

CALTC Annual Meeting Minutes
August 26 -28, 2013
Hosted by ONT

Present:

BC Care Providers Association
 BC Care Providers Association
 Long Term and Continuing Care Association of Manitoba
 Long Term and Continuing Care Association of Manitoba
 New Brunswick Association of Nursing Homes Inc.
 New Brunswick Association of Nursing Homes Inc.
 New Brunswick Association of Nursing Homes Inc.
 Ontario Long Term Care Association
 Ontario Long Term Care Association
 Ontario Long Term Care Association
 Ontario Long Term Care Association
 Alberta Continuing Care Association
 Alberta Continuing Care Association
 Alberta Continuing Care Association
 Ontario Association of Non-Profit Homes & Services for Seniors
 Ontario Association of Non-Profit Homes & Services for Seniors
 PEI Nursing Home Association
 Health Association Nova Scotia
 Responsive Health Management
 Chartwell Retirement Residences
 Chartwell Retirement Residences

Daniel Fontaine
 Elaine Price
 Jan Legeros
 Linda Sundevic
 Michael Keating
 Jodi Hall
 Jean-Eudes Savoie
 Candace Chartier
 Michelle Gradini
 Adrienne Palmer
 Patrick McCarthy
 Bruce West
 John Pray
 Denise MacDonald
 Donna A. Rubin
 Tim Siemens
 Bob Nutbrown
 Sara Limpert
 Bill Dillane
 Brent Binions
 Karen Sullivan

| SUBJECT | SUMMARY | ACTION |
|----------------------------------|--|--------|
| Welcome and Introductions | CALTC’s annual meeting is called to order at 0900 (ON time). Annual meeting Chairs, Pat McCarthy and Tim Siemens, lead the Alliance through roundtable introductions. | |
| 1.0 Provincial Reports | Alliance members presented their provincial reports for information and discussion. Nova Scotia: S. Limpert presented the Health Association Nova Scotia’s provincial report. | |

| SUBJECT | SUMMARY | ACTION |
|---------|---|--------|
| | <p>Highlights from the report include:</p> <ul style="list-style-type: none"> • Personal Health Information Act which came into effect in June 2013. The Act attempts to balance the right of individuals to protect their health information with the needs of custodians to collect, use, and disclose health information to provide, support and manage care. • The Care and Construction study is examining the different models of care provided in Nova Scotia nursing homes (physical design and staffing approach) in relation to resident quality of life within Nova Scotia nursing homes. • Continuing Care Council, a group of 14 continuing care service provider administrators – the majority of which are from the long term care sector, serves as an advisor to the Health Association Board of Directors, and predominantly works to be a meaningful vehicle for positive advocacy and change in the sector. <p>New Brunswick: J. Hall presented the New Brunswick Association of Nursing Homes Inc. report. Highlights from the report include:</p> <ul style="list-style-type: none"> • Funding for long-term care in New Brunswick is largely provided by the Department of Social Development and is prescriptive in its mix for care services. • Approximately fifteen percent of revenue comes directly from residents. • The NBANH received a federal grant under the New Horizons for Seniors Program to promote awareness of elder abuse and deliver “PEACE” education sessions. The project is designed to educate the nursing home sector over the first two years and then expand to the general senior population in the final year. • A workplace claims management process was instituted with a third party (Morneau Shepell) which reduced the number of lost time injuries by 59% in the first year. This project is projected to reduce worksafe claims by \$6,000,000.00 a year after four years. • The New Brunswick Long Term Care Safety Association was incorporated and will begin operation in January of 2014. The nursing home sector is considered to be the second most dangerous place to work in New Brunswick. • The Association formed an Operations Committee with government and | |

