



MUSKOKA ALGONQUIN
HEALTHCARE

2014 - 2015 ANNUAL REPORT

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



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APPENDIX A - AUDIT FINDINGS REPORT

APPENDIX B – AUDITED FINANCIAL STATEMENTS

Annual General Meeting

Monday, June 22, 2015

7:00 PM

Bracebridge Sportsplex

110 Clearbrook Trail, Bracebridge, 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 |
| 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* | Charles Forret |
| 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 | Donna Denny |
| • Election of Directors* | |
| 11. Adjournment* | Charles Forret |

*Denotes motion required

**MINUTES OF THE ANNUAL GENERAL MEETING
FOR THE MEMBERS OF THE CORPORATION,
MUSKOKA ALGONQUIN HEALTHCARE
MONDAY, JUNE 23, 2014, 7:00 P.M.**

Active Living Centre, 20 Park Drive, Huntsville, Ontario

Approval Pending

MEMBERS PRESENT:

Larry Saunders

Joe Swiniarski

Natalie Bubela

Charles Forret

Donna Denny

Dr. Jan Goossens

Evelyn Brown

Cameron Renwick

Dr. Kersti Kents

Gregg Evans

Christine Featherstone

Bev McFarlane

Eric Spinks

Mr. Larry Saunders, Chair of the Board of Directors called the 2014 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 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 24, 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 although the purpose for the meeting is to conduct official business for the Corporation, the main focus is to share with the community information about the good work that is happening at Muskoka Algonquin Healthcare and the exceptional people conducting that work. It is intended to be a celebration of the staff, physicians and volunteers as these people are the key to the successes and deserve recognition at every opportunity. The Chair also acknowledged that his two-year term is coming to a close and thanked the staff, physicians and volunteers. In addition, the Chair also acknowledged and thanked the dedication and commitment of the Board of Directors making special note of departing Directors Catherine King, Eric Spinks and Dr. Steven Herr.

The reports of the Foundations and Auxiliaries were circulated with the Annual Report. The Chair stated that because of the ongoing efforts to fundraise in support of the capital needs of the two hospitals sites and the ongoing generous support of the donors, healthcare providers at MAHC are able to continue to focus on excellence, quality and safety. The Chair encouraged all in attendance to consider the hospital in any charitable giving considerations.

The Chair provided an overview of the 2012-2014 Strategic Plan and highlighted three key successes in the past year to advancing the strategy. The first was the formal adoption of a Patient and Family Centred Care philosophy in conjunction with a formal Service Excellence Program. This framework will improve the care experience while at the same time enhance safety, quality and efficiency. The second key strategic success highlighted was an Electronic Health Record and the approvals received to proceed with a partnership with the Grey Bruce Information Network to bring in the Cerner system; planning is currently underway and it is expected that the system will be fully implemented by May 2015. The final success in advancing the strategy was the launch of a very extensive process that is required of every Hospital in Ontario; that is the launch of long range planning labelled "Hospital Care for Our Future Generations". This planning involves exploring the types of programs and services that Muskoka Algonquin Healthcare will provide in the future. Information is available on the MAHC website and further engagement opportunities are being planned for the summer of 2014.

3. Report of the Chief Executive Officer

Natalie Bubela explained that the quality and safety of the care provided at Muskoka Algonquin Healthcare remains paramount. Over the past year, the entire MAHC Team has worked diligently to tackle the realities of a changing financial environment and as a result a balanced budget position for the 4th consecutive year has been achieved. In addition, outcome indicators also demonstrate that MAHC continues to provide outstanding care that is people focused. Natalie Bubela expressed gratitude to all the staff and physicians for contributing to these achievements.

It was explained that the Chief Executive Report is to share with the community information regarding some exciting initiatives not only at the operational level but right at the bed side. Joining the Chief Executive Officer was Debbie Payne, a Patient Experience and Flow Navigation Nurse who provided an overview of the new role. The Patient Experience and Flow Navigation Nurses fulfill two important tenets

of safe quality patient care - to ensure patient care is based on the four pillars of Patient and Family Centered Care (dignity and respect, information sharing, collaboration and partnership) and to promote effective and efficient patient flow through the hospital "right patient, right bed, right time". There have been several early successes enjoyed with the introduction of this role including increased patient and family satisfaction, an increase to weekend discharges and some admission avoidance.

Natalie Bubela was also joined by Shelley McMurray and obstetrical Registered Nurse who gave a summary of a new training program called Managing Obstetrical Risk Efficiently (MORE^{OB}). MORE^{OB} is a comprehensive, three-year, patient safety, professional development and performance improvement program that addresses risk and patient safety issues in birthing units. It was noted that the first module typically takes one year to complete; the staff, physicians and midwives all successfully completed the first module in a seven month timeframe. The Team is now working on completing the second module which focusses on teamwork and communication.

A third successful initiative that Karen Dickson, a Dietary Aide spoke to was regarding the implementation of the Heat on Demand system. This new system replaced 25 year old equipment; the new system not only improved the temperature of the food delivered to patients, but is also ergonomically correct, lighter and easier to maneuver. It was emphasized that there have been a significant increase in the number compliments received from patients regarding the quality of the food provided in the Hospital. The Huntsville Hospital Auxiliary and the South Muskoka Hospital Foundation were thanked for funding this capital equipment purchase.

In summary, Natalie Bubela explained that these three initiatives are just a small sampling of the great work that has occurred over the past year and every success is only as a result of the fantastic and dedicated people working and volunteering at Muskoka Algonquin Healthcare.

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 five new physicians to the medical staff - Dr. Carl Seaton, Dr. Carolyn Correia, Dr. Dan Purcell, Dr. Rebecca Kent and Dr. Bharti Mittal. 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 Committee with an opportunity to get away from the number crunching and focus on what really makes this organization tick - the people. An overview of the criteria was provided and it was noted that up to four peer-nominated awards may be provided each year. Each year the number of nominations that come from the staff and physicians is quite remarkable and it not only speaks to the level of talent at Muskoka Algonquin Healthcare but also to the level of respect that exists between the staff. Each of the 12 peer-nominations were highlighted and congratulations expressed to each. The 2014 Board Award of Excellence were presented to Richard Bremner, Dan Gaughan, Dr. Hector Roldan and Monique Charlton.

