



MUSKOKA ALGONQUIN  
HEALTHCARE

# 2015 - 2016 ANNUAL REPORT

Proudly Serving our Communities – Delivering Best Patient Outcomes  
with High Standards and Compassion



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APPENDIX A - AUDIT FINDINGS REPORT

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## Annual General Meeting

Monday, June 20, 2016

7:00 PM

Active Living Centre - 20 Park Drive,  
Huntsville, Ontario

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- |  |                                 |
|--|---------------------------------|
| 1. Chair's Welcome/Call To Order                                   | Charles Forret                  |
| 2. Approval of the Agenda*   | Charles Forret                  |
| 3. Approval of the Minutes of the Previous Annual General Meeting* | Charles Forret                  |
| 4. Report of the Board Chair                                       | Charles Forret                  |
| 5. Report of the Chief Executive Officer                           | Natalie Bubela                  |
| • Muskoka & Area Health System Transformation                      |                                 |
| • Stroke Care  |                                 |
| • Waste Diversion  |                                 |
| 6. Board Award of Excellence                                       | Brenda Gefucia /<br>Gregg Evans |
| 7. Receipt of the Annual Reports*                                  | Charles Forret                  |
| 8. Report of the Auditor   | Oscar Poloni, KPMG              |
| • Presentation of the Audited Financial Statements*                | Christine                       |
| • Appointment of Corporate Auditors*                               | Featherstone                    |
| 9. Report of the Nominations Committee                             | Cameron Renwick                 |
| • Election of Directors*   |                                 |
| 10. Adjournment*   | Charles Forret                  |

\*Denotes motion required

# MINUTES

**MINUTES OF THE ANNUAL GENERAL MEETING  
FOR THE MEMBERS OF THE CORPORATION,  
MUSKOKA ALGONQUIN HEALTHCARE  
MONDAY, JUNE 22, 2015, 7:00 P.M.**

**Bracebridge Sportsplex, 110 Clearbrook Trail, Bracebridge, Ontario**

*Approval Pending*

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**MEMBERS PRESENT:**

**Charles Forret**

**Christine Featherstone**

**Karen Fleming**

**Evelyn Brown**

**Larry Saunders**

**Dr. Jennifer Macmillan**

**Gregg Evans**

**Brenda Gefucia**

**Philip Matthews**

**Joe Swiniarski**

**Natalie Bubela**

**Mike Provan**

**Donna Denny**

**Dr. Jan Goossens**

**Dr. Paulette Burns**

Mr. Charles Forret, Chair of the Board of Directors called the 2015 annual meeting of the Corporation of Muskoka Algonquin Healthcare to order at 7:05 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 held on June 23, 2014 were provided to all in attendance along with the Annual Report. 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 23, 2014 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 although the purpose for the meeting is to conduct official business for the Corporation, the main focus is to celebrate and express appreciation to staff, physicians and volunteers for their commitment to high quality care and their key successes over the past year.



The Chair introduced the current Board of Directors and acknowledged the Community Representatives that participated on the Standing Committees of the Board. In addition, it was highlighted that the reports of the Foundations and Auxiliaries were circulated with the Annual Report. The Chair stated that because of the work of these four groups and the ongoing generous support of donors, health care providers are able to continue to focus on excellence, quality and safety. The Chair encouraged the community to continue to support the organization through the Foundations and Auxiliaries and assist with the capital needs that currently stands in excess of \$13 million.

The Chair provided an overview of the refreshed Strategic Plan for 2015 through to 2018 and noted that it was built upon the achievements of the previous Strategic Plan. The Mission of “Proudly Serving our Communities - Delivering Best Patient Outcomes with High Standards and Compassion” was re-affirmed along with the five Strategic Areas. The Vision was updated to emphasize the organization’s commitment to patients and their families “Outstanding Care - Patient & Family Centered”.

Since 2013, Muskoka Algonquin Healthcare has been working to explore the types of programs and services and how those will be offered in the future - for the year 2030 and beyond. Aside from meeting the Ministry of Health and Long-Term Care’s capital planning requirements, MAHC’s priority is to ensure it continues to deliver the very best in health care to the communities they serve. This work ensures that investments in services, buildings, and most importantly in the people served, are thoughtful, appropriate and effectively meet demands for the long term. An overview of the process was provided and it was highlighted that it involved twenty-three planning teams and over 250 people in the planning with representation from front-line staff, physicians, management and community providers. The Chair reviewed the options, guiding principles and feedback provided that led to the decision of a one-hospital centrally located model as the preferred model for the 2030. The next steps will involve approval from the Ministry of Health and Long-Term Care. Overall, there are five steps in the approval process that will take fifteen years or more to complete.

### 3. Report of the Chief Executive Officer

Natalie Bubela explained that the key focus for the organization remains to be quality and safety of the care provided at Muskoka Algonquin Healthcare. Over the past year, the entire MAHC Team has worked diligently to tackle the realities of a changing financial environment and as a result achieved a balanced budget position for the 5<sup>th</sup> consecutive year has been achieved. MAHC has achieved great things amidst operational funding challenges and confidence was expressed that this trend will continue into the coming year due to talented and skilled group of staff and physicians that are second to none. To assist in demonstrating this good work, Natalie Bubela invited staff to share information with respect to some thrilling initiatives occurring within the organization.

Catherine Vanclieaf, Clinical Nursing Informatics Coordinator provided an overview of the new Electronic Health Record that went live June 15, 2015. Within the overview it was explained that the new system will provide numerous improvements to patient safety and availability of test results as well as provide more accurate and efficient data collection and functionality. It was also highlighted that the system will

enable more time for clinicians at the bedside providing direct care. This implementation is the first step in a long journey; the 2015-2018 Strategic Plan includes the next step which will involve the implementation of the Computerized Physician Order Entry system.

Karen Fleming, Chief Quality & Nursing Executive along with Debbie Provan, Patient Advisor spoke to the Members with respect to the Patient- and Family-Centered Care philosophy at MAHC. The philosophy will include the introduction of five initiatives where research has shown to elevate the patient experience. These include the "10 & 5" rule; AIDET (Acknowledge, Introduce, Duration, Explanation, Thank); Family Presence Policy; Post Care Calls; and Patient Advisors.

There have been several significant improvements to the Diagnostic Imaging Department over the past year, in particular with respect to Mammography and the Ontario Breast Screening Program. Natalie Bubela welcomed Brenda Allen, Charge Technologist and Marla McKenzie, Senior Mammography Technologist to speak to these improvements. The Ontario Breast Screening Program was introduced at the Huntsville District Memorial Hospital Site in April 2015 and Digital Mammography was introduced to the South Muskoka Memorial Hospital Site in January 2015. A comprehensive overview of the advantages and benefits of these enhancements were provided.

