

Annual General Meeting

Monday, June 23, 2014

7:00 PM

Active Living Centre

Canada Summit Centre, 20 Park Drive, Huntsville, Ontario

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- | | |
|--|--------------------|
| 1. Chair's Welcome/Call To Order | Larry Saunders |
| 2. Approval of the Agenda* | Larry Saunders |
| 3. Approval of the Minutes of the Previous Annual General Meeting* | Larry Saunders |
| 4. Report of the Board Chair | Larry Saunders |
| 5. Report of the Chief Executive Officer | Natalie Bubela |
| 6. Report of the Chief of Staff / Medical Advisory Committee | Dr. Jan Goossens |
| 7. Board Award of Excellence | Gregg Evans |
| 8. Receipt of the Annual Reports* | Larry Saunders |
| 9. Report of the Auditor | Oscar Poloni, KPMG |
| • Presentation of the Audited Financial Statements* | Joe Swiniarski |
| • Appointment of Corporate Auditors* | Joe Swiniarski |
| 10. Report of the Nominations Committee | Larry Saunders |
| • Election of Directors* | |
| 11. Termination of Meeting* | Larry Saunders |

*Denotes motion required

**MINUTES OF THE ANNUAL GENERAL MEETING
FOR THE MEMBERS OF THE CORPORATION,
MUSKOKA ALGONQUIN HEALTHCARE
MONDAY, JUNE 24, 2013, 7:00 P.M.**

Bracebridge Sportsplex, Bracebridge, Ontario

Approval Pending

MEMBERS PRESENT:

Larry Saunders
Charles Forret
Evelyn Brown
Gregg Evans
Catherine King

Eric Spinks
Phil Matthews
Bill Garriock
Joe Swiniarski
Rick Durst

Mike Provan
Natalie Bubela
Dr. Jan Goossens

Mr. Larry Saunders, Chair of the Board of Directors called the 2013 annual meeting of the Corporation of Muskoka Algonquin Healthcare to order at 7:06 pm and declared the meeting duly constituted with a quorum present for the transaction of business.

It was moved, seconded and carried

THAT THE AGENDA BE ADOPTED AS CIRCULATED.

1. Previous Minutes

The minutes of the previous annual meeting were provided to all in attendance along with the Annual Report. Copies of the Annual Report are available from Administration. There was no business arising from the minutes of the previous annual meeting.

It was moved, seconded and carried

THAT THE MINUTES OF THE JUNE 18, 2013 ANNUAL GENERAL MEETING OF THE CORPORATION OF MUSKOKA ALGONQUIN HEALTHCARE BE ADOPTED AS CIRCULATED.

2. Report of the Board Chair

The Chair introduced the Annual Report and explained that the format for the annual meeting has been revised this year. The changes are intended to ensure more focus on sharing information regarding some

of the projects occurring within the Hospitals and to celebrate the exceptional people providing service to patient every day. The Chair introduced the 2012/13 Board of Directors and provided an overview of the hospital activity over the past year including number of admissions, emergency visits, surgeries and ambulatory care visits. Mr. Saunders also spoke about the progress of the Strategic Plan and highlighted some of the key achievements over the past year including meeting 85% of the Quality Improvement Plan targets, eleven new innovations implemented within the Hospitals to improve patient care and the training of twenty-five staff members in LEAN methodology. In closing, L. Saunders emphasized that a lot has been accomplished and those accomplishments have meant a lot of change for Muskoka Algonquin Healthcare

3. Report of the Chief Executive Officer

Natalie Bubela explained that Muskoka Algonquin Healthcare is fortunate to have the very talented and skilled staff and physicians that it does have to enable the organization to continue to progress and evolve and impact improvements to the patient experience. One of the ways that Muskoka Algonquin has gone about to make improvements has been with the adoption of a LEAN improvement approach. What is Lean in healthcare - it is making process changes that ensure the right service, when it is needed, the right way and the first time. Three LEAN related projects were outlined for the audience - Bed Allocation information was provided by Donna Carson, Clinical Leader; Care Coordination information was provided by Kathleen vom Scheidt, Manager of Inpatient Services and Leslie Secord, RN provided information related to Infection Control Screening. In addition, Natalie Bubela welcomed Vivian Demian to provide an overview of the new Seniors Assessment and Support Outreach Program that has been in operation for one year in the Southern Muskoka catchment area.

4. Report of the Chief of Staff

Dr. Jan Goossens spoke to the report included in the meeting package noting the excellent care provided by the Medical Staff at Muskoka Algonquin Healthcare. Dr. Goossens indicated that four new physicians were welcomed to the medical staff over the past year. In addition, the work of the Medical Leadership was also recognized.

5. Board Award of Excellence

Mr. Phil Matthews, Chair of the Resources Committee indicated that the number of peer nominations received related to the Board Award of Excellence continues to increase each year being a true testament to the calibre of staff and physicians at Muskoka Algonquin Healthcare. The Nominations Process was reviewed and the awards were presented to Darlene Rosbottom, Steve Cairns, Eileen McHugh and Dr. A. Drohomyrecky.

6. Annual Reports

It was moved, seconded and carried

THAT THE MEMBERS OF THE CORPORATION RECEIVE THE REPORTS OF THE BOARD CHAIR, CHIEF EXECUTIVE OFFICER, CHIEF OF STAFF, QUALITY AND PATIENT SAFETY COMMITTEE, RESOURCES COMMITTEE AND GOVERNANCE COMMITTEE.

7. Report of the Corporate Auditor

Mr. Del Sedore of KPMG delivered the Audit Report. Mr. Sedore noted that it is the responsibility of an external auditor to conduct its audit in accordance with Generally Accepted Auditing Standards, as set out by the Canadian Institute of Chartered Accountants and to express an opinion on whether the statements present fairly the financial position of the corporation. Copies of the financial statements were available to attendees and will be posted on the hospital's website. The financial statements include the Auditor's Report, statements of operations, changes in deficiency and cash flows for the year ended March 31, 2012 and 2013 and a balance sheet as of March 31, 2013.

The KPMG Audit Findings Report for the year ended March 31, 2013 expresses the opinion without reservation that the financial statement present fairly, in all material respects, the financial position of Muskoka Algonquin Healthcare as at March 31, 2013, and the results of its operations and its cash flows for the fiscal year ended, in accordance with Canadian generally accepted accounting principles and that these principles have been applied on a basis consistent with that of the preceding year.

8. Report of the Audit Committee and Appointment of the Auditor

Gregg Evans, on behalf of John Sinclair chair of the Audit Committee, presented the audited financial Statements noting that from a financial perspective, it has been another very successful year for the Hospital. The year ended in a surplus position of approximately \$92,000 representing the third consecutive year of surpluses. There was a slight increase in revenues over the 2012 fiscal year; this was largely in part to the Hospital receiving one-time funding in the amount of \$1.016 million. These dollars were provided to the Hospital as part of the Ministry of Health & Long-Term Care's capital working funds relief program and are designated dollars that are to help pay down the long term debt of the Hospital. The Hospital's working capital deficit stands at approximately \$10 million dollars to date. Managing cash and preventing further erosion of working capital will continue to be a major focus in the coming years.

It was moved seconded and carried

THAT THE AUDITED FINANCIAL STATEMENTS OF MUSKOKA ALGONQUIN HEALTHCARE FOR THE YEAR ENDED MARCH 31, 2013 BE RECEIVED.

It was moved seconded and carried

THAT KPMG BE APPOINTED AS THE CORPORATE AUDITOR FOR MUSKOKA ALGONQUIN HEALTHCARE TO HOLD OFFICE UNTIL THE NEXT ANNUAL GENERAL MEETING.