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, STRATEGIC PLANNING COMMITTEE AND GOVERNANCE COMMITTEE.

7. Report of the Corporate Auditor

Mr. Oscar Poloni of KPMG delivered the Audit Findings Report. Mr. Poloni 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 Audit Findings Report and financial statements were available to attendees and will be posted on the hospital's website.

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, 2014, 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.

Further Mr. Poloni thanked the MAHC Finance Department Staff for the collegial working relationship and also noted that the level of oversight and diligence of the Audit Committee is very comprehensive.

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

Joe Swiniarski, on behalf of Phil Matthews 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 fourth consecutive year.

It was moved seconded and carried

THAT THE AUDITED FINANCIAL STATEMENTS OF MUSKOKA ALGONQUIN HEALTHCARE FOR THE YEAR ENDED MARCH 31, 2014 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 favourable working relationship. As well, the Committee reviewed and were satisfied with the fee structure presented by KPMG. 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

Larry Saunders presented the report of the Nominations Committee which included Mr. Saunders as Chair, Eric Spinks, Phil Matthews and Natalie Bubela. The nominations committee began its work in February and identified a need to fill two 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 and interviews occurred. The MAHC Board was extremely fortunate to receive such a high number of well qualified individuals, however, it did make the decision that much more difficult. To that end, Mr. Saunders thanked all those that applied positions.

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:

- **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.**

10. Meeting Termination

It was moved, seconded and carried

THAT 2014 ANNUAL GENERAL MEETING BE TERMINATED AT 8:25 P.M.

ANNUAL MEDICAL ADVISORY COMMITTEE REPORT 2014-2015



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 2014-2015 Board year. The report is being presented for receipt by the Members of the Corporation.

I. Summary list of key accomplishments this year:

- Physician Leadership Development Program.
- Patient Order Sets to facilitate evidenced based care.
- Approved MAHC Maternal/Newborn Quality Assurance committee.

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 2014-2015



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Evelyn Brown, 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 2014-2015 Board year and to identify recommendations for consideration in next year's committee work plan. There were five meetings of the Quality & Patient Safety Committee this year as per work plan projections – September, 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 successfully meeting many of the targets included in the Balanced Scorecard. In addition, in April a revamped scorecard was developed.
- Completed the annual review of the credentialing process for Muskoka Algonquin Healthcare.
- Endorsed the Medical Human Resources Plan for Board approval.
- Continued oversight of utilization, Quality Based Procedure volumes as well as Alternate Level of Care volumes.
- Received the Medical Quality Assurance Committee Terms of Reference and encouraged consideration of a joint Terms of Reference.
- Reviewed the organizational Emergency Preparedness Program.
- Actively participating in the preparations and the on-site Accreditation Survey in November 2014.
- Received results of the Trillium Gift of Life Network program and celebrated successes including approval of appropriate donation policies; 18 eye donors that have helped give the gift of sight to up to 36 people; 4 multi-tissue donors that have improved the quality of life for up to 280 people with bone and heart valves and that MAHC was well represented at the Trillium Gift of Life Network "Partnering to Save Lives" conference Oct 2014

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

- A work plan for the committee was approved in September 2014 based on the Terms of Reference, and as of the end of April 2015, 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 approach.
- 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 2015-2016 Quality Improvement Plan as set out by Health Quality Ontario. 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?

- Discussion with respect to the physician training requirements through the re-application process.
- To begin receiving an annual report with respect to clinical research at Muskoka Algonquin Healthcare
- 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.

Quality & Patient Safety Committee Work Plan for 2014-2015

Meeting Date:	September 3, 2014	October 30, 2014	December 18, 2014	February 26, 2015	April 30, 2015
<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 <input checked="" type="checkbox"/> Patient- and Family-Centered Care & Service Excellence Action Plan Update 	<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 <input checked="" type="checkbox"/> Patient- and Family-Centered Care & Service Excellence Action Plan Update 	<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 <input checked="" type="checkbox"/> Patient- and Family-Centered Care & Service Excellence Action Plan Update 		Strategic Initiatives Updates: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> #1a-16 – Quality & Safety Plans <input checked="" type="checkbox"/> #2a-16 – Patient & family-Centered Care <input checked="" type="checkbox"/> #8a-16 – Physician Recruitment & Retention
<i>Ensure Program Quality & Effectiveness</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Credentialing Process Review <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"/> Ethics Program Update <input checked="" type="checkbox"/> Accreditation Planning Update <input checked="" type="checkbox"/> Emergency Preparedness Plan Review Update <input checked="" type="checkbox"/> Utilization Reports 	<ul style="list-style-type: none"> <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"/> Balanced Scorecard <input checked="" type="checkbox"/> Patient Relations Report Q2 <input checked="" type="checkbox"/> Accreditation Planning Update <input type="checkbox"/> Critical Incident Process and Report (deferred to December) <input checked="" type="checkbox"/> Utilization Reports <input checked="" type="checkbox"/> Quality Based Procedures Update 	<ul style="list-style-type: none"> <input type="checkbox"/> Endorse Medical Human Resources Plan for Board Approval <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Review of QIP and identify potential changes for 2015-2016 <input checked="" type="checkbox"/> Utilization Reports <input checked="" type="checkbox"/> Quality Based Procedures Update <input checked="" type="checkbox"/> Balanced Scorecard <input checked="" type="checkbox"/> Ethics Program Update <input checked="" type="checkbox"/> Accreditation Planning Debrief <input checked="" type="checkbox"/> Critical Incident Process and Report <input type="checkbox"/> Medical Quality Assurance Terms of Reference – Revised <input checked="" type="checkbox"/> Home First Presentation 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> QIP 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"/> Utilization Reports <input checked="" type="checkbox"/> Quality Based Procedures Update <input checked="" type="checkbox"/> Patient Safety Indicator Quarterly Report <input checked="" type="checkbox"/> ALC Journey Update <input checked="" type="checkbox"/> Endorse Medical Human Resources Plan for Board Approval <input checked="" type="checkbox"/> Medical Quality Assurance Terms of Reference – Revised <input checked="" type="checkbox"/> Patient Transfer Policy Update <input checked="" type="checkbox"/> Falls/Wound Data Update <input checked="" type="checkbox"/> Order Set demonstration <input checked="" type="checkbox"/> Ethics Program Update <input checked="" type="checkbox"/> TGLN Quarterly Reports 	<ul style="list-style-type: none"> <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"/> Critical Incident Update <input checked="" type="checkbox"/> Utilization Reports <input checked="" type="checkbox"/> Quality Based Procedures Update <input checked="" type="checkbox"/> Ethics Program Update
<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 the 2013/14 Annual Committee Report <input checked="" type="checkbox"/> Review, endorse Committee Work Plan for Board Approval 				<ul style="list-style-type: none"> <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
<i>Foster Relationships</i>					<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Physician Engagement Survey Results