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 welcomed four new physicians to the medical staff - Dr. Stacey Erven, Dr. Andrew Hudson, Dr. Emma Love and Dr. Peter Maier. In addition, the work of the Medical Leadership and all staff was also recognized and sincere gratitude expressed.

5. Board Award of Excellence

Mr. Gregg Evans, Chair of the Resources Committee explained that the Board Award of Excellence provides the Board with the opportunity to recognize and honour the outstanding achievements of staff and physicians. An overview of the criteria for the peer nominated award was provided and it was noted that up to four peer-nominated awards may be provided each year. For the 2015 year, there were a total of thirteen nominations received. Each nominee was highlighted and congratulated for being acknowledged by their peers. The 2015 Board Award of Excellence was presented to Allyson Snelling, Dr. Jennifer Macmillan, Steff Goltz and Way Lem.

6. Annual Reports

The Board Chair noted that in addition to the verbal reports provided, written reports for each Standing Board Committee were included in the Annual Report.

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, STRATEGIC PLANNING  
COMMITTEE AND GOVERNANCE COMMITTEE.**

7. Report of the Corporate Auditor

Mr. Del Sedore of KPMG delivered the Audit Findings Report and explained that the completion of the financial statements are the responsibility of management and it is the auditor's responsibility to express an opinion on whether the statements present fairly the financial position of the corporation. The audit was conducted on the balance sheet as at March 31, 2015, statements of operations, changes in net assets and cash flows, and Mr. Sedore explained that their opinion is that of the highest level of assessment possible in accordance with Canadian Generally Accepted Auditing Standards. Further it was noted that the Audit went very well, there were no concerns or issues identified and they received full cooperation from management and staff.

Copies of the Audit Findings Report and financial statements were available to attendees and will be posted on the hospital's website.

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

Joe Swiniarski, 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 ending in a balanced position for the fifth consecutive year.

It was moved seconded and carried

**THAT THE AUDITED FINANCIAL STATEMENTS OF MUSKOKA ALGONQUIN  
HEALTHCARE FOR THE YEAR ENDED MARCH 31, 2015 BE RECEIVED.**

Mr. Swiniarski explained that the Audit Committee discussed the performance of KPMG over the past year and were quite pleased from number of perspectives including the positive working relationship. It was highlighted that the Committee met privately with the auditors and no concerns or issues were identified. For these reasons, the Audit Committee recommended to the Board reappointment of KPMG for the coming year.

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. Nominations Committee Report & Election of Directors

Donna Denny, Chair of the Nominations Committee presented the report of the Nominations Committee which included Christine Featherstone and Gregg Evans. The nominations committee began its work in January and identified a need to fill three vacancies for the upcoming Board year. The recruitment drive

occurred in March and resulted in an overwhelming number of applications for full board membership and for community representatives on Standing Board Committees. These were shortlisted based on the skills matrix; interviews occurred and reference checks conducted.

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:**

- **EVELYN BROWN FOR A THREE-YEAR TERM ENDING JUNE 2018;**
- **CAMERON RENWICK FOR A THREE-YEAR TERM ENDING JUNE 2018;**
- **ROSS MAUND FOR A THREE-YEAR TERM ENDING JUNE 2018;**
- **DAVE WILKIN FOR A THREE-YEAR TERM ENDING JUNE 2018.**

10. Adjournment

Mr. Forret announced the conclusion of the Annual General Meeting and thanked the staff for participating in presentations and the community for their attendance. He also indicated that a brief Board meeting for Board members would be held following the Annual General Meeting

It was moved, seconded and carried

**THAT 2015 ANNUAL GENERAL MEETING BE ADJOURNED.**



# ANNUAL MEDICAL ADVISORY COMMITTEE REPORT 2015-2016



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**SUBMITTED TO:** Members of the Corporation

**SUBMITTED BY:** Dr. Jan Goossens, Chief of Staff

**FOR RECEIPT**

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The purpose of this report is to summarize the activities and accomplishments of the Medical Advisory Committee during the 2015-2016 Board year. The report is being presented for receipt by the Members of the Corporation.

**I. Summary list of key accomplishments this year:**

- Reviewed a plan for automatic stop orders for antibiotics and Ketorolac (pain medication) in order to improve patient safety and antibiotic stewardship.
- Reviewed and approved the Medical Student/Resident Privileges Policy, Professional Staff Appointment and Credentialing Policy and the Clinical Human Resources Plan.
- Implemented new patient order sets to foster practices and patient care.

**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:**

- The Medical Advisory Committee is responsible for the quality and safety of care delivery at MAHC. The committee receives input from Administration, Medical Quality Assurance Committee and the Quality Council Committee. In addition, reports come forward for review and approval from the clinical committees, (Family Practice, Emergency Medicine, Obstetrics, Surgical Services, Pharmacy and Therapeutics, Patient Order Sets and Internal Medicine).

**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 processes, reports and recommendations from physicians and Clinical Committees.
- Oversight of various sensitivities focusing on efforts to maintain a high quality standard of patient care.

**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?**

- Physician Engagement
- Recruitment and Retention
- Adapting to financial pressures in health care

# ANNUAL QUALITY & PATIENT SAFETY COMMITTEE REPORT 2015-2016



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**SUBMITTED TO:** Members of the Corporation

**SUBMITTED BY:** Evelyn Brown, Board Vice-Chair / Quality & Patient Safety Committee Chair

**FOR RECEIPT**

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The purpose of this report is to summarize the activities and accomplishments of the Quality & Patient Safety Committee during the 2015-2016 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 six meetings of the Quality & Patient Safety Committee this year as per work plan projections – August, October, December, February, March 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. Although the year ended with several metrics underperforming the set targets, diligent work continued through the year to implement action plans to positive affect those trends. The Committee also focused significant time throughout the year to better understand the data and those sources.
- To ensure a continuous journey of safe quality patient care, while maintaining and improving upon prior successes, a Patient Safety & Quality Improvement Framework was created which identifies patient safety and quality improvement targets for the organization over a three year horizon.
- Endorsed the Clinical Services Resources Plan for Board approval.
- Maintained vigilant awareness of the organization's experience with Alternate Level of Care patients and the action plans to improve timely and appropriate care.
- Continued oversight of the Trillium Gift of Life Network program and celebrated successes including up to 170 lives transformed through tissue donation, first skin recovery at HDMH site successful Routine Notification education sessions held in the fall.
- Supported a robust process to revise and improve the Patient Declaration of Values. Care providers, patients and their family members were involved at every stage of the project.
- As credentialing the professional staff is one of the most important board activities which directly impacts the care delivered at a hospital the Committee focused on familiarizing themselves with their role throughout the credentialing process, and made appropriate revisions to the Professional Staff Appointment and Credentialing Policy including the implementation of a Certificate of Integrity.