| SUBJECT | SUMMARY | ACTION |
|---------|--|---|
| | <p>Facilicorp (a crown corporation involved in bulk purchasing) to examine all areas of operations and begin utilizing the power of collective purchasing to lower costs.</p> <p>Manitoba: J. Legeros presented the Long Term and Continuing Care Association of Manitoba report. Highlights from the report include:</p> <ul style="list-style-type: none"> • LTCAM was invited by MB Health to serve on the Community Housing with Services Review Subcommittee of the Advancing Continuing Care “A Blueprint to support system change” Implementation Advisory Committee. The role of the subcommittee will be to provide Manitoba Health with input into the development of a community housing with services framework which will identify and recommend sustainable and effective best practice housing with service settings for individuals along the continuum of care to ensure options that are the right fit at the right time. <p>J. Legeros provided a comparison report of the information provided on all long term care associations provincial reports. Alliance members were given the report for review and asked to add information based on each province’s status on MDS.</p> <p>Alberta: B. West presented the Alberta Continuing Care Association report. Highlights from the report include:</p> <ul style="list-style-type: none"> • In March of last year, the then Ministers of Seniors and Health and Wellness assigned their Parliamentary Assistants to review the inspection and compliance processes of accommodation and health service standards in continuing care facilities. They consulted with continuing care stakeholders and toured some continuing care and mental health sites to get perspectives on issues related to the current processes. The recommendations are still being considered by government. • New Health Care Standards are expected to be announced this fall. They will be accompanied, for the first time, by a comprehensive interpretive guide that is intended to provide greater certainty to providers as to how compliance will be measured to increase province-wide inspection consistency. • The first annual Collaborative Practices and Education Leaders Network forum was | <p>All provinces are to provide J. Legeros with information on provincial MDS status. LTCAM will circulate the comparison report for review and inclusion of MDS information.</p> |

| SUBJECT | SUMMARY | ACTION |
|---------|--|--------|
| | <p>head in November 2012. Representatives of regulatory bodies, practice and education sectors across Alberta attended the forum. The primary goals were to achieve a common understanding and consensus on the conceptual approach to collaborative health system change and to establish priorities for coordinated change April 2013 to March 2014. The next step for the Leaders Network is the creation of an executive committee to lead and model change.</p> <ul style="list-style-type: none"> • Over the last 2 years, the ACCA has been negotiating with Alberta Health Services (AHS) on behalf of members, to address a number of issues with the proposed Master Services Agreement (MSA). ACCA sought legal advice during the negotiations. The new MSA is now in place, with a few outstanding issue. ACCA and the Alberta Seniors Citizens' Housing Association (ASCHA) signed a Memorandum of Understanding (MOU) to formalize a long-standing positive working relationship. • ACCA President John Pray has been invited to act as chair of a series of continuing care planning related meetings, sponsored by Alberta Health and Alberta Health Services. First meeting is scheduled to take place September 20, 2013. It will focus on the identification of key issues from the perspective of operators, other stakeholders, government and AHS. • Plans are underway on a joint venture between Alberta Continuing Care Association and Alberta Senior Citizens Housing Association in putting together a Western conference to recognize quality and excellence in the provision of health, housing and support services through education and networking. <i>Explore the Possibilities</i> is scheduled for March 26-28, 2013. • ACCA has joined forces with corporate member 8760 to develop and sell an energy program designed to minimize the costs of energy to members. This is a new form of revenue for ACCA which will receive 10% of the revenue generated from the program. <p>PEI: B. Nutbrown presented the Prince Edward Island Nursing Home Association report. Highlights from the report include:</p> <ul style="list-style-type: none"> • Annual inspections are carried out by the Licensing Board. • No public reports have been established as of yet, but it is currently being contemplated. • The Association has asked for, and seem to have agreement on, a committee to discuss a number of initiatives for the good of the industry and cash containment for | |

| SUBJECT | SUMMARY | ACTION |
|---------|--|--------|
| | <p>the government.</p> <p>British Columbia: D. Fontaine presented the BC Care Providers Association report. Highlights from the report include:</p> <ul style="list-style-type: none"> • BC’s Ombudsperson made recommendations regarding the process for appointing the Public Guardian and Trustee to manage the financial affairs of incapable adults. The Ombudsperson recommended, among other things, that adults under statutory guardianship be entitled to have their capability reassessed upon discharge from residential care. • The Provincial Dementia Action Plan for British Columbia outlines province-wide priorities for improved dementia care through health system and service redesign work currently underway in BC. It is intended to support collaborative action over the next two years by individuals, health professionals, health authorities, and community organizations to achieve quality care and support for people with dementia, from prevention through to end of life. • Provincial End-of-Life Care Action Plan for British Columbia includes strategies to improve access to end-of-life care so people can remain at home and in their community longer, and commits funding to establish a centre for excellence in end-of-life care. • Minister’s Lunch on October 9, 2013 will be co-hosting a special lunch featuring guest speaker the Hon. Terry Lake, Minister of Health. His speech is entitled, “A Vision for Taking Care of BC Seniors.” BCCPA is co-hosting the event with the BC Seniors Living Association and the Denominational Health Association. Our vision is to make this an annual event. • Care to Chat is a new speaker series hosted by the BCCPA featuring Canada’s opinion leaders and experts. The lunch and breakfast sessions address important issues facing formal care providers, other professionals, business leaders, as well as seniors and their families. The first event will be on November 7, 2013, and it will be moderated by Rick Cluff, host of CBC’s Early Edition. <p>Ontario: D. Rubin and P. McCarthy presented both Ontario Association of Non-Profit Homes & Services for Seniors and Ontario Long Term Care Association’s reports:</p> | |