ANNUAL RESOURCES COMMITTEE REPORT 2014-2015

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 2014-15 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, April 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 Human Resource key performance indicators including the implementation and monitoring of the Attendance Management Program costs and usage analysis.
- Reviewed and recommended to the Board the Financial Statements and financial information package on a bi-monthly basis.
- Received an update with respect to revenue generation.
- 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 third 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.
- Completed the review of fifteen (15) policies related to Financial Viability and Fostering Relationships. Recommendation to the Board was made with respect to several policies to ensure that they remain current and relevant with good governance practices; these included Corporate Security & Risk Management, Insurance Policy, Amortization Policy, Capital Assets & Capitalization Policy, Board Award of Excellence Policy, Trust & Specific Purpose Funds Policy and the Signing Authority Policy.
- Received the new Strategic Action Plan Initiative Dashboards for 2015-2016 related to Information Technology Strategic Plan, Health Links Roll Out, Support Community Health Hubs, Partnerships, Learning Institution Partnerships, Technological Opportunities, Patient Billing Improvements, Strategic Human Resources Plan, Utilization Management
- Contributed to a successful Accreditation through the Human Capital Priority Process and meeting all required criteria in this area. The process relates to developing the human resource capacity to deliver safe, high quality services. Success was attributed to the continued support by the Resources Committee and Board for Human Resources.

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 2014 based on the Terms of Reference, and as of the end of May 2015, 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
 - 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 and provincial deficit as further fundamental changes to healthcare are a potential risk.

Resources Committee Work Plan 2014-2015

Meeting Date:	September 25	November 27	January 29	April 1	May 28
<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, <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, <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"/> #3a-16 – Health Links Roll Out <input checked="" type="checkbox"/> 3b-16 – Support Community Health Hubs <input checked="" type="checkbox"/> 3c-16 – Partnerships <input checked="" type="checkbox"/> 4a-16 - Information Technology Strategic Plan <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
<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 Tim Costs & Usage	<input checked="" 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"/> Enterprise Risk Management Program <input checked="" type="checkbox"/> Notice to HIROC (Insurance)			<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"/> HSFR 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"/> HSFR 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"/> HSFR Update <input checked="" type="checkbox"/> Working Funds Program Update <input checked="" type="checkbox"/> Budget 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"/>	<input checked="" type="checkbox"/> Financial Statements <input checked="" type="checkbox"/> HSFR Update <input checked="" type="checkbox"/> Working Funds Program Update <input checked="" type="checkbox"/> Budget 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"/>	<input checked="" type="checkbox"/> Budget Update <input checked="" type="checkbox"/> HSFR Update <input checked="" type="checkbox"/> Working Funds Program 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 2013/14 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"/> Banking Guidelines Policy <input checked="" type="checkbox"/> Corporate Security and Risk Management Policy	<input checked="" type="checkbox"/> Review of Insurance Policy <input checked="" type="checkbox"/> Investment of Surplus Funds Policy <input checked="" type="checkbox"/> Perquisites Policy	<input checked="" type="checkbox"/> Amortization Policy <input checked="" type="checkbox"/> Capital Assets & Capitalization Policy <input checked="" type="checkbox"/> Board Award of Excellence Policy <input checked="" type="checkbox"/> Insurance Policy	<input checked="" type="checkbox"/> Trust & Specific Purpose Funds Policy <input checked="" type="checkbox"/> Supply Chain Code of Ethics Policy <input checked="" type="checkbox"/> Corporate Partnerships Policy	<input checked="" type="checkbox"/> Signing Authority Policy <input checked="" type="checkbox"/> Financial Statements & Returns Policy <input checked="" type="checkbox"/> Financial Planning / Financial Condition 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

ANNUAL AUDIT COMMITTEE REPORT 2014-2015



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Joseph Swiniarski, Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Audit Committee during the 2014-15 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 27 and May 26, 2015.

I. Summary list of key accomplishments this year:

- Completed the annual review of the Committee's Terms of Reference and revised language with respect to approving the Engagement Letter annually as it was inconsistent with actual practice as the engagement terms were based on a multi-year agreement.
- Reviewed and accepted the Audit Planning Report for 2015.
- 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, 2015, 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 2015-2016.