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

- A work plan for the committee was approved in September 2015 based on the Terms of Reference, and as of the end of April 2016, 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 and following a comprehensive environmental scan updated the Terms of Reference to be in line with practice at other Ontario Hospitals.
- Received regular updates and milestone reviews of the Strategic Plan Initiatives regarding Quality, Safety, and Patient & Family Centered Care.
- 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.
- Reviewed the patient relations data quarterly.
- Reviewed the expectations for the 2015-2016 Quality Improvement Plan as set out by the Ministry of Health and Long-Term Care. Recommended approval of the 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?**

- Further explore an audit approach for the credentialing process.
- Support the establishment of a task force to develop an early mechanism for dialogue with the Professional Staff to increase engagement as well as establishing a process for discussion for situation where issues arise or there are disagreements.
- Consider developing a MAHC Policy with respect to defining quality of care as a vehicle for conversation corporately.
- Review the annual work plan of the Quality Council.
- Develop a template for the reports of the Medical Advisory Committee
- Consider including a consent agenda portion and revising the agenda format to prioritize agenda items
- Request that reports are accompanied by an Executive Summary

**SUPPORTING DOCUMENTATION**

- 2015-2016 Quality & Patient Safety Committee Work Plan



Quality & Patient Safety Committee  
2015/2016



**WORK PLAN**

Meeting Date:	August 27, 2015	October 29, 2015	December 17, 2015	February 25, 2016	March 29, 2016	April 28, 2016
<i>Contribute to Strategic Direction</i>	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> <li>○ 1 - Quality/Safety</li> <li>○ 2 - Patient- &amp; Family-Centered Care</li> <li>○ 8 - Physician Recruitment</li> </ul>	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> <li>○ 1 - Quality/Safety</li> <li>○ 2 - Patient- &amp; Family-Centered Care</li> <li>○ 8 - Physician Recruitment</li> </ul>	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> <li>○ 1 - Quality/Safety</li> <li>○ 2 - Patient- &amp; Family-Centered Care</li> <li>○ 8 - Physician Recruitment</li> </ul>	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> <li>○ 1 - Quality/Safety</li> <li>○ 2 - Patient- &amp; Family-Centered Care</li> <li>○ 8 - Physician Recruitment</li> </ul>	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> <li>○ 1 - Quality/Safety</li> <li>○ 2 - Patient- &amp; Family-Centered Care</li> <li>○ 8 - Physician Recruitment</li> </ul>	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <ul style="list-style-type: none"> <li>○ 1 - Quality/Safety</li> <li>○ 2 - Patient- &amp; Family-Centered Care</li> <li>○ 8 - Physician Recruitment</li> </ul>
<i>Ensure Program Quality &amp; Effectiveness</i>	<input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Credentialing Process Review <input checked="" type="checkbox"/> Physician Training Requirements Discussion (Sept 03/14) <input checked="" type="checkbox"/> Balanced Scorecard <input checked="" type="checkbox"/> Patient Satisfaction Survey Results <input checked="" type="checkbox"/> Patient Relations Process Review <input checked="" type="checkbox"/> Patient Relations Report Q1 <input checked="" type="checkbox"/> Patient Safety Indicator Q1 Report <input checked="" type="checkbox"/> Annual Clinical Research Report <input checked="" type="checkbox"/> ALC Update	<input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Quality Council Work Plan <input checked="" type="checkbox"/> Balanced Scorecard <input checked="" type="checkbox"/> Patient Relations Report Q2 <input checked="" type="checkbox"/> Critical Incident Process and Report <input checked="" type="checkbox"/> Patient Transfer Policy Update <input checked="" type="checkbox"/> TGLN Quarterly Reports Q2 <input checked="" type="checkbox"/> <del>Report</del> <b>Patient Safety Indicator Q2 Report</b> <input checked="" type="checkbox"/> <del>Ethics Program</del> <input checked="" type="checkbox"/> <del>MAG Quality Care Report</del> <input checked="" type="checkbox"/> OCIPA Recommendation Review <input checked="" type="checkbox"/> Post Care Call Summary Report	<input checked="" type="checkbox"/> Endorse Medical Human Resources Plan for Board Approval <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Review of OIP and identify potential changes for 2015-2016 <input checked="" type="checkbox"/> Balanced Scorecard <input checked="" type="checkbox"/> ALC Update <input checked="" type="checkbox"/> Patient Declaration of Values Review <input checked="" type="checkbox"/> Support Services Annual Goals <input checked="" type="checkbox"/> <del>HIROC Self Assessment</del> <input checked="" type="checkbox"/> Enterprise Risk Management Report <input checked="" type="checkbox"/> Medical Quality Assurance Terms of Reference Review <input checked="" type="checkbox"/> Ethics Program Update <input checked="" type="checkbox"/> Patient Safety Indicator Q2 Report <input checked="" type="checkbox"/> MAC Quality Care Report <input checked="" type="checkbox"/> Quality Framework, Report <input checked="" type="checkbox"/> Pharmacy Assessment Report	<input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Quality Improvement Plan endorsement for Board approval <input checked="" type="checkbox"/> Balanced Scorecard <input checked="" type="checkbox"/> Patient Satisfaction Results <input checked="" type="checkbox"/> Patient Relations Report - Q3 <input checked="" type="checkbox"/> Patient Safety Indicator Quarterly Report – Q3 <input checked="" type="checkbox"/> <del>ALC Update</del> <input checked="" type="checkbox"/> Q3 TGLN Quarterly Reports <input checked="" type="checkbox"/> Ethics Program Update <input checked="" type="checkbox"/> MAC Report <input checked="" type="checkbox"/> Patient Experience Interview Summary <input checked="" type="checkbox"/> <del>Budget Review</del>	<input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Balanced Scorecard <input checked="" type="checkbox"/> ALC Update <input checked="" type="checkbox"/> MAC Report <input checked="" type="checkbox"/> NSQIP Program Overview <input checked="" type="checkbox"/> Ethics Update <input checked="" type="checkbox"/> Patient Values Update	<input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Balanced Scorecard <input checked="" type="checkbox"/> Patient Relations Report – Q4 <input checked="" type="checkbox"/> Patient Safety Indicator Q4 Report <input checked="" type="checkbox"/> Ethics Program Update <input checked="" type="checkbox"/> MAC Report <input checked="" type="checkbox"/> Patient Experience Interview Summary <input checked="" type="checkbox"/> Critical Incident Update <input checked="" type="checkbox"/> QC/PA Recommendation Review <input checked="" type="checkbox"/> HIROC Self-Assessment <input checked="" type="checkbox"/> Patient Values
<i>Ensure Board Effectiveness</i>	<input checked="" type="checkbox"/> Review Committee Terms of Reference <input checked="" type="checkbox"/> Review the 2014/15 Annual Committee Report <input checked="" type="checkbox"/> Review, endorse Committee Work Plan for Board Approval	<input checked="" type="checkbox"/> <del>Professional Staff Appointment &amp; Credentialing Policy</del>	<input type="checkbox"/> Professional Staff Appointment & Credentialing Policy	<input checked="" type="checkbox"/> <del>Professional Staff Appointment &amp; Credentialing Policy</del> <input checked="" type="checkbox"/> <del>NEW – Environmental Scan of Hospital Board Approval Processes for Appointments</del>	<input checked="" type="checkbox"/> Professional Staff Appointment & Credentialing Policy <input checked="" type="checkbox"/> Environmental Scan of Hospital Board Approval Processes for Appointments	<input checked="" type="checkbox"/> Review Terms of Reference <input checked="" type="checkbox"/> Review Committee Work Plan <input checked="" type="checkbox"/> Annual Committee Report (Chair) <input checked="" type="checkbox"/> Complete Committee Self Evaluation <input checked="" type="checkbox"/> Chair to plan for knowledge transfer to incoming Chair <input checked="" type="checkbox"/> Physician Engagement Survey Results
<i>Foster Relationships</i>						<input checked="" type="checkbox"/> Physician Engagement Survey Results

