other than MAID and is separate and distinct from withholding or withdrawing treatment, palliative care (see definition) and palliative sedation therapy (see definition)

This policy applies to all residents, their families and employees within UHS.

Definitions

Canadian Medical Protective Association (CMPA): A mutual defense organization for physicians who practice in Canada. Its mission is to protect a member's integrity by providing services, including legal defense, indemnification, risk management, educational programs and general advice.
Capacity: A person is capable of making a particular decision if the individual is both (1) able to understand the information that is relevant to making that decision [the cognitive element] and (2) able to appreciate the reasonably foreseeable consequences of that decision or lack of decision [the ability to exercise reasonable insight and judgment]. "In the context of MAID, the resident must be able to understand and appreciate the certainty of death upon self-administering or having the physician administer the fatal dose of medication"
Conscientious Objection: When an individual healthcare practitioner (medical practitioner, nurse practitioner, pharmacist or other individual supporting a resident who wishes to have MAID) due to matters of personal conscience, elects not to participate in MAID.
Consent: To provide informed consent to MAID, the following four requirements must be met: individual consenting must be capable (see definition of capacity); the decision must be informed (i.e., risks, benefits, side effects, alternatives, and consequences of not having

treatment provided); made voluntarily (i.e., not obtained through misrepresentation or fraud); and be treatment specific (i.e., information provided relates to treatment being proposed).
Note: **Neither substitute-decision-maker consent nor advance consent for MAID is permitted**.

Independent (Eligibility Assessment)**:** Per *Criminal Code*, an objective assessment provided by a medical or nurse practitioner who is not in any of the following relationships with the other medical or nurse practitioner assessing the resident making the request:

- **Beneficiary relationship:**
  - (Do not know or believe that they are) a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death, other than standard compensation for their services relating to the request; or
  - **Professional relationship:** a mentor to them or responsible for supervising their work; or
  - **Personal relationship:** connected in any way that would affect objectivity.

Medical Assistance in Dying (MAID): Per Bill C-14, the administering by a medical or nurse practitioner of a substance to a resident, at their request, that causes their death; or the prescribing or providing by a medical or nurse practitioner of a substance to a resident, at their request, so that they may self-administer the substance and, in doing so, cause their own death.
Most Responsible Physician/Nurse or Medical Practitioner (MRP): The medical or nurse practitioner who is considered the resident's attending health practitioner (in most cases the attending physician) and who is accountable for the medical management of that resident.
Resident: Refers to any individual that has been admitted to and living in a long-term care home.
Internal Resource Group (IRG): An interprofessional group comprised of individuals internal to UHS that is responsible for the administrative oversight of MAID provision.
Palliative Care: Aims to provide comfort and dignity for the resident living with the illness, as well as the best quality of life for the resident and family.
Palliative Sedation Therapy: The continuous use of sedation until the resident's death.

Policy

The policy's overarching premises are the following:

- UHS acknowledges an ethical obligation to respond to a resident's inquiry or request for MAID whenever it may occur within the resident's healthcare journey.
- When a resident makes an inquiry or request for MAID, assistance in dying is only one among several possible options that may be explored with the resident.
- UHS acknowledges the right of individual healthcare practitioners to **conscientiously object** (see definition) to the provision of MAID in accordance with any requirements outlined in law and their professional regulatory standards.
- UHS recognizes that healthcare practitioners' conscientious objection may vary in degree and points of time. For example, a healthcare practitioner may feel comfortable counselling a

resident or assessing eligibility but object to prescribing or administering medication.

- The **Most Responsible Physician/Practitioner** (MRP) (see definition) remains responsible, but given the interprofessional reality of current healthcare practice, the support of other healthcare practitioners is essential.
- The **ethical principles** (see definition) of accountability, collaboration, dignity, equity, respect, transparency, fidelity, and compassion inform deliberations for inquiries/requests for MAID.
- Residents that are deemed ineligible for MAID will continue to receive appropriate and high quality care that meets their needs.
- UHS is committed to providing ongoing education and support to both healthcare practitioners that support MAID provision as well as those that conscientiously object.

Eligibility Criteria:

- **Ontario Health Insurance Plan (OHIP) Eligible:** Satisfies all OHIP eligibility requirements (but for the 90-day waiting period).
- **Adult:** Resident, as required by the Criminal Code, is 18 years or older. Note: the requirement that residents be at least 18 years or older departs from Ontario's *Health Care Consent Act,* which does not specify an age of consent.
- **Capable:** (See definition for capacity.) Resident must be capable to make decisions with respect to their health.
- **Grievous and irremediable medical condition** (including an illness, disease or disability) that meets all of the following requirements:
    - a serious and incurable illness, disease or disability; and
    - in an advanced state of irreversible decline in capability; and
    - that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and
    - their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining (*Criminal Code* s241.2(2)(a)-(d)).
- **Voluntary:** Resident has made an individual request for MAID that was not made due to external pressure.
- **Informed consent (to MAID):** Resident provides informed consent to receive MAID after having been informed of the options available to relieve their suffering, including palliative care.