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 January 2015 based on the Terms of Reference, and as of May 26, 2015, 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

- *2014-2015 Audit Committee Work Plan*

Audit Committee Work Plan for 2014-2015

Meeting Date:	January 27, 2015	May 26, 2015
<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"/> Seek advice from Auditors regarding potential practices that may benefit MAHC <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 <ul style="list-style-type: none"> ▪ Review/revise language around annual approval of Engagement Letter <input checked="" type="checkbox"/> Endorse annual work plan and recommend approval to the Board of Directors 	

ANNUAL GOVERNANCE COMMITTEE REPORT 2014-2015



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

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Governance Committee during the 2014-2015 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 a total of 46 policies reviewed in the past year, with 22 of those reviewed specifically by the Governance Committee. The Governance Committee oversaw the development of two new policies - Commitment to Integration Guidelines for the Nominations Committee. In addition, the Committee revamped the selection process for Board Officers, Committee Chairs and Committee Membership. The new process ensures a transparent process that formally solicits feedback from individual Directors.
- In August, the Committee began its planning for the organization's Accreditation Survey and provided the Board with an education session in September that outlined all of the areas for focus as result of the action plan developed in the 2013/14 Board year. As well, a mock Governance session was held at the October Board meeting to further ensure Directors were as prepared as possible. The Accreditation Survey was conducted in November 2014, and Governance met 100% of the 78 applicable standards. This was a significant achievement and is reinforced with the Surveyor comment stating that "the board of directors provides strong and contentious oversight of the organization".
- As a result of feedback received with respect to the Peer/Self-Assessment tool, the Committee undertook a further review of the tool and made minor revisions to improve that tool.
- A significant amount of time throughout the year was focused on the Annual Board Education Day. The focus for the day was determined to be with respect to further understanding integration, systems thinking and how the Board can support and further the health care system locally and regionally. The day was held in April 2015 with 29 participants including representatives from many partners.
- A review of the Guide for the Board Directors (Orientation Manual) was undertaken and three new sections were added:
 - Meetings 101, Board and Committee – How it works at MAHC
 - Key Governance Milestones in Recent History
 - Key Operational Events & Milestones in Recent History
 - NSM LHIN Presentation – Governing in Today's Health System – Integration, Second Curve & Systems Thinking
- Throughout the year, the Committee monitored the progress of the governance related items contained within the approval Annual Board Goals. These included the following, and the Board was successful in achieving these goals:
 - Provide leadership and support to ensure continued development of partnerships and collaboration opportunities that improve the local health system
 - Participate and engage in the planning and related activities that will support successfully attaining full Accreditation in November 2014
 - Advance the strategic knowledge of Directors by leveraging and promoting educational opportunities for board development in key areas such as funding reform, integration and partnerships, generative governance, ect
- With the new selection process for the Board Officer, Committee Chair and Committee Members, the Committee facilitated the process and made a recommendation to the Board at the May Board meeting. This recommendation will now be forwarded to the new 2015/16 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.

- Work was completed with respect to developing an exit interview process for departing Directors. This process was employed as an approach to thank Directors for their service and to obtain input on any potential improvements.

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 2014 and, as of the end of May 2014, all deliverables will have been met (see attached).

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.

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

- *2014-2015 Governance Committee Work Plan*

Governance Committee Work Plan for 2014-2015

Meeting Date:	August 27	October 29	December 17	February 25	April 29
<i>Ensure Program Quality & Effectiveness</i>	<input checked="" type="checkbox"/> Accreditation Planning; update on action plan	<input checked="" type="checkbox"/> Accreditation Planning, discuss Governance related requirements	<input type="checkbox"/> Accreditation Survey Debrief, next steps	<input checked="" type="checkbox"/> Accreditation Survey Debrief, next steps	<input type="checkbox"/>
<i>Ensure Board Effectiveness</i>	<input checked="" type="checkbox"/> Review 2013/14 Committee Annual Report <input checked="" type="checkbox"/> Terms of Reference Review <input checked="" type="checkbox"/> Review, endorse Committee Work Plan for Board Approval <input checked="" type="checkbox"/> Review, endorse Nominations Guidelines Document 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 <input checked="" type="checkbox"/> Update on NFP Corporations Act	<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"/> Peer/Self-Assessment Evaluation – discuss feedback <input checked="" type="checkbox"/> Board Meeting Evaluation Results <input checked="" type="checkbox"/> Monitoring Report re Board Goals #3.2 and 7.2	<input checked="" type="checkbox"/> Committee Work Plan Review <input checked="" type="checkbox"/> Review Peer/Self-Assessment Tool <input checked="" type="checkbox"/> Board Annual Evaluation Timeline Review <input checked="" type="checkbox"/> Meeting attendance review <input checked="" type="checkbox"/> Review Orientation Evaluation <input checked="" type="checkbox"/> Plan Board Education Day/Retreat <input checked="" type="checkbox"/> Review Addition to Orientation Manual re Meetings at MAHC <input checked="" type="checkbox"/> Board Meeting Evaluation Results <input checked="" type="checkbox"/> Monitoring Report re Board Goals #3.2 and 7.2 <input type="checkbox"/> Community Engagement Framework Review deferred to April <input type="checkbox"/> Planning for Governance/Bylaw Review in 2015/2016 deferred to April <input checked="" type="checkbox"/> Education Tracking	<input checked="" type="checkbox"/> Committee Work Plan Review <input checked="" type="checkbox"/> Annual General Meeting Discussion re Format, Content <input checked="" type="checkbox"/> Review Board Work Plan progress <input checked="" type="checkbox"/> Annual General Meeting Preparation: <ul style="list-style-type: none"> o Location o Agenda o Advertisements o Invitations <input checked="" type="checkbox"/> Meeting attendance review <input checked="" type="checkbox"/> Confirm template for Annual Committee Reports <input checked="" type="checkbox"/> Update on Planning for Board Retreat <input checked="" type="checkbox"/> Board Meeting Evaluation Results <input checked="" type="checkbox"/> Monitoring Report re Board Goals #3.2 and 7.2 <input checked="" type="checkbox"/> Board Officer, Committee Chair & Committee Membership selection process <input checked="" type="checkbox"/> Integration Survey Responses <input checked="" type="checkbox"/> Education Tracking	<input checked="" type="checkbox"/> Committee Work Plan Review <input checked="" type="checkbox"/> Board Work Plan Review <input checked="" type="checkbox"/> Monitoring Report re Board Goals #3.2 and 7.2 <input checked="" type="checkbox"/> Meeting attendance review <input checked="" type="checkbox"/> Board Meeting Evaluation Results <input checked="" type="checkbox"/> Board Evaluation Results Review; review report, develop recommendations <input checked="" type="checkbox"/> Approval of final slate for Officers, Committee Chairs & Membership <input checked="" type="checkbox"/> Exit Interviews <input checked="" type="checkbox"/> Board recognition gifts discussion <input checked="" type="checkbox"/> Community Engagement Framework Review <input checked="" type="checkbox"/> Annual General Meeting Planning Update <input type="checkbox"/> Planning for Governance/Bylaw Review in 2015/2016 to be deferred to August <input checked="" type="checkbox"/> Meeting Termination Language <input type="checkbox"/> Skills Matrix Revisions to be deferred pending further consideration <input checked="" type="checkbox"/> Annual Committee Report Review <input type="checkbox"/> Chair to plan for knowledge transfer to incoming Chair (not applicable)
POLICY REVIEW:	<input checked="" type="checkbox"/> Review Governance Manual Table of Contents, confirm review schedule <input checked="" type="checkbox"/> Open And In-Camera Board Meetings Policy – discuss suggestion to bring in-camera items into open session	<input checked="" type="checkbox"/> NEW POLICY – Integration/Systems Thinking <input checked="" type="checkbox"/> Selection Process, Board Officers and Committee Chairs <input checked="" type="checkbox"/> Succession Planning <input checked="" type="checkbox"/> Rules of Procedure <input checked="" type="checkbox"/> Recognition of Board Service	<input checked="" type="checkbox"/> Board Accountability Statement <input checked="" type="checkbox"/> Police Criminal Record Checks For Board Applicants <input checked="" type="checkbox"/> Application to Serve on Board of Directors <input checked="" type="checkbox"/> Meetings Without Management <input checked="" type="checkbox"/> Confidentiality – Pledge of <input checked="" type="checkbox"/> Conflict of Interest <input checked="" type="checkbox"/> Roles and Responsibilities, Board <input type="checkbox"/> Mentorship Program <input checked="" type="checkbox"/> Integrations Policy	<input checked="" type="checkbox"/> Director & Non-Director Annual Declaration <input checked="" type="checkbox"/> Director Selection Guidelines <input checked="" type="checkbox"/> Orientation <input checked="" type="checkbox"/> Recruitment and Election Process <input checked="" type="checkbox"/> Community Representatives on Standing Committees – to review eligibility criteria	<input checked="" type="checkbox"/> Role Description - Board Chair <input checked="" type="checkbox"/> Role Description - Board Secretary <input checked="" type="checkbox"/> Role Description - Board Treasurer <input checked="" type="checkbox"/> Role Description - Board Vice-Chair <input checked="" type="checkbox"/> Role Description - Committee Chair <input checked="" type="checkbox"/> Elected Officials as Excluded Persons <input checked="" type="checkbox"/>