9. Bylaw Amendments

Evelyn Brown indicated that a working group consisting of physicians and staff conducted a comprehensive review of the Professional Staff portion of the Bylaw over the past year. The results of that review were presented to both the Medical Advisory Committee and Governance Committee. These two Committees worked together to recommend the final amendments to the Board of Directors. The amendments were

outlined in detail in the written report and include general editorial changes to provide clarity and align with industry standards; removing process and procedures pieces of appointment and re-appointment from the Bylaw and placed into policy as well as changes to the categories of Professional Staff.

It was moved, seconded and carried

THAT THE AMENDMENTS TO THE MUSKOKA ALGONQUIN HEALTHCARE BYLAW BE APPROVED.

10. Nominations Committee Report & Election of Directors

Evelyn Brown went on to outline the process undertaken of assessing current board members and recruiting new Board members. A rigorous recruitment process was undertaken to identify individuals that could provide the skills and talents needed going forward. In selecting nominees for election to the Board, the Committee endeavors to nominate candidates who have the skill set and experience that will strengthen governance and reflect the diversity of the communities served. The quality of the Board and its ability to govern depend on the characteristics, knowledge, skills, experience, perspectives and values of its members. To ensure an appropriate mix of attributes, the Nominations Committee first places ads in local media to encourage and welcome applications. The Committee then identifies potential Board candidates from those applicants, screens them to develop a pool of individuals who are interviewed by the Committee and finally chooses a list of candidates to recommend for nominations. The Hospital was fortunate to receive a high number of well qualified individuals, however, it did make the decision that much more difficult. Appreciation was expressed to all members of the public that took the time to apply and meet with the Nominations Committee.

It was moved, seconded and carried

THAT THE FOLLOWING INDIVIDUALS BE APPOINTED BY THE MEMBERS OF THE CORPORATION TO THE MUSKOKA ALGONQUIN HEALTHCARE BOARD OF DIRECTORS:

- PHIL MATTHEWS FOR A THREE-YEAR TERM ENDING 2016;
- LARRY SAUNDERS FOR A THREE-YEAR TERM ENDING 2016;
- CHRISTINE FEATHERSTONE FOR A THREE-YEAR TERM ENDING 2016;
- KEVIN KING FOR A THREE YEAR TERM ENDING 2016;
- DONNA DENNY FOR A ONE-YEAR TERM ENDING 2014;
- CAMERON RENWICK FOR A TWO-YEAR TERM ENDING 2015

11. Meeting Termination

It was moved, seconded and carried

**THAT 2013 ANNUAL GENERAL MEETING BE TERMINATED AT 8:13 P.M.
THAT 2012 ANNUAL GENERAL MEETING BE TERMINATED AT 8:17 P.M.**

1. Report of the Chief of Staff / Medical Advisory Committee
2. Report of the Quality & Patient Safety Committee
3. Report of the Resources Committee
4. Report of the Audit Committee
5. Report of the Governance Committee
6. Report of the Nominations Committee
7. Report of the South Muskoka Hospital Auxiliary
8. Report of the Huntsville District Memorial Hospital Auxiliary
9. Report of the South Muskoka Hospital Foundation
10. Report of the Huntsville District Memorial Hospital Foundation

APPENDIX

- A. Audit Findings Report
- B. Audited Financial Statements
- C. Annual General Meeting Presentation

ANNUAL MEDICAL ADVISORY COMMITTEE REPORT 2013 - 2014



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Dr. Jan Goossens, Chief of Staff

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Medical Advisory Committee during the 2013-2014 Board year. The report is being presented for receipt by the Members of the Corporation.

There were ten meetings of the Medical Advisory Committee this year as per work plan projections in

I. Summary list of key accomplishments this year:

- Trillium Gift of Life Program
- Disruptive Physician Policy
- Implementation of orders sets in the top 20 most common reasons for admission to MAHC. The use of orders sets facilitate safety in best practice.

II. Is the Committee following their work plan and meeting their terms of reference?

- The Medical Advisory Committee is responsible for the quality and safety of care delivery in Huntsville and Bracebridge Hospitals. The committee receives input from the Administration, Medical Quality Assurance committee and the Quality Counsel committee. In addition, there are reports from the Family practice, Obstetrics, Surgical Services, Pharmacy and Therapeutics, Patient Orders Set, Internal Medicine and Emergency committees.

III. Overview of key committee responsibilities with any recommendations for consideration in the upcoming year:

- Credentialing and re credentialing of physicians, midwives and dentists.
- Reviewing quality reports both from physician and hospital committees.
- Oversight of the various sensitivities in an effort to maintain the high quality standard of care patients of Muskoka have come to expect.

IV. Are there any emerging risks or recommendations arising from the Committee's work that the new Committee or the full board should be aware of?

- The hospital will need to adapt to changes and financial pressures in health care in a challenging financial market.
- It is imperative that physicians be engaged in the process.
- Physician recruitment and retention is also critical.

ANNUAL QUALITY & PATIENT SAFETY COMMITTEE REPORT 2012-2013



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Charles Forret, Vice-Chair/Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Quality & Patient Safety Committee during the 2013-2014 Board year and to identify recommendations for consideration in next year's committee work plan. The report is being presented for receipt by the Members of the Corporation. There were five meetings of the Quality & Patient Safety Committee this year as per work plan projections - August, October, December, February and April.

V. Summary list of key accomplishments this year:

- Maintained continual oversight of the Balanced Scorecard which includes indicators from the Quality Improvement Plan as well as the Patient Safety Plan. The year ended with many of the indicators successfully reaching the identified targets included in the Balanced Scorecard.
- Completed the one year post implementation review of the Quality of Care Review policy.
- Reviewed and endorsed the Medical Quality Assurance Committee Terms of Reference.
- Undertook a comprehensive review of the Disclosure of Patient Safety Incidents Policy and received an update in October and April regarding the aggregated critical incident data.
- Endorsed the Medical Human Resources Plan for Board approval.
- Ensured the Accessibility and Senior Friendly Plan met legislative requirements.
- Received an overview of the process to review and revise the Emergency Preparedness Program.

VI. Is the Committee following their work plan and meeting their terms of reference?

- A work plan for the committee was approved in September 2013 based on the Terms of Reference, and as of the end of April 2014, all deliverables will have been met.

VII. Overview of key committee responsibilities with any recommendations for consideration in the upcoming year:

- The Committee completed its annual review of the Terms of Reference
- Received regular updates and milestone reviews of the Strategic Plan Initiatives regarding Quality, Safety, Care Practices and the Customer Service Excellence Program and endorsed the Patient & Family Centred Care philosophy.
- Completed a review of the indicators included in the Balanced Scorecard on a bi-monthly basis which included an overview of any indicators not meeting target along with applicable action plans for improvement.
- Received regular updates related to the work of the Ethics Committee and the implementation of the program.
- Reviewed and advised the Board of the integrity and completeness of the appointment, reappointment and credentialing process for professional staff.
- Reviewed the patient relations data quarterly.
- Reviewed the expectations for the 2014-2015 Quality Improvement Plan as set out by the Ministry of Health and Long-Term Care. Recommended approval of the 2014-2015 Quality Improvement Plan to the Board of Directors.

VIII. Are there any emerging risks or recommendations arising from the Committee's work that the new Committee or the full board should be aware of?