Board Approved September 10, 2015; note that this is a working document that is updated as required; new items since previous review are bolded

# ANNUAL RESOURCES COMMITTEE REPORT 2015-2016



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**SUBMITTED TO:** Members of the Corporation

**SUBMITTED BY:** Brenda Gefucia, Treasurer / Resources Committee Chair

## FOR RECEIPT

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The purpose of this report is to summarize the activities and accomplishments of the Resources Committee during the 2015-16 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.

### IX. Summary list of key accomplishments this year:

- Received and reviewed updates regarding the Strategic Action Plan initiatives related to: Continue to Progress IT Systems (pilot computerized physician order entry); Technical Innovation (improve patient billing); Strengthen, Leverage Partnerships with Learning Institutions (explore e-learning); Strategic HR Plan (newly branded onboarding program); Meet all HSAA Obligations (develop scorecard reporting to provide physicians with utilization data).
- Oversight of the Human Resource key performance indicators including the monitoring of the Attendance Management Program costs and usage analysis, the Employee Engagement Survey results and the Consultants Use report.
- Reviewed and recommended to the Board the Financial Statements and financial information package on a bi-monthly basis. Received action plans to reduce overtime.
- Received 2015-16 forecasts and reviewed the 2016-17 annual budget.
- Received updates with respect to revenue generation and the energy project implementation. Closed the requirement for the revenue generation report (opportunities were from 2009 and all items were closed or on hold pending long term planning).
- Reviewed and recommended to the Board receipt of the Board and Senior Leadership Team expense reports.
- Received the annual insurance update and approved the issuance of the annual notice.
- Reviewed and approved the results of the annual Enterprise Risk Management Program report including the key corporate risk areas.
- Reviewed and recommended to the Board the recipients of the Board Award of Excellence to be presented at the Annual General Meeting.
- Recommended approval of the Annual Attestation related to the Broader Public Sector Accountability Act.
- Reviewed the Capital Planning Process and received the updated Capital Needs List.

### X. 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 2015 based on the Terms of Reference, and as of the end of May 2016, all deliverables will have been met.
- The committee will increase the frequency of meetings during 2016-17 and recommend opportunities for enhanced reporting to the committee and the Board.
- Achieve a better understanding of contract management as it pertains to spending outside the contracted term and value
- It is recommended that in the upcoming year, the Resources Committee continue diligent oversight of:
  - MAHC's achievement of benefits from the Cerner System and risks and opportunities from the organization's GBIN partnership
  - Achieving a balanced budget position
  - Working capital position
  - Monitor the impact of action plans with respect to decreasing overtime

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

- The Board has been made aware of all risks noted through the committee's work.

**SUPPORTING DOCUMENTATION**

- o 2015/2016 Resources Committee Work Plan



**Resources Committee  
2015/2016**



**WORK PLAN**

Meeting Date:	September 24	November 26	January 28	March 31	May 26
<i>Contribute to Strategic Direction</i>	Receive Strategic Action Plan Initiative Updates: <input checked="" type="checkbox"/> 3a-16 – Health Links <input checked="" type="checkbox"/> 3b-16 – Health Hubs <input checked="" type="checkbox"/> 3c-16 – Partnerships <input checked="" type="checkbox"/> 4a-16 – IT <input checked="" type="checkbox"/> 6a-16 – Technological Opportunities <input checked="" type="checkbox"/> 6b-16 – Patient Billing Improvements <input checked="" type="checkbox"/> 7a-16 – Strategic Human Resources Plan <input checked="" type="checkbox"/> 10 – Utilization Management	Receive Strategic Action Plan Initiative Updates: <del><input checked="" type="checkbox"/> 3a-16 – Health Links</del> <del><input checked="" type="checkbox"/> 3b-16 – Health Hubs</del> <del><input checked="" type="checkbox"/> 3c-16 – Partnerships</del> <input checked="" type="checkbox"/> 4a-16 – IT <input checked="" type="checkbox"/> 6a-16 – Technological Opportunities <input checked="" type="checkbox"/> 6b-16 – Patient Billing Improvements <input checked="" type="checkbox"/> 7a-16 – Strategic Human Resources Plan <input checked="" type="checkbox"/> 10 – Utilization Management	Receive Strategic Action Plan Initiative Updates: <input checked="" type="checkbox"/> 4a-16 – IT <input checked="" type="checkbox"/> 6a-16 – Technological Opportunities <input checked="" type="checkbox"/> 6b-16 – Patient Billing Improvements <input checked="" type="checkbox"/> 7a-16 – Strategic Human Resources Plan <input checked="" type="checkbox"/> 10 – Utilization Management	Receive Strategic Action Plan Initiative Updates: <input checked="" type="checkbox"/> 4a-16 – IT <input checked="" type="checkbox"/> 6a-16 – Technological Opportunities <input checked="" type="checkbox"/> 6b-16 – Patient Billing Improvements <input checked="" type="checkbox"/> 7a-16 – Strategic Human Resources Plan <input checked="" type="checkbox"/> 10 – Utilization Management	Receive Strategic Action Plan Initiative Updates: <input checked="" type="checkbox"/> 4a-17 – IT <input checked="" type="checkbox"/> 6a-17 – Technological Opportunities <input checked="" type="checkbox"/> 6b-17 – Patient Billing Improvements <input checked="" type="checkbox"/> 7a-17 – Strategic Human Resources Plan <input checked="" type="checkbox"/> 10 – Utilization Management
<i>Provide for Excellent Management</i>	<input checked="" type="checkbox"/> Human Resources Report	<input checked="" type="checkbox"/> Human Resources Report. <input checked="" type="checkbox"/> Sick Time Costs & Usage	<input checked="" type="checkbox"/> Human Resources Report	<input checked="" type="checkbox"/> Human Resources Report <input checked="" type="checkbox"/> Employee Engagement Survey Results	<input checked="" type="checkbox"/> Human Resources Report
<i>Ensure Program Quality &amp; Effectiveness</i>		<input checked="" type="checkbox"/> Enterprise Risk Management Program <input checked="" type="checkbox"/> Notice to HIROC, Insurance Update <input checked="" type="checkbox"/> IT Update	<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"/> Budget Update <input checked="" type="checkbox"/> Working Funds Program Update <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"/> Revenue Generation Report	<input checked="" type="checkbox"/> Financial Statements <input checked="" type="checkbox"/> Budget Update <input checked="" type="checkbox"/> Working Funds Program Update <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"/> Financial Statements <input checked="" type="checkbox"/> Budget Update <input checked="" type="checkbox"/> Working Funds Program Update <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"/> Financial Statements <input checked="" type="checkbox"/> Budget Update <input checked="" type="checkbox"/> Working Funds Program Update <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"/> Parking Policy – annual review	<input checked="" type="checkbox"/> Budget Update <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 2014/15 Annual Committee Report <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"/> 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