ANNUAL STRATEGIC PLANNING COMMITTEE REPORT 2014-2015



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

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Strategic Planning Committee during the 2014-15 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, September and January. In addition, the Strategic Planning Committee Members were also members of the Master Program/Master Plan Ad-Hoc Steering Committee, this Committee met 18 times over the past two years.

I. Summary list of key accomplishments this year:

- The Committee completed the annual review of its Terms of Reference and made minor language revisions to the document to ensure consistency with actual practice. In addition, the Committee developed a work plan with key deliverables and objectives which was approved by the Board of Directors in October 2014.
- Constant focus on the 2012-2014 Strategic Plan and oversight of the progress of the Strategic Action Plan ensured that the objectives and targets continued to progress. Overall, all targets from the 2012-2014 Strategic Plan were achieved, however some were slightly behind the original schedule.
- Carrying on the work that the Committee began in 2013/2014, the draft 2015-2018 Strategic Plan was reviewed in depth inclusive of Strategic Goals and Objectives with measurable targets. The intent was to develop a forward-looking plan of action that built on the successes of the 2012-2014 Strategic Plan and focused the allocation of resources and priorities at MAHC over the next three-year horizon. This new Strategic Plan was endorsed by the Board and launched April 1, 2015. Key highlights of the 2015-2018 Strategic Plan include:
 - Through a comprehensive review of the environment and emerging trends, our mission **Proudly Serving our Communities – Delivering Best Patient Outcomes with High Standards and Compassion** has been re-affirmed along with the five Strategic Areas: Quality Care & Safety; Partnerships & Collaboration; People; Education & Innovation; and Sustainable Future.
 - An updated vision **Outstanding Care – Patient & Family Centered** emphasizes MAHC's patient- and family-centered care philosophy.
 - The five core values (**Accountability, Respect, Optimism, Leadership, and Engagement**) continue to remind us that we all have 'A ROLE' to play in furthering MAHC's mission and vision. The value statements for Accountability and Engagement have been slightly revised to ensure further clarity.
 - The establishment of a new Strategic Action Plan inclusive of five Strategic Goals that set the priorities for the next three years, each with Strategic Objectives that will further those goals. The Senior Leadership Team also developed clear, focused and measurable Annual Operational Initiatives as steps to accomplish the intended strategy
- The Annual Strategic Assessment was completed and received in October 2014. The assessment included an 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.
- The Committee also completed a review of three policies – Mission, Vision and Values GOV-1-10; Strategies and Strategic Directions Policy GOV-1-130 and Strategic Planning Policy GOV-1-20.
- The planning process with respect to Master Program/Master Plan and identifying a preferred model that provides the best access to high-quality services, and delivers sustainable health care for future generations of MAHC's service population continued over the past year. In 2013, a 21 member Ad-Hoc Committee was established to oversee this work. The planning process included extensive public input received through nine community sessions and additional meetings with stakeholders. All of this feedback provided important value to the Ad-Hoc Committee and, ultimately the Board, as they weighed the advantages and disadvantages, key issues and reviewed the feedback for each model. A full comprehensive analysis of every option was completed.
- On May 27, 2015, the Ad-Hoc Steering Committee presented its recommendation at a special meeting of the Board and the Board endorsed the one hospital – centrally located as the preferred model for the year 2030

and beyond. The one hospital model was determined to best meet the objective of providing high-quality, safe patient care that meets health care standards, protects the viability of core services, creates a stable environment that attracts and retains doctors and sub-specialties, and offer optimal working conditions that help to recruit staff, all under one roof within a financially sustainable model both initially and from an operating perspective. More information with respect to the entire planning process, and the final decision can be found at www.mahc.ca/Planning-for-the-Future