| SUBJECT | SUMMARY | ACTION |
|---------------------------------|---|--|
| | <p>Highlights from the reports include:</p> <ul style="list-style-type: none"> • Minister of Health announced that it would hire additional LTC inspectors to ensure that all homes receive an annual inspection before the end of 2014. The announcement came in response to media reports that the Ministry had not met its original commitment of one RQI annually. • The Ministry of Health and Long-Term Care is currently in discussions with Infrastructure Ontario, Deloitte and other stakeholders to hear any solutions the sector can suggest to the Ministry to ensure a viable capital renewal program as well as consider the possibility of ancillary revenue generation. • Ontario Government announced it moving away from OHIP billing of physiotherapy services in Long Term Care to a direct funding model of \$750 per bed per year for one-to-one physiotherapy services and \$0.27 prd for exercise classes. • Dr. Samir Sinha, Ontario Government’s lead on Seniors Health released his Seniors Strategy to the Minister of Health and Long-Term Care, which supports Ontario’s Health Action Plan that is the strategy document and narrative driving health system transformation and funding redistribution (including the shift to the community) in Ontario. • In Fall of 2013, the Task Force on Resident Care and Safety will issue its second progress report marking the progress made against the 18 action items identified in the report, 11 of which required leadership on the part of the sector. • The Ontario Medical Association (OMA) announced in June that they will work with other interested stakeholders, other physician groups, hospitals, community providers, other health professionals, government and, most important of all, patients to propose and implement a Province wide plan for End of Life Care. OLTC recently contacted the OMA to see how we can participate. | |
| <p>2.0 Guest Speaker</p> | <p>Dr. Colin Preyra presented to the Alliance on the planning, funding and integration strategy for the future of long term care.</p> <p>Funding, quality and planning integration is imperative to all streams of health care. Long term care is changing and it is increasingly a science-based industry. Using science means</p> | <p>M.Gradini to share the presentation deck with Alliance members.</p> |

| SUBJECT | SUMMARY | ACTION |
|---------|---|--------|
| | <p>attempting to explain, involving the scientific community, relies on evidence and uses testable ideas.</p> <p>Dr. Preyra assesses the need to support integration in long term care, addresses capacity planning through complementary long term services and supports (short stay and end of life care), assesses quality, and concludes the presentation with analysis of case mix funding.</p> <p>The presentation will be circulated to the Alliance for review and further analysis, concluding the annual meeting.</p> | |

| SUBJECT | SUMMARY | ACTION |
|--------------------------------------|---|--------|
| <p>3.0 Strategic Planning</p> | <p>Facilitator, Judy Wolfe, lead the Alliance through a Strategic Planning activity to determine the future directions and strategic input and work that the Alliance should be partaking in, on a go forward basis.</p> <p>The activity will allow the Alliance to determine the purpose of the Alliance and determine who will be doing the work to push the purpose forward.</p> <p>The Alliance determined that inaction was not an option going forward and there is an interest in developing common positions and resources on a national level for education purposes.</p> <p>To allow the Alliance to be a successful group for each other, each province needs to create a strategy that will develop behaviours that allow Alliance members to be more efficient and effective on sharing information on a more pragmatic basis. Collecting and assembling the information for easier reference and analysis is critical to achieving this.</p> <p>Informing members on what other jurisdictions, associations etc. have done on specific issues is the largest opportunity and value-add of being part of this Alliance. The ability to share information and attain feedback in a more timely way is vital.</p> <p>CALTC's proposed Vision: The go-to organization for long term care sector information and recommendations on a federal level, because we are the experts and will work to continue to be the experts on quality information.</p> <p>CALTC will be a leader in the sector because we are the experts, we influence others and we provide quality information.</p> <p>We do so through:</p> <ul style="list-style-type: none"> • Policy and research • Information sharing • Stakeholder engagement • Issues identification | |