Approved by the Board of Directors for approval October 8, 2015  
 Note: Strategic Plan Status Reports related to Partnerships and Collaboration moved to Strategic Planning Committee as per Board direction November 12, 2015



# ANNUAL AUDIT COMMITTEE REPORT 2015-2016



**SUBMITTED TO:** Members of the Corporation  
**SUBMITTED BY:** Christine Featherstone, Audit Committee Chair

## FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Audit Committee during the 2015-16 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 – January 20 and May 25, 2016.

**I. Summary list of key accomplishments this year:**

- Completed the annual review of the Committee's Terms of Reference and made minor revisions with respect to clarifying auditor independence.
- The Whistleblower Policy was also reviewed in 2016 and was updated to further outline appointment process for the members of the Investigation Task Force.
- Reviewed and accepted the Audit Planning Report for 2016.
- 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, 2016, 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 2016-2017.

**II. Has the Committee followed their work plan and met their terms of reference? Any recommendations for consideration in the upcoming year:**

- A work plan for the committee was approved in February 2016 based on the Terms of Reference, and as of May 25, 2016, all deliverables have been met.

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

- There are no emerging risks to report.

**SUPPORTING DOCUMENTATION**

- o 2016-2017 Audit Committee Work Plan



Audit Committee  
2015/2016



## WORK PLAN

Meeting Date:	January 20, 2016	May 25, 2016
<i>Endeavour to Ensure Financial Viability</i>	<input checked="" type="checkbox"/> Receive Audit Planning Report <input checked="" type="checkbox"/> Seek advice from Auditors regarding potential industry practices that may benefit MAHC <input checked="" type="checkbox"/> Re-confirm Fees and Expenses as per Engagement Letter 2013 <input checked="" type="checkbox"/> Receive Fraud Risk Matrix	<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"/> To discuss RFP process or recommend to Members of Corporation annual appointment of external Auditor
<i>Ensure Board Effectiveness</i>	<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 Policy Review <input checked="" type="checkbox"/> Whistleblowing Policy #GOV-3-60 <input checked="" type="checkbox"/> Fraud Risk Assessment Policy #GOV-4-85	

# ANNUAL GOVERNANCE COMMITTEE REPORT 2015-2016



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**SUBMITTED TO:** Members of the Corporation  
**SUBMITTED BY:** Cameron Renwick, Governance Committee Chair

## FOR RECEIPT

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The purpose of this report is to summarize the activities and accomplishments of the Governance Committee during the 2015-2016 board year and to identify recommendations for consideration in next year's committee work plan. There were five regular meetings of the Governance Committee this year along with two ad hoc working group meetings; as per work plan projections the regular meeting of the Committee took place August, October, December, March and April.

### I. Summary list of key accomplishments this year:

- The Committee continued monitoring the results of the Board meeting evaluations conducted following adjournment of each meeting to ensure Board meetings remain effective, any improvements to Board performance occur and to ensure timely feedback to the Board Chair.
- The Committee established the annual Board governance to "*Continue to enhance the strategic knowledge and systems thinking of Directors by leveraging and promoting educational opportunities in congruency with government policy and directions and ensuring a thorough understanding of the Ministry capital planning process as it evolves throughout Ontario.*" Specific tactics were identified to ensure achievement of this goal.
- A standard preamble was established for all Standing Committee Terms of Reference that strengthened intra-Committee communications and reinforced the need to have all information presented in a consistent, logical format for efficient decision making.
- Two successful orientation sessions were hosted for new Directors; as a result of feedback from these sessions the Orientation program was updated.
- A Board information session was established that will be held at the commencement of recruitment. The session is intended to provide participants with a broad understanding of how the MAHC Board functions to enable interested individuals to make an informed decision prior to submitting an application.
- A significant review of the Skills Matrix was undertaken in an effort to develop a more contemporary format that focusses on the concept of form follows function. The new, revised tool will be helpful in recruitment, understanding the Board's needs and matching skills and experience of applicants with the challenges of organization ahead. To aid in this work, a working group established with broader Board representation.
- The Committee facilitated the Board Officer, Committee Chair and Committee Members and made a recommendation to the Board at the May Board meeting. This recommendation will now be forwarded to the new 2016/17 Board of Directors for consideration. The process was successful in ensuring it was transparent and that all Directors had an opportunity to provide feedback and input.
- A review of feedback regarding the Senior Leadership Multi-Rater Appraisal form led to the development of a less comprehensive tool; the purpose of the tool is to encourage a high response rate.
- The Committee continues with its oversight of ensuring regular review of board policies. There were fourteen policies reviewed in the past year

### 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 2015 and, as of the end of April 2016, all deliverables will have been met (see attached).
- Ensure completion of the Bylaw Review.
- The Governance Committee should undertake a review of the Board Peer/Self-Assessment tool, in particular the questions that received the majority of Not Applicable responses in the 2015/16 process.
- The Governance Committee should continue to monitor the status of the Not-For-Profit Corporations Act and Bill 85 and the impact on MAHC.