II. Specific recommendations for consideration in the upcoming year:

- Continued oversight to ensure revision of the Pre-Capital and submission to the North Simcoe Muskoka Local Health Integration Network.
- Ensure commencement of the next step in the capital planning process which is the Stage 1 submission as well as initiation of the site selection process and appropriate engagement from the community.

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

- A work plan for the committee was approved in October 2014 and, as of June 2015 all deliverables will have been met. 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?

- The timeline with respect to the capital planning process and the development of the Stage 1 process is dependent upon approval of the preferred model from the Ministry of Health and Long-Term Care.

SUPPORTING DOCUMENTATION

- 2014-2015 Strategic Planning Committee Work Plan (below)
- 2015-2018 Strategic Plan on a Page

Meeting Date:	September 16, 2014	October 21, 2014	January 20, 2015
<i>Contribute to Strategic Direction</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 2012-2014 Strategic Plan Status Report <input checked="" type="checkbox"/> Review Draft 2015-2018 Strategic Plan <ul style="list-style-type: none"> ○ Strategic Goals ○ Strategic Objectives ○ Framework Graphic <input checked="" type="checkbox"/> Review Communications Plan 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 2012-2014 Strategic Plan Status Report <input checked="" type="checkbox"/> Receive Annual Strategic Assessment/Environment Scan 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Receive Operational Initiatives for each Strategic Objective <input checked="" type="checkbox"/> Review Communications Plan <input checked="" type="checkbox"/>
<i>Ensure Board Effectiveness</i>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review 2013/14 Annual Committee Report <input checked="" type="checkbox"/> Review Committee Terms of Reference <input checked="" type="checkbox"/> Review Work Plan for Board Approval 		<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Policy Review: <input checked="" type="checkbox"/> Mission, Vision and Values <input checked="" type="checkbox"/> Strategies & Strategic Directions <input checked="" type="checkbox"/> Strategic Planning

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 2014-2015



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Donna Denny, 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 2015, 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. Evelyn Brown and Cameron Renwick both expressed an interest to stand for re-election for an addition three-year term. Joe Swiniarski and Nick Popovich responded indicating that they did not wish to stand for re-election.
- In addition, in response to the Expressions of Interest for Committee membership, Larry Saunders communicated his intent to resign from the Board as of June 22, 2015. Larry is in the 2nd year of his third term.
- In February 2015, 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 Evelyn Brown and Cameron Renwick remain consistent with the skills and experience needs for the Board. As a result, it was identified that there was a need to fill three Board Director vacancies for the 2015-2016 year.
- 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 for Directors as well as Community Representatives.
- As of application deadline (March 16, 2015), ten applications were received for full Board membership and one application was received for Community Representatives.
- The Nominations Committee reviewed all of the applications and short listed based on the skills matrix and identified needs to interview eight candidates. Two of the candidates opted to withdraw their applications and as a result the Nominations Committee met with six candidates in mid-April.
- The recommended candidates were presented and endorsed by the Board of Directors. Subsequent to the process, one of the recommended candidates withdrew their application for personal and family health reasons. Given the timing of this occurrence, the Board of Directors agreed to conduct a recruitment process in August 2015 to fill this vacancy.

OPTIONS CONSIDERED & ANALYSIS

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

1. Ross Maund
 - *Mr. Maund has been a Community Representative member of the Quality & Patient Safety Committee for the past year and has been a dedicated member making a valuable contribution to the work of the Committee. He joins the full Board with strong health care background and understanding of operations from both the private and public sector. Mr. Maund is also a strategic thinker with an appreciation for the importance of long term planning.*
2. Dave Wilkin
 - *Mr. Wilkin has significant experience in information technology, not-for-profit governance and long range planning. References spoke highly of Mr. Wilkin and recommended Mr. Wilkin for his diligence and discipline.*

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 at the Annual General Meeting.
- 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 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 one-year term ending June 2016.**

SUPPORTING DOCUMENTATION

- 2014-2015 Nominations Committee Work Plan (below)

Meeting Date:	February 2, 2015	March 25, 2015	April 14, 15
Ensure Board Effectiveness	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review Terms of Reference <input checked="" type="checkbox"/> Review/Recommend approval of the Work Plan <input checked="" type="checkbox"/> Review Nominations Committee Guide <input checked="" type="checkbox"/> Review Board Member Terms/discuss number of vacancies <input checked="" type="checkbox"/> Review Skills Matrix to determine recruitment focus <input checked="" type="checkbox"/> Review Recruitment Advertisements – to be posted during March <input checked="" type="checkbox"/> Chair to request Committee Chairs to identify any needs for Community Members 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review responses from <ul style="list-style-type: none"> ○ Directors with expiring terms, ○ Committee Chairs for Community Members ○ reconfirm number of vacancies <input checked="" type="checkbox"/> Identify Nominations Committee member to complete reference checks <input checked="" type="checkbox"/> Review applications <input checked="" type="checkbox"/> Ensure police criminal reference check process is initiated <input checked="" type="checkbox"/> Develop Short List <input checked="" type="checkbox"/> Review Interview Outline <ul style="list-style-type: none"> ○ Board applicants ○ Community member applicants 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Conduct Interviews <input checked="" type="checkbox"/> Request references <input checked="" type="checkbox"/> Review reference check questions <input checked="" type="checkbox"/> Prepare recommendation to Board

REPORT OF THE SOUTH MUSKOKA MEMORIAL HOSPITAL AUXILIARY

The Auxiliary to the South Muskoka Memorial Hospital continues to volunteer an extra dimension of care and service to patients, empathy for families and visitors, and supportive services to staff. We nurture a positive relationship between hospital and community.