- With the next Accreditation Survey scheduled to occur in the Fall of 2014, it is advised that the Committee continue to oversee the planning process and provide support as requested by Staff.
- Continued focus on the strengthening and communications of the Ethics Program framework.
- With additional Quality Based Procedures being rolled out in 2014-2015, the Committee will need to remain focused in their oversight of the progress of the working groups in reviewing best practice and efficiency and utilization expectations.
- Ensure Committee members have an understanding of Patient & Family Centred Care expectations in terms of Accreditation preparation and ensure regular reporting of the progress to the Board.

Quality & Patient Safety Committee Work Plan for 2013-2014

Meeting Date:	August 29, 2013	October 24, 2013	December 19, 2013	February 27, 2014	April 24, 2014
<i>Contribute to Strategic Direction</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> o 1a. Quality/Safety o 2a. Care Practices o 3a. Customer Service Excellence 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> o 1a. Quality/Safety o 2a. Care Practices o 3a. Customer Service Excellence 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates - Year 1: <ul style="list-style-type: none"> o 1a. Quality/Safety o 2a. Care Practices o 3a. Customer Service Excellence <input checked="" type="checkbox"/> Receive Year 3 Project Charters 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> o 1a. Quality/Safety o 2a. Care Practices o 3a. Customer Service Excellence 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> o 1a. Quality/Safety o 2a. Care Practices o 3a. Customer Service Excellence
<i>Ensure Program Quality & Effectiveness</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balanced Scorecard Review including Quality Improvement Plan & Safety Plan Indicators <input checked="" type="checkbox"/> Ethics Program Update <input checked="" type="checkbox"/> Patient Relations Process Review <input checked="" type="checkbox"/> Patient Relations Report Q1 <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> QCIPA Policy Review <input checked="" type="checkbox"/> Credentialing Process Review <input checked="" type="checkbox"/> Patient Satisfaction Survey Results <input checked="" type="checkbox"/> Accreditation Planning Update 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balanced Scorecard Review including Quality Improvement Plan & Safety Plan Indicators <input checked="" type="checkbox"/> Health Quality Council Analysis of MAHC QIP <input checked="" type="checkbox"/> Patient Relations Report Q2 <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Quality Council Work Plan <input checked="" type="checkbox"/> Medical Quality Assurance Terms of Reference <input checked="" type="checkbox"/> Accreditation Planning Update <input checked="" type="checkbox"/> Disclosure of Patient Safety Incidents Policy Review <input checked="" type="checkbox"/> Critical Incident Process and Report <input checked="" type="checkbox"/> Quality Based Procedures Update 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balanced Scorecard Review including Quality Improvement Plan & Safety Plan Indicators <input checked="" type="checkbox"/> Ethics Program Update <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Accreditation Planning Update <input checked="" type="checkbox"/> Review of QIP and identify potential changes for 2014-2015 <input checked="" type="checkbox"/> Quality Based Procedures Update <input checked="" type="checkbox"/> Endorse Medical Human Resources Plan for Board Approval <input checked="" type="checkbox"/> Endorse Accessibility and Senior Friendly Plan for Board Approval <input checked="" type="checkbox"/> Review of flow chart outlining internal physician complaint process 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balanced Scorecard Review including Quality Improvement Plan & Safety Plan Indicators <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Patient Relations Report - Q3 <input checked="" type="checkbox"/> Patient Satisfaction Results <input checked="" type="checkbox"/> Accreditation Planning Update <input checked="" type="checkbox"/> QIP Endorsement for Board approval <input checked="" type="checkbox"/> Quality Based Procedures Update <input checked="" type="checkbox"/> Receive plan for Emergency Preparedness Program Review 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Balanced Scorecard Review including Quality Improvement Plan & Safety Plan Indicators <input checked="" type="checkbox"/> Ethics Program Update <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Patient Relations Report – Q4 <input checked="" type="checkbox"/> Patient Satisfaction Results <input checked="" type="checkbox"/> Accreditation Planning Update <input checked="" type="checkbox"/> Critical Incident Update <input checked="" type="checkbox"/> Finalize/endorse Emergency Preparedness Program Review <input checked="" type="checkbox"/> Quality Based Procedures Update
<i>Ensure Board Effectiveness</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review, endorse Committee Work Plan for Board Approval <input checked="" type="checkbox"/> Review Committee Terms of Reference 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review Committee Work Plan <input checked="" type="checkbox"/> Accessibility Standards Policy Review <input checked="" type="checkbox"/> Service Animals Policy Review <input checked="" type="checkbox"/> Support Person Policy Review <input checked="" type="checkbox"/> Ethics Framework for Organizational Decision Making 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review Committee Work Plan <input checked="" type="checkbox"/> Complete Committee Self-Evaluation <input checked="" type="checkbox"/> Annual Committee Report (Chair) <input checked="" type="checkbox"/> Chair to plan for knowledge transfer to incoming Chair

ANNUAL RESOURCES COMMITTEE REPORT 2013-2014



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Gregg Evans, Treasurer/Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Resources Committee during the 2013-14 Board year and to identify recommendations for consideration in next year's committee work plan. There were five meetings of the Resources Committee this year as per work plan projections - September, November, January, March and May.

I. Summary list of key accomplishments this year:

- Received and reviewed updates regarding the Strategic Action Plan initiatives related to partnerships, cost reduction projects, conservable days, process improvement projects, Information Management/Information Technology Plan, human resources and learning institute partnerships.
- Continual oversight of the key performance indicators identified in the Strategic Human Resources Plan including the implementation and monitoring of the Attendance Management Program.
- Reviewed and recommended to the Board the Financial Statements and financial information package on a bi-monthly basis.
- Reviewed and recommended to the Board receipt of the Board and Senior Leadership Team expense reports and the Consultant Use Report in preparation for public posting.
- Received the annual Insurance update and approved the issuance of the annual notice.
- Received bi-monthly progress updates on the approved Energy Initiative Project.
- Reviewed and approved the Enterprise Risk Management Program.
- Reviewed and recommended to the Board approval of the Hospital Service Accountability Agreement Extension.
- Reviewed and recommended to the Board the recipients of the Board Award of Excellence to be presented at the Annual General Meeting.
- Received regular updates regarding the Ministry of Health and Long-Term Care Capital Relief Program.
- Recommended approval of the Annual Attestation related to the Broader Public Sector Accountability Act.
- Received the annual Capital Needs List.
- Completed the review and recommended appropriate revisions to three finance related policies – Management of Donations, Financial Donations to External Organizations and the Bank Cheques Signing Authority Policy.

II. Is the Committee following their work plan and meeting their terms of reference? Overview of key committee responsibilities with any recommendations for consideration in the upcoming year:

- A work plan for the committee was approved in September 2013 based on the Terms of Reference, and as of the end of May 2014, all deliverables will have been met.
- It is recommended that in the upcoming year, the Resources Committee continue diligent oversight of the
 - Implementation of the Cerner System leading to an Electronic Health Record for the organization.
 - Continued monitoring of the impact of the Health System Funding Reform and Quality Based Procedures.
 - Achieving a balanced budget position
 - Continued monitoring of the Human Resources Plan to ensure the Committee remains balanced in its focus between finances and human resources.