| SUBJECT | SUMMARY | ACTION |
|---------|--|--------|
| | <p>The Alliance is lead through a discussion on where CALTC will be by 2018 (five years from now), and how CALTC will achieve the proposed vision, who will be doing the work and what resources and monies will be used to achieve this.</p> <p>There are five steps in achieving this:</p> <ol style="list-style-type: none"> 1. We are the go to experts for ourselves. 2. Move that information into a broader landscape than ourselves. 3. Associations understand that this is a value proposition. 4. Beginning to fund resources that help manage this for us. 5. CALTC has its own stand alone profile. <p>The Alliance determined that there are a number of common issues that can be better discussed and collaborated on, by dedicating conference calls to specific subject matter. It is suggested that by the next annual meeting, the Alliance will have created a position paper on one main issue. Conference calls will still have a time set aside to discuss the pressing issues that associations are currently undertaking and a collaborative discussion will take place said issues.</p> <p>In conclusion, the Alliance determined the next steps will be as follows:</p> <ul style="list-style-type: none"> - Establish a four person executive team that alternates every year - 2014/15 executive team is: <ul style="list-style-type: none"> - Jan Legeros - Michael Keating - Daniel Fontaine - Karen Sullivan or Bill Dillane Candace Chartier <p>Within the first year, the executive team will establish an application to incorporate CALTC, create a business case create a business case that will include the process for application for federal government grant money to hire an Administrator/ED type person and an Admin staff person full-time.</p> | |

| SUBJECT | SUMMARY | ACTION |
|--------------------------------------|---|--------|
| | <p>On the next quarterly conference call, the executive team will present a proposed plan to accomplish the above for direction from the group. This will be the basis of the business plan that will be used to apply for a grant.</p> <p>The proposed plan will be sent to the Alliance with in a timely manner, prior to the conference call for review.</p> | |
| <p>4.0 Wrap-up/Next Steps</p> | <p>The Alliance determined that the 2014 annual meeting will be hosted by BC Care Providers Association on Sunday, August 24 – Tuesday, August 26, 2014.</p> <p>The quarterly meeting dates and hosting provinces for the remainder of the year are captioned below:</p> <ul style="list-style-type: none"> • Wednesday, October 16th, hosted by Long Term & Continuing Care Association of Manitoba • Tuesday, February 18th, hosted by Alberta Continuing Care Association • Tuesday, April 15th, hosted by Health Association Nova Scotia • Tuesday, July 15th, hosted by BC Care Providers Association <p>Teleconference times will be scheduled during the regular meeting times in past, as per each individual time zones.</p> | |



**Canadian Alliance
for Long Term Care**

CALTC Communications Team Terms of Reference

Definitions:

CALTC Members: refers to voting and non-voting members as defined in the CALTC Terms of Reference.

Voting Member: Provincial Long Term Care Associations as defined in the CALTC Terms of Reference.

Quorum: shall be calculated based on the number of representatives appointed to the committee each year. A minimum fifty percent (50%) plus one of the total representatives shall constitute a forum.

Policy and Procedure: any document that regulates the transactions and affairs of CALTC.

Purpose

- To advise and assist CALTC Members in developing a strategic communications plan in conjunction with CALTC's annual strategic plan.
- To advise and assist in developing and maintaining the CALTC web presence.
- To advise and assist in the development of CALTC policies and procedures.
- To advise and assist in the development of CALTC key messaging, correspondence and media releases
-

Communication may be directed at the following:

- Politicians and bureaucrats at the federal level
- The media and through them to the broader Canadian public
- Members of related, peripheral and support professions and disciplines

Members

This committee shall consist of one chair and two or more volunteer representatives.

Chair:

Shall be a CALTC Member Executive Director or Board member and shall be appointed by CALTC members.

Representatives:

Each CALTC Voting Member may volunteer a communications representative from their respective association to serve on this committee.

Status and Authority

The communications committee is an advisory committee to CALTC members. The Committee has no decision making authority on behalf of CALTC.

The Chair shall be responsible for chairing the meetings, keeping records of recommendations, reporting activities of the Committee to CALTC Members and that updates on communication-related matters are provided to CALTC Members in a timely matter and as appropriate.

Meetings

Meetings shall be convened at the call of the Communications Chair and only if a quorum is achieved.

Representatives from the committee may be asked to attend the annual in-person meetings.

Term

The chair shall be elected for a two year term. Elections shall be held at the CALTC annual meeting.