### 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?

- There are no emerging risks or issues.

#### IV. Bylaw Revisions

- There are no revisions to the Bylaws at this time. The Committee initiated the review of the Bylaws in March 2016 and are on track to complete this review to bring forward recommendations to the June 2017 Annual General Meeting.



### Governance Committee 2015/2016



## WORK PLAN

Meeting Date:	July 29, 2015	August 26, 2015	October 28, 2015	December 16, 2015	February 24, 2016	April 27, 2016
<b>Ensure Board Effectiveness</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Review Board Member Terms</li> <li><input checked="" type="checkbox"/> Recommend Nominations Committee members</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Review 2014/15 Committee Annual Report</li> <li><input checked="" type="checkbox"/> Terms of Reference Review</li> <li><input checked="" type="checkbox"/> Review, endorse Committee Work Plan for Board Approval</li> <li><input checked="" type="checkbox"/> Board Meeting Evaluation Results</li> <li><input checked="" type="checkbox"/> Exit Interview Responses</li> <li><input checked="" type="checkbox"/> Determine, recommend Board Goals</li> <li><input checked="" type="checkbox"/> Review/Approve Education Work Plan</li> <li><input checked="" type="checkbox"/> Board Education Day/Retreat Discussion</li> <li><input checked="" type="checkbox"/> Update on NFP Corporations Act</li> <li><input checked="" type="checkbox"/> Planning for Governance Plan and Bylaw Review</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Committee Work Plan Review</li> <li><input checked="" type="checkbox"/> Review Board Work Plan</li> <li><input checked="" type="checkbox"/> Plan Board Education Day/Retreat</li> <li><input checked="" type="checkbox"/> Meeting attendance review</li> <li><input checked="" type="checkbox"/> Board Meeting Evaluation Results</li> <li><input checked="" type="checkbox"/> Monitoring Board Goals</li> <li><input checked="" type="checkbox"/> Skills Matrix Revisions</li> <li><input checked="" type="checkbox"/> Review Orientation Evaluation</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Committee Work Plan Review</li> <li><input checked="" type="checkbox"/> Board Annual Evaluation Timeline Review</li> <li><input checked="" type="checkbox"/> Meeting attendance review</li> <li><input checked="" type="checkbox"/> Board Meeting Evaluation Results</li> <li><input checked="" type="checkbox"/> Review Board Officer, Committee Chair Selection Process</li> <li><input checked="" type="checkbox"/> Monitoring Board Goals</li> <li><input checked="" type="checkbox"/> Skills Matrix Revisions</li> <li><input checked="" type="checkbox"/> Bylaw/Governance Review</li> <li><input checked="" type="checkbox"/> Generative Board Discussion Debrief</li> <li><input checked="" type="checkbox"/> Standing Committee Chair Terms</li> <li><input checked="" type="checkbox"/> Advanced Certificate in Board Governance Education Overview</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Committee Work Plan Review</li> <li><input checked="" type="checkbox"/> Meeting attendance review</li> <li><input checked="" type="checkbox"/> Board Meeting Evaluation Results</li> <li><input checked="" type="checkbox"/> Annual General Meeting Discussion re Format, Content                             <ul style="list-style-type: none"> <li>o Location</li> <li>o Agenda</li> <li>o Advertisements</li> <li>o Invitations</li> <li>o Confirm template for Annual Committee Reports</li> </ul> </li> <li><input checked="" type="checkbox"/> Review Board Work Plan progress</li> <li><input checked="" type="checkbox"/> Board Officer, Committee Chair &amp; Committee Membership selection process</li> <li><input checked="" type="checkbox"/> Monitoring Board Goals</li> <li><input checked="" type="checkbox"/> Skills Matrix</li> <li><input checked="" type="checkbox"/> April Education Day</li> <li><input checked="" type="checkbox"/> Bylaw Review</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Committee Work Plan Review</li> <li><input checked="" type="checkbox"/> Meeting attendance review</li> <li><input checked="" type="checkbox"/> Board Meeting Evaluation Results</li> <li><input checked="" type="checkbox"/> Board Evaluation Results Review; review report, develop recommendations</li> <li><input checked="" type="checkbox"/> Approval of final slate for Officers, Committee Chairs &amp; Membership</li> <li><input checked="" type="checkbox"/> Board recognition gifts discussion</li> <li><input checked="" type="checkbox"/> Annual General Meeting Planning Update</li> <li><input checked="" type="checkbox"/> Annual Committee Report Review</li> <li><input checked="" type="checkbox"/> Chair to plan for knowledge transfer to incoming Chair</li> <li><input checked="" type="checkbox"/> Bylaw Review</li> </ul>
<b>POLICY REVIEW:</b>		<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Review Governance Manual Table of Contents, confirm review schedule</li> <li><input checked="" type="checkbox"/> Policy &amp; Governance Review Policy</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Standard Preamble Language for Committee Terms of Reference</li> <li><input checked="" type="checkbox"/> Governance Performance Management Framework</li> <li><input checked="" type="checkbox"/> Succession Planning, CEO/COS</li> <li><input checked="" type="checkbox"/> Political Activities</li> <li><input checked="" type="checkbox"/> Recruitment &amp; Election Process</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Corporate Records</li> <li><input checked="" type="checkbox"/> Conflict of Interest</li> <li><input checked="" type="checkbox"/> Performance Management, CEO &amp; COS</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Responsibilities of Elected and Ex-Officio Directors</li> <li><input checked="" type="checkbox"/> Community Representatives on Standing Committees</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Integration, Commitment to</li> </ul>

Board Approved September 10, 2015



# ANNUAL STRATEGIC PLANNING COMMITTEE REPORT 2015-2016



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


## FOR RECEIPT

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The purpose of this report is to summarize the activities and accomplishments of the Strategic Planning Committee during the 2015-16 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, January and April.

### I. Summary list of key accomplishments this year:


- With the approval and implementation of the refreshed Strategic Plan for 2015-2018, for each of the Strategic Direction initiatives and associated tactical plans were developed to assist in moving Muskoka Algonquin Healthcare towards its vision of Outstanding Care ~ Patient & Family Centered. This first year of the Strategic Plan has provided an important roadmap bringing renewed energy along with a sharpened focus to 'Proudly Serving our Communities - Delivering Best Patient Outcomes with High Standards and Compassion'. This report has been segmented into the five Strategic Directions and highlights some of the major milestones achieved in each area over the past year.