III. Are there any emerging risks arising from the Committee's work that the full board should be aware of?

- The evolving political climate, provincial deficit and further fundamental changes to healthcare are risks the full Board must remain informed of.
- Meeting the requirements of the Working Capital Deficit Program

SUPPORTING DOCUMENTATION

- 2013-2014 Resources Committee Work Plan

Resources Committee Work Plan 2013-2014

Meeting Date:	September 26	November 28	January 30	March 27	May 29
<i>Contribute to Strategic Direction</i>	Receive Strategic Plan Initiative Updates: <input checked="" type="checkbox"/> #4a/b - Partnerships <input checked="" type="checkbox"/> #6 - Cost reductions, Conservable Days, LEAN <input checked="" type="checkbox"/> #7 - Human Resources Plan Updates <input checked="" type="checkbox"/> #9 - IMIT Plan <input checked="" type="checkbox"/> #10 - Learning Institution Partnerships	Receive Strategic Plan Initiative Updates & Year 3 Project Charters: <input checked="" type="checkbox"/> #4a/b - Partnerships <input checked="" type="checkbox"/> #6 - Cost reductions, Conservable Days, LEAN <input checked="" type="checkbox"/> #7 - Human Resources Plan Updates <input checked="" type="checkbox"/> #9 - IMIT Plan <input checked="" type="checkbox"/> #10 - Learning Institution Partnerships	Receive Strategic Plan Initiative Updates: <input checked="" type="checkbox"/> #4a/b - Partnerships <input checked="" type="checkbox"/> #6 - Cost reductions, Conservable Days, LEAN <input checked="" type="checkbox"/> #7 - Human Resources Plan Updates <input checked="" type="checkbox"/> #9 - IMIT Plan <input checked="" type="checkbox"/> #10 - Learning Institution Partnerships	Receive Strategic Plan Initiative Updates: <input checked="" type="checkbox"/> #4a/b - Partnerships <input checked="" type="checkbox"/> #6 - Cost reductions, Conservable Days, LEAN <input checked="" type="checkbox"/> #7 - Human Resources Plan Updates <input checked="" type="checkbox"/> #9 - IMIT Plan <input checked="" type="checkbox"/> #10 - Learning Institution Partnerships	Receive Strategic Plan Initiative Updates: <input checked="" type="checkbox"/> #4a/b - Partnerships <input checked="" type="checkbox"/> #6 - Cost reductions, Conservable Days, LEAN <input checked="" type="checkbox"/> #7 - Human Resources Plan Updates <input checked="" type="checkbox"/> #9 - IMIT Plan <input checked="" type="checkbox"/> #10 - Learning Institution Partnerships
<i>Provide for Excellent Management</i>	<input checked="" type="checkbox"/> Human Resources Report	<input checked="" type="checkbox"/> Human Resources Report	<input type="checkbox"/> Human Resources Report	<input checked="" type="checkbox"/> Human Resources Report	<input checked="" type="checkbox"/> Human Resources Report
<i>Ensure Program Quality & Effectiveness</i>	<input checked="" type="checkbox"/> Energy Project Update	<input checked="" type="checkbox"/> Enterprise Risk Management Program <input checked="" type="checkbox"/> Notice to HIROC (Insurance)	<input checked="" type="checkbox"/> Energy Project Update		<input checked="" type="checkbox"/> Board Award of Excellence Nominations
<i>Endeavour to Ensure Financial Viability</i>	<input checked="" type="checkbox"/> Financial Statements <input checked="" type="checkbox"/> Compliance Report <input checked="" type="checkbox"/> Receive Expense Reports <input checked="" type="checkbox"/> Receive Consultant Use Report <input checked="" type="checkbox"/> Budget Strategies Update	<input checked="" type="checkbox"/> Financial Statements <input checked="" type="checkbox"/> Compliance Report <input checked="" type="checkbox"/> Receive Expense Reports <input checked="" type="checkbox"/> Receive Consultant Use Report <input checked="" type="checkbox"/> Budget Strategies Update <input checked="" type="checkbox"/> Review Draft Operating Plan for 2014-2015* <input checked="" type="checkbox"/> Revenue Generation Report	<input checked="" type="checkbox"/> Financial Statements <input checked="" type="checkbox"/> Compliance Report <input checked="" type="checkbox"/> Receive Expense Reports <input checked="" type="checkbox"/> Receive Consultant Use Report <input checked="" type="checkbox"/> Budget Strategies Update <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Financial Statements <input checked="" type="checkbox"/> Compliance Report <input checked="" type="checkbox"/> Receive Expense Reports <input checked="" type="checkbox"/> Receive Consultant Use Report	<input checked="" type="checkbox"/> Receive Expense Reports <input checked="" type="checkbox"/> Receive Consultant Use Report <input checked="" type="checkbox"/> Approve annual Board Attestations <input checked="" type="checkbox"/> Capital Needs List Update/Plan
<i>Ensure Board Effectiveness</i>	<input checked="" type="checkbox"/> Review of Committee Terms of Reference <input checked="" type="checkbox"/> Review, endorse Committee Work Plan for Board Approval	<input checked="" type="checkbox"/> Review of Insurance Policy	<input checked="" type="checkbox"/> Review of Donations, Management of Policy <input checked="" type="checkbox"/> Review of Financial Donations to External Organizations Policy	<input checked="" type="checkbox"/> Review of Signing Authority, Bank Cheques Policy	<input checked="" type="checkbox"/> Complete Committee Self-Evaluation <input checked="" type="checkbox"/> Review Annual Committee Report <input checked="" type="checkbox"/> Chair to plan for knowledge transfer to incoming Chair

**Timing to be confirmed, dependent on progress of planning, confirmation of revenue*

ANNUAL AUDIT COMMITTEE REPORT 2013-2014



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Phil Matthews, Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Audit Committee during the 2013-14 Board year and to identify recommendations for consideration in next year's committee work plan.

There were two meetings of the Audit Committee this year as per work plan projections – February 3 and May 26, 2014.

I. Summary list of key accomplishments this year:

- Completed the annual review of the Committee's Terms of Reference and recommended a revision to incorporate a reference to the new designation – Chartered Professional Accountants (CPA).
- Reviewed with the Hospital's auditors the Audit Planning Report for 2014.
- Received a copy of the three-year Engagement Letter as approved in February 2013.
- Reviewed Muskoka Algonquin Healthcare's updated Fraud Risk Matrix.
- Met with the Hospital's auditors and reviewed the draft Audited Financial Statement for the year ended March 31, 2014, in conjunction with the Audit Findings Report, and subsequently recommended them for Board approval.
- Met privately with the external auditor to ascertain where there were any concerns that needed to be brought to the Committee's attention. There were no concerns or issues raised during these meetings.
- Recommended that the Board of Directors recommend to the Members of the Corporation the appointment of KPMG as the Corporate Auditors for fiscal year 2014-2015.

II. Is the Committee following their work plan and meeting their terms of reference? Overview of key committee responsibilities with any recommendations for consideration in the upcoming year:

- A work plan for the committee was approved in February 2014 based on the Terms of Reference, and as of May 26, 2014, all deliverables will have been met.
- It was identified that the Terms of Reference calls for an approval of the Engagement Letter on an annual basis. However, this is inconsistent with actual practice, as KPMG provides an Engagement Letter for a three year period. It is recommended that the 2014-2015 Audit Committee review and revise this language in the Terms of Reference.

III. Are there any emerging risks arising from the Committee's work that the full board should be aware of?

- It is recommended that a conversation with the Auditors occur early in the year to determine if there is any advice they have for the Hospital in terms of practices at other Hospitals that may be a benefit to Muskoka Algonquin Healthcare.