Fundraising is an ongoing and vitally important function of our Auxiliary. Last June we hosted our third Spring Fashion Show at The Fairways of Kirrie Glen. In July we held Tag Days in Bracebridge, Gravenhurst, Bala and Port Carling. July was also our 'Christmas in July' fundraiser at the hospital. The Auxiliary Gift Shop offered a discount on many items in the Gift Shop during their 'Customer Appreciation Week'. The Candycane Luncheon and Bazaar in November was a very successful event. In December the 'Holiday Craft Sale' at the hospital allowed many staff, patients and visitors to check off some of the items on their Christmas list. All of these events made it possible for the Auxiliary to present the MAHC Foundation with the second \$50,000 installment of our \$250,000 pledge towards the new Digital Mammography machine. The Auxiliary also purchased items totaling over \$31,000 from the SMMH Capital Budget List for the hospital. With our 'Little Things Mean A Lot Challenge' this month one lucky department at the hospital will be awarded \$1000 to purchase something extra for their area. The 'HELPP Desk' also donated \$5000 to the hospital for the second year in a row.

The Auxiliary would also like to acknowledge the following clubs for their continued support of donations: Gravenhurst SMMH Auxiliary Bridge Club, Bracebridge Chapter Hospital Bridge Club, Pine Ridge Marathon Bridge Group, and to our corporate sponsor's continued support of donations: Scotia Bank.

We have dedicated part of this New Year to updating our two most profitable areas for raising funds for the hospital. The Muskoka Mocha coffee bar received a complete renovation, allowing us to offer a wider variety of products in a more efficient manner. The Gift Shop has had a new Point of Sale System installed enabling volunteers to price, track and order merchandise in a more timely fashion.

Dates to Remember:

July 11, 2015	Tag Day	Bala, Bracebridge, Gravenhurst and Port Carling
July 29 & 30, 2015	Summer Sale Auxiliary Gift Shop	Auxiliary Gift Shop
November 21, 2015	Muskoka Melody	Gravenhurst Opera House
December 5, 2015	Christmas House Tour	Gravenhurst

On behalf of the Auxiliary I wish to extend our appreciation and gratitude for the continued support of both the Muskoka Algonquin Healthcare Board of Directors and the entire staff of the South Muskoka Memorial Hospital.

'To build a community, you need a community'.

Respectfully submitted,

Jan Davidson
President,
SMMH Hospital Auxiliary



REPORT OF THE HUNTSVILLE DISTRICT MEMORIAL HOSPITAL AUXILIARY

We have had another busy year! It is difficult to have it any other way! This is why we are here! As we wind up another successful year, we look forward to our 'funraisers' and the many celebrations in this - our 60th year. Regardless of the years, we can still celebrate the success of opportunities we have carried forward over the years and continue making significant contributions to our Hospital and patient care.

Our 'Fun'raisers this year started with the Hospital Variety Show, Spring Card Party, Tag Day, our 5th Annual Golf Tournament, House Tour, Christmas Cookie Delight, Christmas Wrapping in the Mall, finishing the year with another Hospital Cabaret Show. We are thankful to all the conveners who did a wonderful job organizing and attracting dedicated work teams for these events. All this is possible with the many Auxiliary members who work together, the support from our own Hospital, and the Community. All contributions to the Hospital this year funded our Bed Campaign, making it possible to purchase 10 state-of-the-art beds, which were integrated into the Medical Surgery Department.



The Branches Gift Shop and our vending machines continue to be major financial contributors to meet our goals. Our volunteer hours for 2014-15 amounted to 21,175. Our 'Fun'raising activities for 2015-2016 will be to replace the Blood Bank Refrigerator, a Fetal Heart Monitor and an Oxygen Saturation Monitor, at a total cost of approximately \$53,000.

Information sharing and education was supported this year by 16 members when they attended the HAAO Spring Conference in Barrie, and 2 members, Jane Rutledge and Lynn Fletcher were recognized with Provincial Life Memberships at the HAAO Conference in Toronto in November. Our \$1,000 education scholarship went to graduating Huntsville High School student Alida Martin, from Port Sydney. Our members celebrate volunteer milestones annually at the June General Meeting; this year the following were recognized with awards:

Ontario Volunteer Service Award: Beryl Clayson, Lynda Jacob, Silvie Davatz, Doris & Jim Villemarier, Lorrie Wickes

5 Year Appreciation Award: Sue Bionda, Harry Brown, Susan Love, Cliff & Jacquie Strickland, Bev Silvester

10 Year Appreciation Award: Marion Bayfield, Gord Lessard, Dave Lucas, Donna Sewell, Maggie Tarasick, Roxianne Walker

Outstanding Pin: Betty Bildson, Betty Harris, Helen Sparkes, Eric Spinks, Lois Spiers, Joyce White

30 Year Pin: Betty Harris, Lois Spiers

Continuing Service Award: Peggy Hern (38 yrs) Diane Litchfield (38) Rae Coote (36) Shirley Farnsworth (36) June Gibson (36)

Provincial Life Members: Joyce White, Lois Spiers.

We congratulate everyone on these worthy awards!

The new Executive was installed at our Annual Meeting in April. They include Sharon McNally, President; Nancy Waxl, Past President; Susan Bionda, Recording Secretary; Vera McWade, Treasurer; Diane Leeder-McAughey, Correspondence Secretary; Shirley Neil, Member-at-Large.