There will be a call for volunteers to be members of the communications teams at the annual general meeting.

| Date Approved | List of Changes |
|----------------------|-------------------------|
| Feb. 5, 2013 | Newly drafted document. |
| | |
| | |
| | |
| | |



Canadian Alliance for Long Term Care



**Canadian Alliance
for Long Term Care**



PEI Nursing Home Association.



Communication Plan 2013

Marketing Communications Plan

At the 2012 in-person meeting held in Banff Alberta, a need was identified by the CALTC members to move the Alliance from an information sharing group to a more active/advocacy role in national initiatives. At the meeting it was determined that a communications strategy should be put together with easily achievable targets that work naturally with provincial association normal activities as the best approach.

Purpose

The purpose for 2013 would be to raise awareness of the Canadian Alliance for Long Term Care and to market the Alliance as a source of expertise for the long term care industry and the role long term care plays in the healthcare system.

Target Market

- National Associations attached to healthcare
- Federal Policy Makers
- Chairs and key members of the Health Care Innovation Working Group
- Canadian Nurses Association
- Canadian Medical Association
- Key Federal Ministers and MP's
- (May want to add National Advocacy Groups)

Strategies

Strategy 1: Message and Visual Identity

A CALTC general message to be used on all communications materials will emphasize the expertise of members; the role of LTC in healthcare; finding information about the Alliance and the cooperation between provinces.

Develop:

- *A "Branded" look with one consistent logo should be developed for members to use that will visually set the Alliance work apart from individual association business.*
- *Tag or one-line that captures the essence of what the Alliance is about*
- *Who we Are description*
- *Update website to complement "Brand"*

Feb. 5, 2013 – CALTC Approved plan to this point

Strategy 2: Information

To provide CALTC members with readily sharable information when communicating with those identified in the Communication Strategy target market.

Develop:

- *Identify three top priorities and how it relates to national priorities from other organizations/ government already being discussed nationally*
- *An introductory “what can we do for you?” letter template offering Alliance expertise*
- *Who we Are brochure or one-page with contact information*
- *A “white” paper to serve as a condensed version of information of the top three identified priorities*

Strategy 3: Getting the message out

Outside National organizations and Federal government policy makers and representatives should recognize CALTC as a national voice for LTC.

Develop:

- *A list of contacts and contact information for all identified target audience organizations and the priority in which they should be approached.*
- *A list of national media journalist*
- *Send an introductory letter to key target market contacts identifying a need to meet personally with key members of the Alliance.*
- *Create a script of factual statements for Alliance “ambassadors”*
- *Create a printable package on the Members’ Only side of CALTC website easily accessible to all members*
- *A calendar for target market scheduled meetings for core CALTC members to volunteer to attend*
- *Ensure CALTC website remains relevant and up to date*
- *On-the-fly news releases or responses to immerging issues affecting the long term care industry*

Future Meeting Information CALTC

The 2015 annual meeting will be hosted by >>>>>>>>>> beginning on Sunday, August 23 – Tuesday, August 25, 2015.

CALTC Annual Meeting History 2002 – 2014

| Year | Location of AGM |
|------|-------------------------|
| 2002 | CALTC Annual Meeting MB |
| 2003 | CALTC Annual Meeting AB |
| 2004 | CALTC Annual Meeting ON |
| 2005 | CALTC Annual Meeting BC |
| 2006 | CALTC Annual Meeting MB |
| 2007 | CALTC Annual Meeting AB |
| 2008 | CALTC Annual Meeting ON |
| 2009 | CALTC Annual Meeting BC |
| 2010 | CALTC Annual Meeting NB |
| 2011 | CALTC Annual Meeting MB |
| 2012 | CALTC Annual Meeting AB |
| 2013 | CALTC Annual Meeting ON |
| 2014 | CALTC Annual Meeting BC |

Suggestions for quarterly meeting dates and hosting provinces for 2014-2015:

- Tuesday, October 14th, 2014 hosted by
- Tuesday, February 17th, 2015 hosted by
- Tuesday, April 14th, 2015 hosted by
- Tuesday, July 14th, 2015 hosted by (Association who will host Annual Meeting)

Teleconference times will be scheduled during the regular meeting times in past, as per each individual time zones.