SUPPORTING DOCUMENTATION

- *2013-2014 Audit Committee Work Plan*

Audit Committee Work Plan for 2013-2014

Meeting Date:	<p align="center">February 3, 2014 1:30 pm HDMH Site - Boardroom</p>	<p align="center">June 3, 2014 1:30 pm SMMH Site - Conference Room</p>
<i>Endeavour to Ensure Financial Viability</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Audit Planning Report <input checked="" type="checkbox"/> Approve Auditor Engagement Letter, Fees and Expenses <input checked="" type="checkbox"/> Receive Fraud Risk Matrix 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Report of the Auditors <input checked="" type="checkbox"/> Recommend Audited Financial Statements for Board Approval <input checked="" type="checkbox"/> Discuss receipt of Auditor's Post-Audit/Management Letter <input checked="" type="checkbox"/> Prepare report to Members describing annual activities <input checked="" type="checkbox"/> Recommend to Members of Corporation annual appointment of external Auditor <input checked="" type="checkbox"/> Approval of Annual Risk of Fraud Inquiry Response
<i>Ensure Board Effectiveness</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Annual Terms of Reference Review <input checked="" type="checkbox"/> Endorse annual work plan and recommend approval to the Board of Directors 	

ANNUAL GOVERNANCE COMMITTEE REPORT 2013-2014



SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Catherine King, Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Governance Committee during the 2013-14 board year and to identify recommendations for consideration in next year's committee work plan. There were five meetings of the Governance Committee this year, as per work plan projections in August, October, December, February and April.

I. Summary list of key accomplishments this year:

- The Committee continues with its oversight of ensuring regular review of board policies. There were fourteen policies reviewed in the past year along with the development of four new policies – Recognition of Board Services; Criminal Record Checks, Rules of Procedure and Director & Non-Director Annual Declarations.
- A review of the meeting evaluation process was undertaken and resulted in an approved recommendation to implement the Board meeting evaluation monthly, as opposed to quarterly. This new approach is intended to provide more timely feedback to the Board Chair and Staff, enabling remedial action to be taken in a timely fashion. The Governance Committee has received and review the meeting evaluations bi-monthly.
- Upon a recommendation from the Strategic Planning Committee, the Governance Committee developed a re-formatted Board and Committee agenda that integrates the Strategic Plan into the agenda for each individual agenda item. The new format maintained alignment and communication of the governance roles and responsibilities for each agenda topic as well.
- With the launch of the Governance Centre for Excellence Board Self-Assessment tool in September, the Committee undertook a robust review of MAHC's current evaluation process and compared it to the new tool. The benefits and risks were carefully considered and as a result agreement was reached to replace the MAHC Board evaluation process for the functioning of the Board as a whole and implement the Governance Centre for Excellence Board Self-Assessment tool. This new approach enables the MAHC Board to benchmark its performance against other health service providers. This new tool was implemented in March and the results were reviewed in April along with the results of the MAHC Peer/Self-Assessment tool.
- Following the Nominations process in 2013, a request was made to develop a guideline for the Nominations Committee that would clearly outline and articulate the responsibilities, process, and provide some key points and questions for interviews and reference checks. The intent was to ensure there was some consistency each year. The draft document was reviewed in December and it was requested that the 2014 Nominations Committee utilize the draft document and make any further recommendations for change prior to presenting the document to the Board for approval.
- The Committee reviewed the results of the Orientation Evaluation and as a result changed the format of the Orientation session to occur over a two-day period. This new approach will be trialed in 2014/15.
- With the impending enactment of the Not-For-Profit Corporations Act, the Governance Committee discussed the potential changes and impact on the organization. Several of the changes required were put on hold until the Act comes into force and there is further information and detail available. However, there were also some good governance practices that were implemented as a result of the review.
- In preparation for the Accreditation Survey scheduled to occur in November 2014, the Committee completed the Accreditation Canada Governance Standard Self-Assessment as well as ensured that the Board as a whole completed the Governance Functioning Tool. The results of these two tools were reviewed and an action plan developed in order to prepare for the Accreditation Survey.
- In collaboration with the Strategic Planning Committee, the annual Board retreat was planned for April 25, 2014. The agenda included an environmental scan followed by a working session around the Strategic Plan.
- Work was completed regarding the corporate decision making framework; the Committee oversaw the transition from a document that outlined the principles of decision making to a framework that enables decision makers at Muskoka Algonquin Healthcare to address complex and challenging issues in a comprehensive and logical manner. It is a reflective process that stimulates discussion and aids in identifying explicit reasons for, or against, a proposed course of action. This new framework was developed in alignment with the Clinical Ethics Program as well as MAHC's Values.

II. Is the Committee following their work plan and meeting their terms of reference and are there any recommendations for consideration in the upcoming year:

- A work plan for the committee was approved in September 2013 and, as of the end of May 2014, all deliverables will have been met (see attached).
- Further work is needed to develop a position or policy with regards to integration, collaborative governance and systems thinking.
- Ensure completion of revisions related to the Officer and Committee Chair Selection Process.
- Finalize the Nominations Guidelines and recommend formal adoption to the Board of Directors.

III. Are there any emerging risks/issues arising from the Committee's work that the full board should be aware of in preparation for the coming year?

- The Governance Committee should continue to monitor the status of the Not-For-Profit Corporations Act and Bill 85 and the impact on MAHC.
- The Committee ensures a review of generative and collaborative governance occurs.
- That a review of the Community Engagement Framework be undertaken

IV. Bylaw Revisions

- There are no Bylaw revisions recommended at this time. The Governance Committee should begin planning for the next Governance and Bylaw review which should occur in the 2015/2016 Board Year.

SUPPORTING DOCUMENTATION

- *2013-2014 Governance Committee Work Plan*

Governance Committee Work Plan for 2013-2014

Meeting Date:	August 28	October 23	December 18	February 26	April 23
<i>Ensure Program Quality & Effectiveness</i>		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Accreditation 2014 Planning Timetable, discuss Governance related requirements 			
<i>Ensure Board Effectiveness</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review Terms of Reference <input checked="" type="checkbox"/> Review, endorse Committee Work Plan for Board Approval <input checked="" type="checkbox"/> Review Board Member Terms <input checked="" type="checkbox"/> Recommend Nominations Committee members <input checked="" type="checkbox"/> Review/Approve Board Education Work Plan <input checked="" type="checkbox"/> Board Education Day/Retreat Discussion including date <input checked="" type="checkbox"/> Discuss Adoption of Formal Rules of Order <input checked="" type="checkbox"/> Board Meeting Evaluation Process Review <input checked="" type="checkbox"/> Review Standing Committee Terms of Reference Template 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Committee Work Plan Review <input checked="" type="checkbox"/> Review/Approve Board Work Plan <input checked="" type="checkbox"/> Plan Board Education Day/Retreat <input checked="" type="checkbox"/> Meeting attendance review <input checked="" type="checkbox"/> Discuss Bylaw Revisions re Not-For-Profit Corporations Act <input checked="" type="checkbox"/> Criminal Record Screens for Professional Staff - Feedback from MAC <input checked="" type="checkbox"/> Discuss Board Meeting Agenda Format 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Committee Work Plan Review <input checked="" type="checkbox"/> Board Annual Evaluation Timeline Review <input checked="" type="checkbox"/> Meeting attendance review <input checked="" type="checkbox"/> Not-For-Profit Corporations Act Review - Impact on MAHC <input checked="" type="checkbox"/> Review Orientation Evaluation <input checked="" type="checkbox"/> Review, endorse Nominations Guidelines Document for Board Approval 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Committee Work Plan Review <input checked="" type="checkbox"/> Annual General Meeting Discussion re Format, Content <input checked="" type="checkbox"/> Annual General Meeting Preparation: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> o Location <input checked="" type="checkbox"/> o Agenda <input checked="" type="checkbox"/> o Advertisements <input checked="" type="checkbox"/> o Invitations <input checked="" type="checkbox"/> Meeting attendance review <input checked="" type="checkbox"/> Confirm template for Annual Committee Reports <input checked="" type="checkbox"/> Board Recognition Policy - review suggestion to incorporate option to make a donation in lieu of the plaque <input checked="" type="checkbox"/> Update on Planning for Board Retreat <input checked="" type="checkbox"/> Review of Revised Orientation Agenda <input checked="" type="checkbox"/> Consider Police checks for current Board members (also consider if required at term renewal) <input checked="" type="checkbox"/> Discussion re 5.4 of GCE Checklist - opportunity for broad discussions at Board meetings <input checked="" type="checkbox"/> Review Accreditation Self-Assessment 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Committee Work Plan Review <input checked="" type="checkbox"/> Board Evaluation Results Review - review report, develop recommendations <input checked="" type="checkbox"/> Annual Committee Report <input checked="" type="checkbox"/> Meeting attendance review <input checked="" type="checkbox"/> Chair to plan for knowledge transfer to incoming Chair <input checked="" type="checkbox"/> 6-month review of Board meeting evaluation <input checked="" type="checkbox"/> Board recognition gifts <input checked="" type="checkbox"/> Discuss Director's roles in attending public events
POLICY REVIEW:	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review Governance Manual Table of Contents, confirm review schedule 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Selection Process, Board Officers and Committee Chairs <input checked="" type="checkbox"/> Succession Planning <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Recognition of Board Services *NEW POLICY 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Board Agenda Development and Use of Consent Agenda <input checked="" type="checkbox"/> Minute Taking Standards <input checked="" type="checkbox"/> Mentorship Program <input checked="" type="checkbox"/> Code of Conduct <input checked="" type="checkbox"/> Criminal Record Checks Policy*NEW POLICY 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Delegations to the Board <input checked="" type="checkbox"/> Director Selection Guidelines - consider process when Vice Chair standing for election to Chair <input checked="" type="checkbox"/> Leave of Absence <input checked="" type="checkbox"/> Meeting Attendance, Board and Committees 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Integration/Systems Thinking *NEW POLICY <input checked="" type="checkbox"/> Open and In-Camera Board Meetings <input checked="" type="checkbox"/> Corporate Communications and Media Call Policy <input checked="" type="checkbox"/> Revised Board Evaluation Policy <input checked="" type="checkbox"/> Development of a procedure to pass a resolution when Directors become Members (NFP Act) <input checked="" type="checkbox"/> Update Annual Declaration to include consent to be a director and consent to telephone meetings(NFP Act) <input checked="" type="checkbox"/> Procedure regarding Directors deemed to consent to board resolutions unless dissent is voiced(NFP Act)