UHS will follow the Eight high-level ethical principles developed by the Joint Centre for Bioethics MAID Task Force members to help guide decision-making around implementing MAID below:

- **Accountability:** Mechanisms exist to ensure that decision makers are responsible for their actions; all have an obligation to account for, and be able to explain, one's actions.
- **Collaboration:** Partnering with relevant stakeholders in a respectful and accountable manner such that each individual and entity understands their associated role and accountabilities.

- **Dignity:** The state or quality of being worthy of honour and respect of both humans and society. It belongs to every human by virtue of being human and to society as a product of the interactions between and among individuals, collectives and societies.
- **Equity:** It suggests that like cases are treated similarly and dissimilar cases treated in a manner that reflects the dissimilarities; and is characterized by the 'absence of avoidable or remediable differences among groups of people regardless of social, economic, demographic or geographic definition' (WHO).
- **Respect:** Recognition of the individual's right to make individual choices according to their values and beliefs (within shared legal parameters). The collective endeavours of individuals may also deserve respect, though perhaps of a different degree than the level of respect afforded to individuals.
- **Transparency:** The quality of acting in a way that ensures that the processes by which decisions are made are open to scrutiny, and the associated rationales are publicly accessible.
- **Fidelity:** (*Interpersonal-level*) An enduring commitment to support residents and families to help people get through all facets surrounding MAID requests from inquiry to post-provision. (O*rganizational-level*) An ongoing commitment to support health care. Professionals that support MAID provision and those that conscientiously object.
- **Compassion:** A deep, affective response to individual suffering and an appropriate response to relieve suffering.

Procedure

1. ***Identify resident MAID access pathways.***
   Identify which of the different pathways through which a resident may access MAID are applicable to the practice setting i.e., a long-term care resident requesting provision within UHS; confirm drug availability in relevant pharmacy.

2. ***Process for notifying appropriate persons to initiate an exploratory discussion in response to a resident inquiry or request for MAID. Discussion of MAID is initiated when a resident makes an inquiry or request for MAID to any member of their interprofessional healthcare team.***

   a. **Identify appropriate persons to facilitate exploratory discussion**. For example, if the request is made to someone other than the **Most Responsible Physician/Practitioner** (MRP) (see definition), the healthcare practitioner receiving the inquiry or request should communicate to the resident that their MRP will be notified to have a follow-up discussion with the resident. If the MRP is not the individual having the follow-up discussion, the MRP should be informed that the resident has made an inquiry or request. **MAID Internal Resource Group** (MAID-IRG) (see definition) may be contacted (or, an existing internal committee may assume any MAID-IRG functions).
   b. **If the identified person** (e.g. MRP) conscientiously objects to having an exploratory discussion with the resident (of available options, potentially including MAID), the MRP must refer the resident to an appropriate physician or agency (in accordance with CPSO MAID policy, 2016). The MOHLTC initially established a clinician referral support line;

however, its functions are now subsumed under the provincial care coordination service to help Ontario clinicians to arrange for assessment referrals and consultation for residents requesting MAID.

c. **Preliminary considerations:**
    i. Explore a resident's motivation for inquiring/requesting MAID.
    ii. Have all other alternatives for care (that are acceptable to the resident) been explored?
    iii. Has the resident been informed of alternatives for care and the likely associated outcomes?
    iv. How urgent is the resident's condition? For example, is the resident's death or loss of capacity imminent?
    v. Have the perspectives of all appropriate individuals (with the resident's consent) been involved?
    vi. If appropriate, make a referral to palliative care or other specialists to explore options for symptom management.
    vii. Has input from ethics, legal, and/or spiritual care been considered?

3. ***Respond to a resident inquiry or request for MAID.*** *The MRP communicates with the resident to clarify if the discussion with the resident constitutes an inquiry for additional information or a request for MAID. If the discussion is merely a request for information, not all steps outlined in 3(a) below may be required. If the discussion reveals that the resident is making a request for MAID, the medical or nurse practitioner doing the assessment should explore the following areas with the resident:*

    a. Assess the resident to see if the eligibility criteria are met.
        i. Confirm resident's age and residency status, i.e. 18 years or older and eligibility for the Ontario Health Insurance Program.
        ii. Confirm resident's capacity.
        iii. Does the resident have a **grievous and irremediable medical condition** (including an illness, disease or disability; see definition under eligibility criteria)? Confirm that all of the following grievous and irremediable medical condition requirements are met:
            - condition is serious and incurable; and
            - resident is in an advanced state of irreversible decline in capability; and
            - condition or state of decline causes enduring physical or psychological suffering that is intolerable and cannot be relieved under conditions acceptable to the resident; and
            - natural death has become reasonably foreseeable, taking into account all medical circumstances.