09:00 -11:00 British Columbia

10:00 - 12:00 Alberta

10:00 - 12:00 Saskatchewan

11:00 - 13:00 Manitoba

12:00 - 14:00 Ontario

13:00 - 15:00 New Brunswick/PEI/Nova Scotia

Future Meeting Information CALTC

2013-14 Conference Call History:

The quarterly conference call meeting dates and hosting provinces for coming year are captioned below:

- Wednesday, October 16th, hosted by Long Term & Continuing Care Association of Manitoba
- Tuesday, February 18th, hosted by Alberta Continuing Care Association
- Tuesday, April 15th, hosted by Health Association Nova Scotia
- Tuesday, July 15th, hosted by BC Care Providers Association



Policy 1.0 Decision-Making Model

Definitions:

Quorum: minimum of fifty percent (50%) plus one (1) voting members

Majority Consent: fifty percent (50%) plus one (1) in agreement

Consensus: one hundred percent (100%) in agreement

Voting Member: Provincial Long Term Care Associations

Non-voting member: National Corporate Members

The purpose of this policy is to establish organizational procedures to ensure a cooperative process in which a quorum of CALTC members develop and agree to support a decision in the best interest of the whole.

Number of votes: each Provincial Long Term Care Associations is given one vote. National Corporate Members do not have voting privileges.

Voting Methods: Voting may occur via conference call, email and via proxy.

Consensus Vote

When CALTC takes a common position on issues of interest, approval of new projects/policies or addition of new members, the CALTC members will attempt to come to a consensus. If consensus is not possible, then the group shall turn to the Majority Vote Decision rule.

Majority Vote Decision Rule

If consensus is not reached by the group, fifty percent (50%) of the participating voting members plus one (1) shall be sufficient agreement to pass the motion being brought forward. Opposed votes will be duly noted on all internal and external documentation and any opposing association is free to release their own position regarding the position/subject at hand.

Date Approved Nov. 2012

List of Changes

(Place Date Here)



Policy 2.0 Cost Sharing

Definitions:

Expenditures: costs associated with goods and services agreed upon by CALTC voting members

Cost Sharing: is the formula used to calculate each CALTC voting member portion of the total costs of goods and services delivered

Mandatory Cost Sharing: all CALTC voting members will be required to share in the costs of all agreed upon goods and services

Long Term Care Beds: also known as auxiliary hospital or nursing home, being residential care for persons with chronic or progressive conditions. Provide 24-hour professional nursing care (onsite RN) and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes or in a supportive living setting. Does not include special program beds, such as respite.

The purpose of this policy is to establish a fair procedure for calculating cost sharing expenditures.

Meeting Costs

Telephone conference calls: When an association hosts a conference call they pay for the conference line, including long distance fees.

Annual General Meeting: All travel, additional voluntary activities/entertainment such as golfing and accommodation hotel costs for the annual meeting are borne by the individual attending association or corporation.

The overall costs for meeting space, coffee breaks, and meals for the two day annual meeting are borne by the host association. Please refer to the Terms of Reference for further details.

Administrative and Misc Costs

Cost Sharing Formula The following formula will be used to calculate each individual voting member share of mandatory cost obligation(s):

Each Provincial LTC Association will be equally responsible for up to \$300.00 base amount with the additional amounts owing being calculated: $(\text{Total Provincial LTC Association Representative LTC Beds} / \text{Entire Provincial Association members LTC Beds}) \times 100 = \text{each voting member proportional percentage of mandatory (in addition to the \$300.00 base amount) cost obligation from the remaining total cost for goods/services.}$

Date Approved Nov. 2012

List of Changes

(Place Date Here)

Newly drafted document



**Canadian Alliance
for Long Term Care**

Policy 3.0 Speaking With One Voice

Definitions:

Advocacy means the activities of CALTC in pursuit of public policy objectives related to its overall mandate.

Lobbying means any activities undertaken to influence the thinking of an elected official or public servant.

Policy position is the position CALTC takes on a subject of public policy.

Urgent: requiring immediate action before the next scheduled CALTC meeting.

Consensus: one hundred percent (100%) in agreement

Majority Consent: fifty percent (50%) plus one (1) in agreement

Voting Member: Provincial Long Term Care Associations

Non-voting member: National Corporate Member

The purpose of this policy is to establish organizational procedures to ensure a quick response to advocacy, lobbying, policy or urgent matters on issues affecting the long term care industry and the course of action when speaking with one voice.

Speaking with one voice

All business requiring a response by the Association shall be brought forward at the first scheduled CALTC meeting unless requiring an urgent response in which case shall follow the procedure as outlined under [Urgent Response](#).