ANNUAL STRATEGIC PLANNING COMMITTEE REPORT 2013-2014



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Evelyn Brown, Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Strategic Planning Committee during the 2013-14 board year and to identify recommendations for consideration in next year's Committee work plan. There were three meetings of the Strategic Planning Committee this year; these occurred in October, December and June.

I. Summary list of key accomplishments this year:

- The Committee completed the annual review of its Terms of Reference in October 2013 and made no revisions to the document. In addition, the Committee developed a work plan with key deliverables and objectives which was approved by the Board of Directors in December 2013.
- A key focus for the Committee for the 2013-2014 year was to make attempts to ensure that the Strategic Plan remained front and center for the Board of Directors. As such, the Committee recommended the following two actions that were subsequently approved and implemented:
 - The quarterly Strategic Action Plan Status Report was revamped to provide at a glance a clear indication of the reporting accountabilities for each of the Strategic Objectives and to be more in line with the "Strategic Plan-on-a-Page" format.
 - The Committee recommended that the Governance Committee reformat the Board and Standing Agendas to provide the link to the Strategic Plan for each agenda item while at the same time also provide an indication of the Board's governance role or responsibility. The revised format was implemented in December 2013.
- One of the chief responsibilities for the Committee is to, every three years, ensure the preparation of a more intense and thorough review of the Strategic Plan to ensure that the Plan does more than evolve with annual updates. Given that the current Strategic Plan is scheduled to end in December 2014, the Committee began its preparations to fulfil this responsibility in October and made a recommendation to the Governance Committee that the Annual Board Retreat be focussed on Strategic Planning with the goal to enabling the Committee to decide on the approach for updating the Strategic Plan. The Governance Committee accepted this recommendation, and the two Committees jointly planned the Annual Board Retreat which occurred on April 25, 2014.
- The Annual Strategic Assessment was completed and received in December 2013. The assessment included an in-depth review of the significant changes and emerging trends in the Hospital's environment as well as identified risks and opportunities. As a result of this work, the Strategic Planning Committee recommended minor wording and target revisions to Strategic Objective #5 (Master Program/Master Planning) and Strategic Objective #9 (Information Management/Information Technology Plan). These recommendations were endorsed by the Board of Directors in December 2013.
- With the official launch of the Master Program/Master Plan project the Committee considered various options for reporting and recommendations to be made to the Board of Directors around the project. In order to ensure that the reporting structure was as streamlined and efficient as possible, the Board of Directors accepted a recommendation in December 2013 to establish an ad hoc committee '*Master Program / Master Plan Steering Committee*' for a term commencing December 17, 2013 and ending December 31, 2014. The mandate for this ad hoc committee is to provide guidance, leadership and issues resolution throughout the course of the project and make recommendations directly to the Board of Directors on all decision points related to the Master Program / Master Plan project.
 - This Ad Hoc Committee includes 21 members that, in addition to the Strategic Planning Committee members, includes representation from staff, physicians and both the Hospital Foundations.
 - The Ad Hoc Committee has met six times since December 2013.
- At the final meeting of the Strategic Planning Committee, a summary report of the April 25th Annual Board Retreat was reviewed and the Committee has recommended an action plan with regards to the development of the next Strategic Plan for 2015 – 2018 to be implemented beginning April 1, 2015.

II. Specific recommendations for consideration in the upcoming year:

- Continued monitoring of the development of the Strategic Plan for 2015-2018.
- Although the ad hoc 'Master Program / Master Plan Steering Committee' reports directly to the Board, it is recommended that the Strategic Planning Committee ensure that regular information updates are provided at each Board meeting.

III. Is the Committee following their work plan and meeting their terms of reference?

- A work plan for the committee was approved in December 2013 and, as of June 2014 all deliverables will have been met with the understanding that the deliverables related to the Master Program/Master Plan shifted to the ad hoc committee. The Committee has also successfully fulfilled all of the responsibilities outlined in the Terms of Reference.

IV. Are there any emerging risks/issues arising from the Committee's work that the full board should be aware of in preparation for the coming year?

- There are no emerging risks or issues.

SUPPORTING DOCUMENTATION

- 2013-2014 Strategic Planning Committee Work Plan (below)

Meeting Date:	October 1, 2013	December 3, 2013	March 25, 2014	June 4, 2014
<i>Contribute to Strategic Direction</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Strategic Plan Status Report <input checked="" type="checkbox"/> Strategic Plan Framework <input checked="" type="checkbox"/> Linking the Board Agenda with Strategic Plan <input checked="" type="checkbox"/> Master Program/Master Plan Project Update <input checked="" type="checkbox"/> Clinical Services Plan Project Update 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Strategic Plan Status Report <input checked="" type="checkbox"/> Receive Annual Strategic Assessment/Environment Scan <input checked="" type="checkbox"/> Master Program/Master Plan Project Update <ul style="list-style-type: none"> ○ Project Orientation Package ○ First Draft of Project Parameters/Master Program ○ Architect Request For Proposals 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Strategic Plan Status Report <input type="checkbox"/> Master Program/Master Plan Project Update <ul style="list-style-type: none"> ○ Master Program Draft #3 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Strategic Plan Status Report <input type="checkbox"/> Master Program/Master Plan Project Update <ul style="list-style-type: none"> ○ Master Program Final Draft ○ Executive Summary <input checked="" type="checkbox"/> Discuss steps/preparation to complete three-year thorough review of Strategic Plan
<i>Ensure Board Effectiveness</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review Committee Terms of Reference <input checked="" type="checkbox"/> Review Work Plan for Board Approval <input checked="" type="checkbox"/> Governance Committee Suggestion regarding Annual Retreat 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Endorse/Revise Work Plan for Board Approval 		