 **QUALITY CARE & SAFETY** - *To drive patient and provider safety along with quality outcomes in our two acute-care sites, **during 2015/16 we have:***


- ✓ Successfully maintained hand hygiene compliance rates corporate-wide at 91.6% through increased focus and the addition of hand hygiene stations in key areas.
- ✓ Continuing to track the number and severity of falls ensuring that a falls assessment is completed on each patient upon admission as well as post post-fall assessment to identify mobility aids to minimize the risk of falls.
- ✓ Implementation of the new Family Presence Policy to welcome family members, as identified by the patient and according to their preference, 24 hours a day to enhance patient comfort and patient and family support.

 **PARTNERSHIPS & COLLABORATION** - *To be active participants in the broader health system and align with regional and provincial priorities building healthy communities, **during 2015/16 we have:***


- ✓ Remained active participants on the Health Links roll-out and facilitated 28 medically complex patients from MAHC to be referred to the Central Intake process to develop coordinated care plans for these high users.
- ✓ Worked diligently with local partners and providers to understand the current state and the need for broad system planning and a coordinated system to support sustainability.

 **EDUCATION & INNOVATION** - *To be recognized as a learning organization that provides hands-on experience and capitalizes on process improvements and technology, **during 2015/16 we have:***

- ✓ Successfully introduced Computerized Physician Order Entry in one clinical area as a pilot project; a critical stepping stone to corporate-wide introduction.
- ✓ Developed a robust Learning Management System to ensure optimal knowledge transfer within the organization.

 **PEOPLE** - *To retain, attract and develop quality people who will assist us in delivering high quality and compassionate care, **during 2015/16 we have:***

- ✓ Established a newly branded MAHC onboarding program to provide the opportunity to make the best impression before Day 1 and enhance employee engagement.
- ✓ Revamped and refocused the Physician Recruitment and Retention Committee.

 **SUSTAINABLE FUTURE** - *To be a top performing hospital that invests in our facilities, finds continuous efficiencies, eliminates waste and makes environmentally responsible choices, **during 2015/16 we have:***

- ✓ Completed the Pre Capital Submission to the Ministry of Health and Long-Term Care with the endorsement of the North Simcoe Muskoka Local Health Integration Network.
  - ✓ Continued to work with the North Simcoe Muskoka Local Health Integration Network and local municipalities to establish a common vision for acute care service delivery by MAHC in Muskoka for the future.
  - ✓ Developed a progressive scorecard approach to provide physicians with utilization data for the top ten diagnoses to enhance performance and utilization.
- For more detail on any of the Strategic Directions and progress of initiatives, visit [www.mahc.ca](http://www.mahc.ca). The organization is as committed as ever to our Mission and staff will build on the foundation created in Year One to operationalize Year Two of the Strategic Plan and successfully execute the goals.

**II. Specific recommendations for consideration in the upcoming year:**

- Continued oversight to ensure work continues around broad system planning, establishing a coordinated system to support sustainability along with a common vision for acute care service delivery.
- Ensure commencement of the next steps in the capital planning process related to the Stage 1 submission.

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

- A work plan for the committee was approved in November 2015 and, as of April 2016 all deliverables will have been met. The Committee has also successfully fulfilled all of the responsibilities outlined in the Terms of Reference.
- The Annual Strategic Assessment was completed and received in January 2016. The assessment included a comprehensive 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, there were no revisions recommended to the Strategic Plan.

**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?**

- The timeline with respect to the capital planning process and the development of the Stage 1 process is dependent upon approval from the Ministry of Health and Long-Term Care.
- The Board, through the Strategic Planning Committee, must continue to be an active participant in the work of the Muskoka and Area Health System Transformation Council and ensure that a written guarantee is received from the NSM LHIN and MOHLTC with respect to meeting its obligations to balance its annual budget along with being granted a deferment for implementation of any significant budget reduction strategies while the broader integration planning is underway.

**SUPPORTING DOCUMENTATION**

- 2015-2016 Strategic Planning Committee Work Plan (below)
- 2015-2018 Strategic Plan on a Page

Meeting Date:	October 21, 2015	January 26, 2016	April 26, 2016
<i>Contribute to Strategic Direction</i>	<ul style="list-style-type: none"> <li>✓ Receive Strategic Action Plan Dashboard re #9a-16 – Completion of MPMP &amp; Pre-Capital Submission</li> <li>✓ Discuss Site Selection Process</li> <li>✓ Receive 2015-2018 Strategic Plan Status Report Q2</li> <li>✓ Health Links Update</li> </ul>	<ul style="list-style-type: none"> <li>✓ Receive Strategic Action Plan Dashboard re #9a-16 – Completion of MPMP &amp; Pre-Capital Submission</li> <li>✓ Receive 2015-2018 Strategic Plan Status Report Q3</li> <li>✓ Receive Annual Strategic Assessment/Environment Scan</li> <li>✓ Health Links Update</li> </ul>	<ul style="list-style-type: none"> <li>✓ Receive Strategic Action Plan Dashboard re #9a-17 – Stage 1 Proposal</li> <li>✓ Receive 2015-2018 Strategic Plan Status Report Q4</li> <li>✓ Health Links Update</li> </ul>
<i>Ensure Board Effectiveness</i>	<ul style="list-style-type: none"> <li>✓ Review Committee Terms of Reference</li> <li>✓ Review Work Plan for Board Approval</li> </ul>		<ul style="list-style-type: none"> <li>✓ Complete Committee Self Evaluation</li> <li>✓ Review Annual Committee Report</li> <li>✓ Chair to plan for knowledge transfer to incoming Chair</li> </ul>

# STRATEGIC PLAN ON-A-PAGE 2015-2018

## OUR MISSION

Proudly Serving our  
Communities –  
Delivering Best Patient  
Outcomes with  
High Standards and  
Compassion

## OUR VISION

Outstanding Care –  
Patient & Family  
Centered

## OUR VALUES

This strategic plan is  
based on these values:

Accountability  
Respect  
Optimism  
Leadership  
Engagement

## QUALITY CARE & SAFETY

To drive patient and provider safety along with quality outcomes in our two acute-care sites, we will:

- Ensure the quality and safety plans continue to advance the organization's ongoing commitment to being recognized for excellence and outstanding care.
- Embed a culture of patient- and family-centered care/service excellence and best practice.

## EDUCATION & INNOVATION

To be recognized as a learning organization that provides hands-on experience and capitalizes on process improvements and technology, we will:

- Continue to progress IT Systems to Stage 5 of the HIMMS Scale.
- Strengthen and leverage existing partnerships with learning institutions.
- Foster creative agility that embraces and supports technological change, system innovation and process improvement.