A draft response will be created by the Communications Committee and brought forward at the next scheduled CALTC meeting.

CALTC voting members shall review the information and come to a consensus. Should the group not reach a consensus agreement, then it shall refer to [Policy 1.0 – Decision-Making Model](#) and the final decision shall be recorded in the meeting minutes.

Once the response has been approved for release, and any opposed associations of the position or statement contained in the submission is duly noted, it shall be delivered on CALTC letterhead with logos of the all the member associations.

No releases shall be made public on CALTC letterhead without a minimum of majority consent.

Urgent Response

Should any CALTC member decide an urgent response to an issue affecting long term care is necessary, the issue shall be forwarded to the Chair of the Communications Committee.

The Chair of the Communications Committee will forward to all members including the members of the Communications Committee via email a notice and details of the issue to be addressed.

Voting members of CALTC shall respond within 24 hours as to the relevance and need for a response on behalf of the Alliance. If a consensus or majority in accordance to Policy 1.0 - Decision-Making Model cannot be attained, there will be no response on behalf of CALTC.

Should a consensus/majority be reached, the Chair of the Communications Committee will ask members of the Communications committee to draft a response. The response will be forwarded to the voting members of the Alliance for comment and final approval.

CALTC voting members shall review the information and come to a consensus according to Policy 1.0 - Decision-Making Model and the final decision shall be recorded in the next scheduled meeting minutes.

Date Approved Nov. 2012

List of Changes

(Place Date Here)

Newly drafted document

Policy 4.0

Process for approval of major and minor updates for the CALTC Website

Definitions:

Major changes and updates would entail addition, deletion or replacement of a substantial portion of the website affecting the intent, content, structure and cost.

Minor changes and updates would entail addition, deletion or replacement for the purpose of keeping the content of the website up-to-date without changing the original intent with no additional costs outside the agreed provider contract.

Urgent changes and updates would entail a member of the association to request an immediate change to the website.

Majority Consent: fifty percent (50%) plus one (1) in agreement

Consensus: one hundred percent (100%) in agreement

Voting Member: Provincial Long Term Care Associations

Non-voting member: National Corporate Member

Maintenance and change to the CALTC website will be the responsibility of the CALTC Communications Committee in accordance with the Policy regarding the process for approval of major and minor updates.

Major

Should the CALTC Communications Committee decide a major change to the CALTC website as defined above needs to occur, the CALTC Communication Committee Chair shall submit at the next scheduled meeting, recommendations to the Association members.

CALTC members shall review the request and come to a consensus according to Policy 1.0 Decision-Making Model and the final decision shall be recorded in the meeting minutes.

Minor

Should the CALTC Communications Committee decide a minor change to the CALTC website as defined above needs to occur, the CALTC Communication Committee shall use the same Policy 1.0 Decision-Making Model to come to a consensus amongst the committee. The Communications Committee may define responsibility of some or all minor changes to be at the discretion of the website administrator.

Urgent

Should a member of the CALTC Association see the need for an urgent change to the website, the said member shall provide details of what change needs to be made and why the change is urgent via email to the Chair of the Communications Committee. If the request is deemed to be a major change, the Chair will use his/her discrepancy to put forth via email (instead of waiting till the next scheduled

meeting) a request to review the recommendation for approval to the CALTC voting members. If a consensus is reached, it shall be noted in the next CALTC meeting minutes.

If a consensus via email cannot be achieved, the Chair may call an unscheduled meeting to reach a majority rules in accordance with Policy 1.0 - Decision-Making Model.

Date Approved Nov. 2012

List of Changes

(Place Date Here)

| |
|--|
| |
| |



Canadian Alliance for Long Term Care

Terms of Reference

Purpose

- Share information, insights and best practices on current and emerging long term care issues.
- Collaborate to address issues and opportunities that impact long term care.
- Take common positions on issues that have broad impact on participating associations.

Functions

Provincial Association and National Corporate Members of CALTC share briefing notes, position papers, communications, and annual reports as well as information regarding, legislation, regulations, policies, agreements etc. from their provincial government.

The Alliance may from time to time, decide to take a common position on a relevant issue that has an impact on all or most participating associations and their members.

Incorporation / Registration

The Canadian Alliance for Long Term Care (CALTC) is not registered as a federal non-profit association. It is registered as of 2005, in the province of Ontario, as a business “style name”. The Ontario Long Term Care Association (OLTCA) has agreed to assume the responsibility as custodian of the name and operations (head office) of the Association for as long as it remains registered under the Ontario business style. Should the Alliance wish to proceed with incorporation, according to Policy 1.0 - Decision-Making Model, OLTCA will release the business style registration in favour of a new corporate registration without prejudice.