ANNUAL NOMINATIONS COMMITTEE REPORT 2013-2014



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Larry Saunders, Committee Chair

FOR RECEIPT

- The purpose of this report is to summarize the activities of the Nominations Committee during the 2013-2014 board year.
- In January 2014, each of the Directors whose terms were expiring was requested to communicate in writing their intentions with respect to standing for re-election to the Board. Written confirmation of interest to stand for re-election was received from Charles Forret, Gregg Evans and Donna Denny. Catherine King provided written communication of her decision to not stand for re-election.
 - In February 2014, the Nominations Committee met and reviewed the expiring Director terms and the skills profile for the Board. As a result, it was identified that there was a need to fill one vacancy.
 - In addition, a request was made to each of the Standing Committee Chairs to provide feedback regarding any identified skill need for their respective Committees.
 - An advertising campaign took place throughout March with print advertisements in the Weekender and What's Up Muskoka, along with information posted on www.mahc.ca. The communication included reference to both the need to recruit for Directors as well as Community Representatives for Standing Committees.
 - As of March 19th (application deadline), four applications were received for full Board membership and three applications were received for Community Representatives.
 - The Nominations Committee reviewed all of the applications and short listed to interview three individuals based on the identified needs resulting from the review of the Board profile and skills matrix. One of the applicants for Community Representative (Greg Reuvekamp) was short listed, however, given his current experience as the current Community Representative on the Resources Committee, and the strong recommendation from the Resources Committee Chair, it was agreed that an interview was not needed.
 - In May 2014, Eric Spinks provided written notice of resignation. As a result, the Nominations Committee are now making recommendation to fill two Board Director vacancies.

OPTIONS CONSIDERED & ANALYSIS

Upon review of the applications and outcome of the interview process, the recommended candidates for the two Board vacancies are as follows:

1. Brenda Gefucia
 - *30 years with large corporation with final position as an executive in Information Systems and Risk Management. Presently a consultant residing in Bracebridge with a strong desire to give back to community of her birth.*
2. Nicholas Popovich
 - *Presently a Senior Planner with Township of Muskoka Lakes and a resident of Muskoka for past 12 years. Well experienced in local planning and dealing with government bureaucracy.*

CONSULTED WITH:

- Reference checks for each of the recommended candidates have been completed and there were no concerns voiced on any of the candidates.
- The Nominations Committee Chair spoke with each of the candidates and received agreement to have their names stand for election and recommendation to the Board.

MOTION: *That the following individuals be appointed by the Members of the Corporation to the Muskoka Algonquin Healthcare Board of Directors:*

- *Gregg Evans for a three-year term ending June 2017;*
- *Charles Forret for a three-year term ending June 2017*
- *Donna Denny for a three-year term ending June 2017;*
- *Brenda Gefucia for a three-year term ending June 2017*
- *Nicholas Popovich for a one-year term ending June 2015.*

REPORT OF THE SOUTH MUSKOKA MEMORIAL HOSPITAL AUXILIARY

My two year term as President of the South Muskoka Memorial Hospital Auxiliary is coming to an end. At our Annual General Meeting June 26, 2014 a new Executive will be installed. A list of the new slate of officers will be sent to you in the next mailing.

I have thoroughly enjoyed working with a very dedicated group of volunteers on our Executive Board. Each of them brought with them their talents, dedication and commitment to our organization. I will have the opportunity to serve another two years as Past President.

My association with Hospital Management and Staff has certainly been enjoyable. Management has continuously been very approachable and supportive of the Auxiliary. And I thank them whole heartedly.

The SMMH Auxiliary this year, 2014 is celebrating 65 years of providing services to the South Muskoka Memorial Hospital. At present the Auxiliary consists of 214 members. The accumulated volunteer hours for the fiscal year April 2013 to end of March 2014 total 24,648; an increase of 75 hours over the previous year. We commend our very dedicated volunteers for their contributed time.

Thanks to the members of our retail programs Gift Shop, Muskoka Mocha, Craft Group, Vending Program, Gravenhurst SMMH Auxiliary Bridge Club, Bracebridge Chapter Hospital Bridge Club, Pine Ridge Marathon Bridge Group, Mattamy Homes Canada Day Event, Gravenhurst Legion Branch 302, United Church Ladies Group, Corporate Sponsor Scotia Bank and fund raising events such as Spring Fashion Show Tag Days and Christmas House Tour. With the proceeds generated through these, and public donations, the Auxiliary was able to help in the purchase of much needed hospital equipment.

July 2012 the commitment of \$100,000 to purchase the Central Monitoring System and Bed Side Monitors was honoured.

In 2013 a donation of \$96,900 helped purchase 11 pieces of equipment.

Little Thing Mean a Lot Challenge contributed another \$10,000.; shared by five hospital departments to purchase items on their wish list.

We cannot forget the HELPP Lottery Program whose funds go directly to the Hospital. \$3,000 in 2013 and \$5,000 were donated in 2014.

February 2014, a pledge of \$250,000 to the Hospital Foundation was made towards the purchase of a new Digital Mammography Machine.

Dates to Remember: Tag Days: July 11 - Bracebridge and Gravenhurst
July 12 - Port Carling, Bala, Widemere

As always the Executive thank the Management and Staff of South Muskoka Memorial Hospital for their continued support and good working relationship.

We extend our wish for a Healthy and Happy Summer.

Respectfully submitted,

Brigitte Boehm
SMMH Hospital Auxiliary
President





REPORT OF THE HUNTSVILLE DISTRICT MEMORIAL HOSPITAL AUXILIARY

This was a very busy and successful year for the Huntsville Hospital Auxiliary with our 140 members contributing to our mission of fundraising opportunities, education and the promotion of volunteer activities. We were honored in September to receive a "Muskoka Award" from the Muskoka Magazine and What's Up Muskoka recognizing us as a community organization that has made an outstanding contribution. Our members gave 15,268 hours providing a variety of patient/visitor services in the hospital this year and when you add in the fund raising and committee meeting hours, the total of volunteer hours for 2013-14 is 21,304 1/4 hours. We are proud to be members of such a vital and energetic team.

Our community fundraisers for this year included a Spring Bulb sale, Card Party, annual Tag Day, Barbeque at Robinson's Your Independent Grocer, 4th annual Auxiliary BMO Golf Tournament, "Huntsville On Stage" variety night at the Algonquin Theatre, Cookie Delight and Christmas gift wrapping in the mall. We are thankful to the conveners who did a great job organizing and attracting dedicated work teams for these events. We also hosted a special evening organized by the Payne family at the Cottage Bar and Grill to raise funds for the Chemo Clinic. The Branches Gift Shop and our vending machines continue to be major contributors to our fundraising efforts.

The Auxiliary contributions to the hospital equipment this year included two dialysis chairs, with thanks to the Eastern Star and the Historic Automobile Society and the replacement of the inpatient food service delivery equipment. This \$40,000 project provides a user-friendly and a lean heating system that keeps the food, prepared by the dietary staff, hot for up to one hour. The new thermal dishes, serving trays and real china mugs are also contributing to an improved patient's experience.

One of members, Susan Love revived a wonderful tradition in the hospital this year when the only baby born in the week before Christmas was presented in a beautiful handmade stocking.