            If not, other options should be explored.
        iv. Is the resident experiencing **intolerable suffering** (see definition under eligibility criteria)?
            If not, other options should be explored.

v. Has the resident's request for MAID been made freely, without coercion or undue influence from family members, healthcare providers or others? (See definition for clearly consent to termination of life).
If not, other options should be explored.

b. Confirm that the resident request meets Bill C-14 documentation requirements, e.g. written request and independent witnesses, etc.
c. Determine and communicate to the resident if the medical or nurse practitioner assesses that the individual is eligible or ineligible for MAID.
   i. If resident is deemed eligible, inform them of the MAID process involved, particularly of their ability to decline MAID at any point.
      - Inform resident that they have a grievous and irremediable condition.
      - Have the resident sign and date the written request after being informed that the resident has a grievous and irremediable condition.
   ii. If resident is deemed ineligible, inform them of alternative options and the option to consult another medical or nurse practitioner to reassess eligibility. The medical or nurse practitioner should reasonably assist in identifying another medical or nurse practitioner to do the assessment.

4. ***Clarify resident eligibility determination.***

a. If the resident meets the eligibility criteria (outlined in 3a above), the medical or nurse practitioner refers to an **independent** (see definition) medical or nurse practitioner not previously involved in the resident's care for a second assessment of the resident's eligibility. If it is unclear if the medical practitioner meets the independence requirement, medical practitioners should consult the **Canadian Medical Protective Association** (see definition). Nurse practitioners may consult UHS's Director of Care [or other applicable role].
b. An independent medical or nurse practitioner assesses the resident's eligibility (criteria outlined in 3a above).
c. If the resident is deemed eligible, explore available options for medical or nurse practitioner administration versus resident self-administration.
d. Explore the resident's preference and options for the setting for MAID, e.g. identify who the resident would like to be in the room during provision as well as options for a holistic experience, e.g. music, pets, etc.
e. If the resident does not meet the eligibility criteria, the MRP or delegate provides the resident with an explanation regarding their ineligibility.
   i. Resident is informed that they may consult another medical or nurse practitioner for an eligibility assessment. The MRP/medical or nurse practitioner should reasonably assist in identifying another MRP/medical or nurse practitioner to do the assessment.
   ii. MRP repeats discussion of alternatives for care.

5. ***Plan for MAID provision to an eligible person.***

a. Key planning considerations:

i. Confirming that the 10 clear days reflection period is fulfilled (unless resident's imminent death or loss of capacity can be confirmed by two independent medical or nurse practitioners. Note: The term "clear days" is defined as the number of days, from one day to another, excluding both the first and last day. Therefore, the MAID reflection period would begin on the day after the resident request is made and would end the day after the 10th day (CPSO MAID Policy, 2016)

ii. Identify an appropriate resident-centred location where MAID will be provided, e.g., private room. Note: If resident wishes to be an organ or tissue donor, this may affect the setting in which MAID can be provided in order to facilitate organ or tissue retrieval.

iii. Medical or nurse practitioner discloses to resident that the Office of the Chief Coroner will investigate all MAID-related deaths. The extent of the coroner's investigation cannot be determined in advance and may or may not include an autopsy (CPSO MAID Policy, 2016).

iv. Confirm details of resident's holistic end-of-life care plan, e.g., who will be present, and any additional comforts that may be incorporated such as music, reading, pet visitation, etc.).

iii. Identify/confirm which medical or nurse practitioner is willing to prescribe or administer.

iv. Identify/confirm which inter-professional team members are willing to support MAID provision to eligible resident. If MAID will be performed on-site at UHS by external providers, document this.

v. If vascular access (e.g. peripheral or central line) is required for medical or nurse practitioner administration, identify which healthcare professional is willing and available to insert the appropriate type of vascular access that will be used to administer the medication and that professional facilitating vascular access is aware of its intended use.

vi. Inform the pharmacist at the participating pharmacy that the medication is intended for the purpose of MAID. Confirm that the identified pharmacy that will be filling the prescription has drug availability, an appropriate turnaround time, and can address any other potential impediments, MAID drugs will be dispensed through a retail pharmacy.

vii. Identify the medication protocol, including dosage, that will be used for either medical or nurse practitioner administration or resident self-administration.

viii. Confirm the process for returning any unused medications to the dispensing pharmacy.

ix. Conduct a case walk-through with all interprofessional team members who will be participating in the administration by confirming eligibility criteria, confirming individual roles, and identifying the order and dosage of the medications that

will be administered.

x. Educate resident and family members and any other persons who will be present what to expect during MAID provision.