In the absence of bylaws, members of the Alliance will refer to the most current Terms of Reference and any subsequent policies that may be created or referenced for clarity in processes and expectations. All policies will be put to a vote in accordance with the CALTC Policy 1.0 - Decision-Making Model.

The Official French translation of the CALTC will be L’Alliance canadienne des soins de longue durée.

Financial Support

There are no fees associated with being a member of CALTC.

For projects, initiatives or administration processes requiring financial resources, provincial association members of the Alliance will pay a proportional in accordance with CALTC Policy 2.0 - Cost Sharing.

When an association hosts a conference call they pay for the conference line, including long distance fees.

Administrative Support

Limited administrative support including website administration, as well as French translation services have been secured to enhance the functioning of the Alliance. Each Association assists in supporting the Alliance by sharing the costs of these services according to CALTC Policy 2.0 - Cost Sharing.

Membership

Membership consists of a mix of long term care provincial associations (voting) and national long term care corporations operating in at least three provinces from across Canada (non-voting).

Each voting member long term care association will have at a minimum, two representatives, a chief executive officer / executive director of a provincial association and one elected member of their board. Each association is responsible to report to their perspective Board of Directors on the activities, issues, initiatives and decisions of CALTC. Each voting member is entitled to one equal weighted vote.

Any new requests for membership will be considered and discussed by current members and put to a vote in accordance with the CALTC Policy 1.0 - Decision-Making Model.

New members must either be an association* representing long term care operators within a province in Canada (voting) or a national corporation operating long term care homes in three or more provinces (non-voting).

***Note:** In the case where there is no long term care association in a particular province, the 'health care association' representing long term care homes may apply. In this case, a senior staff person and elected board member with knowledge of long term care may serve as the representatives. Associations that are government representatives are not eligible for membership.

Provincial Long Term Care Association Members (voting):

BC Care Providers Association (2002)
Alberta Continuing Care Association (2002)
Long Term & Continuing Care Association of Manitoba (2002)
Ontario Long Term Care Association (2002)
Ontario Association of Non-Profit Homes & Services for Seniors (2007)
New Brunswick Nursing Home Association (2006)
Prince Edward Island Nursing Home Association (2011)
Health Association Nova Scotia (2012)

National Corporate Members (non-voting)

Revera Long Term Care Inc. (founding member) (2002)
Extendicare (Canada) Inc. (founding member) (2002)
Chartwell Retirement Residences (2003)
Responsive Health Management (founding member) (2002)

Meetings

The Alliance meets formally on a quarterly basis and each association is responsible for hosting on a rotational basis. Three conference calls will be held and one annual meeting in person. These meetings will be scheduled at each annual in-person meeting for the following year.

Additional ad-hoc meetings may be called. Sub committees may be created on a temporary or permanent basis and called to meet from time to time.

Quorum:

Quorum shall be a minimum of fifty percent (50%) plus one (1) of voting CALTC members. A quorum must be obtained for any called meetings or to vote on matters on behalf of the Alliance.

Annual in-person meeting:

Meetings are scheduled sometime between late summer and early fall and will be held in a different participating province each year on a rotating basis.

All travel, additional voluntary activities/entertainment such as golfing and hotel costs for the annual meeting are borne by the individual attending association or corporation.

The overall costs for meeting space, coffee breaks, and meals for the two day annual meeting are borne by the host association.

Typical agenda: attendees arrive Sunday afternoon with the first hosted dinner that evening. Business meetings commence first thing Monday morning, usually a working breakfast and lunch service in the meeting room (or close by), followed by a more formal dinner in the evening. Business meeting continues on Tuesday with working breakfast and lunch service. Attendees depart late Tuesday afternoon.

List of Policies

Policy 1.0 – Decision-Making Model

Policy 2.0 – Cost Sharing

Policy 3.0 – Speaking with one Voice

Policy 4.0 – Process for Approval of Major and Minor Updates for the CALTC Website

Date Approved Nov. 2012 List of Changes

| | |
|-------------|---|
| (Nov. 2012) | Newly drafted document to replace 2009 T of R, Purpose Statement, Decision Making Model and Membership document. PEI and Nova Scotia added as new voting members. |
| | |
| | |
| | |