## PEOPLE

To develop a competitive advantage through our people by attracting, developing and retaining a highly skilled, values-based Team, we will:

- Implement the Strategic Human Resources Plan.
- Inspire a shared purpose and team-based approach with physicians, staff and volunteers to partner with patients and families.

## PARTNERSHIPS & COLLABORATION

To be active participants in the broader health system and align with regional and provincial priorities building healthy communities, we will:

- Actively partner with key stakeholders to support the creation of high functioning integrated systems that will improve care.

## SUSTAINABLE FUTURE

To be a top performing hospital that invests in our facilities, continuous efficiencies, and makes environmentally responsible choices, we will:

- Develop a Stage 1 submission to the Ministry of Health and Long-Term Care for capital redevelopment.
- Meet all Hospital Services Accountability Agreement obligations and ensure financial and operational stability through process improvement, re-design, revenue generation and utilization management.

## ANNUAL NOMINATIONS COMMITTEE REPORT 2015-2016



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**SUBMITTED TO:** Members of the Corporation  
**SUBMITTED BY:** Cameron Renwick, Nominations Committee Chair

### FOR DECISION

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The purpose of this report is to summarize the activities of the Nominations Committee during the 2015-2016 board year.

- Given two vacancies early in the Board year, a recruitment drive was initiated in August 2015. A review of the skills matrix identified the need to focus on recruitment of individuals with skills and experience in finance, legal or integration of services. Following the completion of the recruitment process, two candidates were appointed by the Board in October 2015.
- In January 2016, 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 through the Expression of Interest process. All Directors expressed an interest to stand for re-election for an additional three-year term
- In addition, in response to the Expressions of Interest for Committee membership, Charles Forret and Gregg Evans communicated their intent to resign from the Board as of June 2016. They are both in their 2<sup>nd</sup> year of their second term.
- In March, the Nominations Committee met and reviewed the expiring Director terms and the skills profile for the Board. The Committee agreed that the skills and experience for the Directors wishing to renew their terms remain consistent with the needs for the Board. As a result, it was identified that there was a need to fill three Board Director vacancies for the 2016-2017 year.
- In addition, a request was made to each of the Standing Committee Chairs to provide feedback regarding any identified skill needs 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](http://www.mahc.ca). The communication included reference to both the need for Directors as well as Community Representatives.
- An information session for any interested candidates was advertised and occurred March 7, 2016. Three members of the community attended.
- As of March 21<sup>st</sup> (application deadline), five applications were received for full Board membership and three application was received for Community Representatives.
- The Nominations Committee reviewed all of the applications and short listed based on the skills matrix to interview four candidates.
- The Committee developed a new approach to the interviews by customizing the series of questions for each individual candidate. This approach was helpful in qualifying their skills and experience. In addition, each candidate was requested to review the following statements and be prepared to discuss with the Committee how their background and experience would assist them in bringing these elements to the Board table:
  - Governance is less about the technical literacy of a board member regarding a specific challenge facing the organization. It is more about the set of leadership competencies that give a board member a sophisticated peripheral vision to oversee a complex business enterprise.
  - Transformational leadership is about a focused effort to make significant changes to strengthen the relevance and value of an organization
- As a result of the interviews and Committee deliberations, only one candidate is being recommended at this time. Two vacancies will remain: a three-year term ending June 2019; and a one-year term ending June 2017.
- The recommended slate was presented and endorsed by the Board of Directors and there was agreement to conduct a recruitment process in late summer/early fall to fill these vacancies.

### OPTIONS CONSIDERED & ANALYSIS

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

1. Beth Goodhew
  - *Ms. Goodhew's skills and experience were in line with the needs identified.*
  - *It was also recommended that Ms. Goodhew be appointed a member of the Quality & Patient Safety Committee*

**CONSULTED WITH:**

- Reference checks have been completed and there were no concerns voiced on any of the candidates.
- Each candidate has initiated the police criminal reference check process, all appointments for new Board members are pending receipt of a police criminal reference check.

**MOTION: That the Members of the Corporation ratify the following appointments to the Muskoka Algonquin Healthcare Board of Directors:**

- **Frank Arnone for a one-year term ending June 2016;**
- **John Kropp for a one-year term ending June 2016;**
- **Philip Matthews for a three-year term ending June 2019;**
- **Frank Arnone for a three-year term ending June 2019;**
- **Christine Featherstone for a three-year term ending June 2019;**
- **Beth Goodhew for a one-year term ending June 2017.**

**SUPPORTING DOCUMENTATION**

- 2015-2016 Nominations Committee Work Plan (below)

Meeting Date:	February 10, 2016	March 30, 2016	Meeting 3 (April 21/26)
<i>Ensure Board Effectiveness</i>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Review Terms of Reference</li> <li><input checked="" type="checkbox"/> Review/Recommend approval of the Work Plan</li> <li><input checked="" type="checkbox"/> Review Nominations Committee Guide</li> <li><input checked="" type="checkbox"/> Review and endorse recruitment timeline</li> <li><input checked="" type="checkbox"/> Review Board Member Terms/discuss number of vacancies</li> <li><input checked="" type="checkbox"/> Review Skills Matrix to determine recruitment focus</li> <li><input checked="" type="checkbox"/> Review Recruitment Advertisements – to be posted during March</li> <li><input checked="" type="checkbox"/> Chair to request Committee Chairs to identify any needs for Community Members</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Review responses from               <ul style="list-style-type: none"> <li>○ Directors with expiring terms,</li> <li>○ Committee Chairs for Community Members</li> <li>○ reconfirm number of vacancies</li> </ul> </li> <li><input checked="" type="checkbox"/> Identify Nominations Committee member to complete reference checks</li> <li><input checked="" type="checkbox"/> Review applications</li> <li><input checked="" type="checkbox"/> Ensure police criminal reference check process is initiated</li> <li><input checked="" type="checkbox"/> Develop Short List</li> <li><input checked="" type="checkbox"/> Review Interview Outline               <ul style="list-style-type: none"> <li>○ Board applicants</li> <li>○ Community member applicants</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Conduct Interviews</li> <li><input checked="" type="checkbox"/> Request references</li> <li><input checked="" type="checkbox"/> Review reference check questions</li> <li><input checked="" type="checkbox"/> Prepare recommendation to Board</li> </ul>



*Copies of the Annual Report, Audited Financial Statements and the Annual General Meeting Presentation are available at [www.mahc.ca](http://www.mahc.ca)*

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Tel: 705-789-2311 Fax: 705-789-0557

South Muskoka Memorial Hospital Site  
75 Ann Street,  
Bracebridge, Ontario P1L 2E4  
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