6. ***Provision of MAID***

a. Before proceeding, confirm the following:

i. Resident is capable and wishes to proceed with MAID.

ii. Required MAID and clinical documentation[1] has been completed.
In particular, ensure resident capacity and consent has been documented in accordance with the rules established with the enactment of Bill C-14 and UHS's requirements.

7. ***Post MAID provision: Ongoing support, monitoring, and follow-up.***

a. Complete documentation and any necessary reporting requirements.

b. Debrief with interprofessional team and other relevant individuals (e.g. cleaners, porters, interpreters) as well as the family regarding the MAID process and any opportunities for improving the process.

c. IRG reviews completed documentation from a quality improvement perspective. [optional]

d. Identify resources that healthcare practitioners may access to obtain additional support.

Schedule 1 — Resident Formal Request for Medical Assistance in Dying

A. Request

i. I am formally requesting medical assistance in dying.
ii. I understand that my request for medical assistance in dying must be approved by two independent medical or nurse practitioners, who determine if I meet the eligibility criteria.
iii. I understand that at any time, and in any manner, I may withdraw my request.

Resident Name (printed) Signature Date

B. If resident is unable to sign (print resident's name in A and then complete remainder of B)

i. I attest that this written statement represents the resident's request for MAID and I am signing on the resident's behalf because the resident is physically unable to do so.
ii. I attest that I meet the criteria of an independent witness (below).

Name (printed) Signature Date

C. Independent witness

Any person who is at least 18 years of age and who understands the nature of the request for medical assistance in dying may act as an independent witness, except if they:

a) know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death;
b) are an owner or operator of any health care facility at which the person making the request is being treated or any facility in which that person resides;
c) are directly involved in providing health care services to the person making the request; or
d) directly provide personal care to the person making the request.

D. Witnesses

Witness 1

i. I attest that the resident has signed this document or, if unable, that the document represents the <resident's/client's> request for MAID.
ii. I attest that I meet the criteria for an independent witness.

Name (printed)	Signature	Date

Witness 2

i. I attest that the resident has signed this document or, if unable, that the document reflects the current wish of the resident.
ii. I attest that I meet the criteria for an independent witness.

Name (printed)	Signature	Date

Schedule 2 — Required Documentation for Medical Assistance in Dying

A. Eligibility for medical assistance in dying

A person may receive medical assistance in dying only if they meet all of the following criteria:

a) they are eligible or, but for any applicable minimum period of residence or waiting period, would be eligible for health services funded by a government in Canada;
b) they are at least 18 years of age and capable of making decisions with respect to their health;
c) they have a grievous and irremediable medical condition;
d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and
e) they give informed consent to receive medical assistance in dying.

B. Independence of Practitioners

The medical practitioner or nurse practitioner providing medical assistance in dying and the medical practitioner or nurse practitioner who provides the other opinion are independent if they:

a) are not in a business relationship with the other practitioner, a mentor to them or responsible for supervising their work;
b) do not know or believe that they are a beneficiary under the will of the person making the request, or a recipient, in any other way, of a financial or other material benefit resulting from that person's death, other than standard compensation for their services relating to the request; or
c) do not know or believe that they are connected to the other practitioner or to the person making the request in any other way that would affect their objectivity.

C. Assessments

First Assessment

i. I have assessed the resident named above and determined that they meet the above criteria.
ii. I am independent of the practitioner named in part B.
iii. I am a ☐ Medical Practitioner or ☐ Nurse Practitioner.

Name (printed) Signature Date of Assessment

Second Assessment

i. I have assessed the resident named above and determined that they meet the above criteria.
ii. I am independent of the practitioner named in part B.
iii. I am a ☐ Medical Practitioner or ☐ Nurse Practitioner.

Name (printed)	Signature	Date of Assessment

D. Day of Procedure

I attest to the following:

- I am a registered medical practitioner or nurse practitioner.
- At least 10 clear days have passed between the day on which the request was signed by the person and today or, if not, it is because myself and the other practitioner referred to in **Part B** above are both of the opinion that the person's death, or the loss of their capacity to provide informed consent, is imminent.
- The pharmacist who dispensed the medication was informed about the purpose for which the medication would be used.
- Immediately before providing medical assistance in dying, the person listed in **Part A** above was given an opportunity to withdraw their request.
- The person listed in **Part A** above has given express consent to receive medical assistance in dying.
- Any other regulatory obligations provided by my regulatory college and/or the Province of Ontario have been complied with.

Name (printed)	Signature	Date