The Huntsville Hospital Auxiliary is grateful for the generous support of the community as we raise funds to support our patients, their families and the healthcare team. Some of the 'fun'raisers in the planning stages for this year include:

Annual Tag Day, in Huntsville, Novar, Dorset and Port Sydney, June 26

6th Annual Golf Tournament, August 24 Deerhurst

Christmas Cookie Delight December 4th

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. As we go forward into the future of opportunity and growth, we look to our Mission Statement to keep us focused and united in our efforts.

"In co-operation with the hospital and Board of Directors, we support health care at Huntsville District Memorial Hospital through education, fundraising opportunities, and the promotion of volunteer services to people."

Respectively submitted,
Nancy Waxl, 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 yet another successful year.

Last year at this time, we had just recognized the largest gift ever received from a donor to date and named our emergency department after him. Peter Gilgan, one of our seasonal residents, donated \$1 million, adding his gift to year-round resident Eileen Sugg and family's gift of \$750,000. This was an extremely exciting start to our new initiative, the **Get Better** campaign, to purchase new technology for our hospital. The balance of support from both seasonal and year-round residents continued with Brock & Willa Napier's \$500,000 gift as well as 43 other gifts of \$25,000 and greater.

To help us to inspire others, Peter Gilgan became the honorary chair of the campaign and formed the Peter Gilgan Circle of Care, a designation for those who decided to give \$25,000 or more. Then it was up to our campaign cabinet, led by Douglas Lamb to move the campaign forward. I'm proud to say that the entire cabinet worked incredibly hard and the results were that 125 individuals, businesses, municipalities and service clubs stepped up to support the campaign.

As a result, we had the pleasure of announcing at our **Get Better** campaign launch in May that we are now within \$900,000 of our \$6.5 million goal. This astounding result truly demonstrates how lucky we are to have community support across all sectors.

Due to the early success of the campaign, we were able to start flowing funds over to the hospital. Last December, the telemedicine office was relocated and renovated to better accommodate patients and their families while providing access to out-of-town specialists. The new digital mammography machine arrived in January and the electronic health records went live early June. In addition, having the appropriate tools of the trade will give our community an edge for recruitment of the brightest and the best.

We are now able to match our up-to-date technology with the excellent work from our practitioners and staff to provide an even higher standard of care for our community.

In light of all the new things happening at the hospital, we cannot forget our traditions. Recently we celebrated the 29th anniversary of Dave Ellis Pro-Am Golf Tournament - the longest running special event supporting South Muskoka Hospital Foundation. All told, our third party events, which include golf tournaments, the Moose FM Radiothon and other events provide significant and crucially needed funds for our hospital.

Finally, I must remark on the decision by the hospital board to move forward with one Muskoka hospital as a long-term plan. The foundation supports this decision, it is the most prudent choice to ensure we maintain and enhance the healthcare services that we need to deliver to our communities in the long term. In the short-term, we cannot ignore that our needs today and for the next few years lie in supporting our current hospital site and ensuring that our hospital maintains the high standards for which we've become well-known. Please continue to support us in this endeavour.

Best wishes for an enjoyable summer.

Paul Hammond, Chair



REPORT OF THE HUNTSVILLE DISTRICT MEMORIAL HOSPITAL FOUNDATION

The past 2014/2015 year was notable because of the significant increase in donations to the foundation. Receipts exceeded three million dollars, the most the foundation has received in any one year.

This was due to a number of factors. A gift of \$500,000 was received as part of a one million dollar three year pledge. Close to a million came through planned gifts and the rest from numerous donors. The donor base has grown from 1,800 donors three years ago to 1,700 two years ago with the past year exceeded 2,300. The increase in donors and individual gifts can be attributable to the foundation communications program, personal solicitation, and the generosity of a number of board members.

Additionally the foundation held two fund raising events, the annual foundation gala and the first of what will be many charity golf tournaments at Bigwin Island Golf Club. The latter event helped position the capital investment the Huntsville hospital is making to continue providing important healthcare services to the many seasonal and full time residents on Lake of Bays. In addition there were three third party events which contributed to the foundation. They were the two "Golf for the Girls" events and the "Earl Laberge Golf Tournament".

The foundation continued to support the hospital capital equipment needs with the following disbursements:

- Picture Archival System (PACS) \$335,081
- CT Scan \$2,271,914
- Ear, Nose & Throat, Medical Devices Reprocessing, Laparoscopic, Phone System \$415,000

In total the foundation gave the hospital \$3,324,541 during the 2014/2015 year.

Going forward the foundation forecasts the hospital will require three million dollars each year for the next three years. The foundation will continue to pay down the PACS and CT Scan loans. In addition the hospital has commenced implementation of an electronic health records system valued at \$2.6 million. This will result in better access to health records. A project to automate the pharmacy valued at \$600,000 will result in better and safer drug administration. As well upgrades to the Ontario tele-health network valued at \$15,000 will allow for specialized care.

Over the past four years the hospital has asked for \$1.7 million to cover the cost of replacing existing medical equipment. It is expected the hospital will continue to require capital funds in the order of \$300,000 to \$500,000 per year. The foundation is pleased to contribute to these investments in healthcare services.

The foundation hired a replacement executive director who at the time of writing this report has resigned for personal reasons. The foundation has hired an executive search firm to find a replacement.

Throughout the year one board member and the executive director participated on a hospital master planning committee for both the Huntsville and Bracebridge hospital sites. This is an important initiative as it will define how the healthcare needs of Muskoka will be provided well into the future.

The foundation board of directors will see three board members leave the board. Their service to the foundation has been most welcome. They are Steve Ainger, Dave James and John Kropp. As well, the hospital auxiliary representative Nancy Waxl will be replaced by the incoming auxiliary president Shirley McNally. In addition to Shirley McNally the board welcomes four new board members, Chantelle Armstrong, Pat Dube, Collin Reaney, and Geoff Shaw bringing the number of board members to fifteen.

The foundation will continue to build on the success of this past year counting on the growing generosity of both the seasonal and full time residents of the Huntsville area.

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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