Information sharing and education were supported this year by 23 members attending the HAAO Regional Spring Conference in Alliston and four members of the Executive attending the provincial HAAO Conference in Toronto in November.

Our \$1,000 education scholarship winners include staff member Pat Wright and graduating Huntsville High School student Elizabeth MacNeill. At the General meeting in February, we approved our fundraising activities for 2014-2015 and will continue to raise funds to replace some patient beds.

The new Executive team was installed at our Annual General meeting in April at All Saints Sutherland Hall. They include Nancy Waxl, President; Sharon McNally, 1st Vice-president and Gift Shop Co-convenor; Wendy Davis, 2nd Vice-president; Lynda Jacob, Recording Secretary; Joanne Matthews, Past-president; Vera McWade, Treasurer; Dianne Leeder, Corresponding Secretary, Gail Paterson, Member at Large and Irene Parker, Gift Shop Co-convenor.

Our members celebrate volunteer milestones annually at the June General meeting. We had three long term members, Joan McCaw, Ann Hutley and Marion Carswell, receive recognition for 40 years of service. Ann received an additional honor this year when she was nominated for the YWCA Women of Distinction Lifetime Achievement Award recognizing her years of volunteering. Recently, six of our members received their Ontario Volunteer Service Awards at the Algonquin Theatre. We are pleased to congratulate Vera McWade, Marjorie Adam, Lenore Lovegrove, Betty Bildson, Ruth Passmore and Irene Parker.

The Huntsville Hospital Auxiliary is grateful for the generous support of our community as we raise funds to support our patients, their families and the healthcare team. Some of the fundraisers in the planning stages for this year include:
Annual Tag Day in Huntsville, Novar, Dorset and Port Sydney, June 27
5th annual Huntsville Hospital Auxiliary Golf Tournament, August 18
Fall House Tour and Luncheon, October 18

The members of the Auxiliary would like to thank our families and the hospital staff, doctors and administration for their support of our activities and appreciation of our efforts.

Respectfully submitted,

Nancy Waxl
President

Joanne Matthews
Past-president



REPORT OF THE SOUTH MUSKOKA HOSPITAL FOUNDATION

On behalf of the Board of the South Muskoka Hospital Foundation, I am pleased to report another successful year of fundraising. Through the support from our community - both seasonal and year-round residents, businesses and service clubs, we have accomplished much.

Over the last year, Foundation donors gave in excess of \$2 million that will be used to purchase new equipment and fund important building renovations. Perhaps the most exciting news occurred just recently - the naming of our Emergency Department in recognition of a \$1 million gift. We are fortunate that one of our seasonal residents, Mr. Peter Gilgan of Mattamy Homes, decided to provide us with the largest gift ever donated by a living individual in our Foundation's history. He sang high praises for our caring and competent staff during the treatment of his friends and family over the years.

The Gilgan gift is one of a number of leadership gifts that we are currently pursuing in the early stages of our new capital campaign. The \$6.5 million '*Get Better*' campaign will be publicly announced in the not-too-distant future. The theme of the campaign will be all about enhancing technology. Our hospital's performance is above average on so many fronts, now we need to upgrade our technology to ensure we can continue to excel for our patients and at the same time, attract quality practitioners.

This means we need to upgrade our patient records from paper to electronic, replace film technology with digital, upgrade some of the aging diagnostic imaging equipment, enhance the ability for our patients to connect with specialists from outside our area, and finally, digitize our pharmaceutical processes within the hospital.

We have had some excellent feedback from the community and stakeholders - they've sent a resounding message: they want health care services close to home. From our early discussions with donors, they have supported this and are eager to help us out.

In addition to our capital campaign, we just held the 28th annual Dave Ellis Golf Tournament as well as the Foundation's annual golf classic on June 11th. Coming up in July will be the fourth annual Peter Freed Golf Classic, where we share the proceeds with Princess Margaret Hospital in Toronto.

As we near the end of our fiscal year, our Foundation Board is engaging donors and preparing for the new campaign. I have every confidence that together, we will accomplish our goals.

Thank you and I hope you have a wonderful summer.

Paul Hammond, Chair
South Muskoka Hospital Foundation



REPORT OF THE HUNTSVILLE DISTRICT MEMORIAL HOSPITAL FOUNDATION

During the past 2013/14 year your Foundation experienced a number of significant changes in the areas of communications and staffing.

In the summer of 2013 the Foundation launched a new communications strategy with the theme of *Healthcare for Life, Here*. It started with billboard communication and was followed by a brochure distributed to residents of Huntsville. The brochure told the stories of donors, medical professionals, and hospital patients who experience and support the excellent care the hospital provides to both full time and seasonal residents. Since then the communications have appeared in a redesigned web site, print, radio, dock drops, posters and mailings to donors and patients for Huntsville Hospital. The strategy of promoting *Healthcare for Life, Here* is continuing into 2014/15. It is expected the increased awareness will result in increased support for the Hospital.

The next significant change occurred in the late summer with the hiring of a part time Program Manager, Jennifer Jerrett. She was assigned responsibility for working on major gifts, planned giving and family giving. Since then the position has become full time because of its importance to our fund raising efforts.

In March the Board learned that Debi Davis, the Foundation Executive Director, intended to retire in April. Mrs. Davis has been with the Foundation for the past 16 years. During this time she developed many valued relationships with donors and board members alike. The Board acknowledged her contribution to the foundation at its Annual Spring Gala and once again wishes to express its appreciation for her contribution to the work of the Foundation.

The Foundation continued to contribute to the digital imaging project and provided funds for the new \$2 million CT Scan Unit which was up and running in June 2014. In addition, the Foundation Board either paid for, or committed to pay for, new laparoscopic surgical equipment, new ear nose and throat surgical equipment and an upgrade to the chemotherapy unit. The total cost of these purchases comes to approximately \$400,000. All of these payments are the result of the generosity of many seasonal and full time residents of Huntsville.

Muskoka Algonquin Healthcare has made a decision to take the next step in the digital evolution. Your Foundation supports this decision. Very soon your Hospital will have an automated pharmacy, electronic patient records, improvements to telemedicine and other systems upgraded to serve you in a safer, faster way. We expect \$4 million will be needed in the next 3 years to complete this very worthwhile project.

Throughout the year board members and staff have attended a number of public gatherings, speaking to as many people as possible. These public meetings included service clubs, seniors' clubs, lake association AGM's, and company employee meetings. The purpose has been to explain that government funds do not cover the costs of hospital equipment and new technology. The foundation calculates that \$3 million per year for the next few years is required to replace older hospital equipment and purchase new technology for the healthcare this community deserves. The foundation is confident it can meet the hospital's growing capital needs through the generosity of many current and future donors.

In addition to the foundation's communications and staffing programs, a number of exciting fund raising opportunities are being worked on. Foremost, is a golf tournament at Bigwin Island Golf Club on July 10th, 2014. This will be an excellent opportunity to reintroduce the Foundation to the many full time and seasonal residents of Lake of Bays.

Three board members will be leaving us. Mr. Lou Luvison, Mr. Wayne Traits and Mrs. Joanne Matthews, Past President of the Huntsville Hospital Auxiliary, have all served the Foundation well. I wish to express our thanks for their generous contribution to the work of the Foundation. We are fortunate to welcome five new board members who will continue to move the Foundation forward. In addition Muskoka Algonquin Healthcare CEO, Mrs. Natalie Bubela will join the board as a full board member.

Respectfully submitted,

John M. Crockett, Chair
Huntsville Hospital Foundation



Copies of the Annual Report, Audited Financial Statements and the Annual General Meeting Presentation are available at www.mahc.ca

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