MUSKOKA ALGONQUIN HEALTHCARE

2017 - 2018 ANNUAL REPORT

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

Contents

AGENDA

Annual General Meeting

Monday, June 25, 2018
7:00 PM

Active Living Centre - 20 Park Drive,
Huntsville, Ontario

1.	Chair's Welcome/Call To Order	Evelyn Brown
2.	Approval of the Agenda♦	Evelyn Brown
3.	Approval of the Previous Minutes♦	Evelyn Brown
4.	Receipt of the Annual Reports♦	Evelyn Brown
5.	Report of the Corporate Auditor	Oscar Poloni, KPMG
	• Receipt of the Audited Financial Statements♦	Brenda Gefucia
	• Appointment of Corporate Auditors♦	
6.	Report of the Nominations Committee	Christine Featherstone
	• Election of Directors♦	
7.	Approval of proposed Bylaw Revisions♦	Christine Featherstone
8.	Report of the Chief of Staff	Dr. B. Iannantuono
9.	Report of the Chief Executive Officer	Natalie Bubela
	• Enhanced Recovery After Surgery	Dr. Hector Roldan & Lisa Allen
	• Incident Management System	Frankie Dewsbury & Melissa Imrie
10.	Report of the Board Chair	Evelyn Brown
11.	Board Award of Excellence	Brenda Gefucia
12.	Closing Remarks & Adjournment	Evelyn Brown

♦*Denotes motion required*

MINUTES OF THE ANNUAL GENERAL MEETING FOR THE MEMBERS OF THE CORPORATION OF MUSKOKA ALGONQUIN HEALTHCARE

MONDAY, JUNE 19, 2017, 7:00 P.M.

Bracebridge Sportsplex, 110 Clearbrook Trail, Bracebridge, Ontario

Approval Pending

CORPORATE MEMBERS PRESENT:

Evelyn Brown	**Frank Arnone**	**Mike Provan**
Christine Featherstone	**Cameron Renwick**	**Michael Walters**
Brenda Gefucia	**Dave Wilkin**	**Dr. Biagio Iannantuono**
Natalie Bubela	**Moreen Miller**	
Karen Fleming	**Beth Goodhew**	

Mrs. Evelyn Brown, Chair of the Board of Directors called the 2017 annual meeting of the Corporation of Muskoka Algonquin Healthcare to order at 7:06 pm and declared the meeting duly constituted with a quorum present for the transaction of business. The meeting agenda was amended to remove the presentation by the guest speaker.

It was moved, seconded and carried **THAT THE AGENDA BE ADOPTED AS AMENDED.**

1. Previous Minutes

   The minutes of the previous annual meeting held on June 20, 2016 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 20, 2016 ANNUAL GENERAL MEETING OF THE CORPORATION OF MUSKOKA ALGONQUIN HEALTHCARE BE ADOPTED AS CIRCULATED.

2. Report of the Board Chair

   Mrs. Brown provided opening remarks to the Annual General Meeting and noted the following achievements of the past year:

   - Strategically, the organization continues to move towards achieving the Vision of Outstanding Care that is Patient and Family Centred. With the third year of the Strategic Plan underway, the Board recently reviewed the current environment and have agreed to extend the Strategic Plan for a fourth year and continue to build on the many successes.

- On the Quality front, the Board has been focused on ensuring that a culture of quality and safety continues to evolve at MAHC. This past year, the Quality and Patient Safety Committee spent a considerable amount of time researching the definition of Quality. As a result of this great work, the Board adopted a formal definition of Quality that aligns with Health Quality Ontario.
- The Board of Directors set a goal to reinforce a positive organizational culture recognizing that high-quality relationships, positive alignment and building trust will lead to improved organizational performance, resilience and enhanced reputation. As such a Stakeholder Engagement Task Force was formed that focused on enhancing the relationship between the Board, Administration and Physicians.
- The organization faced serious financial challenges over the past year as hospital funding has not kept pace with many new and rising costs. MAHC has continued to be under enormous pressure to do more with less while ensuring access to high-quality and safe care. As such, the Board was extremely pleased that these pressures were recognized by the province with the recent announcement of the investment in hospitals. Although budget projections are still forecasting an operating shortfall for the coming year, this additional funding will definitely positively impact patient care by helping to offset the shortfall.
- The Chair also highlighted the significant regional planning occurring this year for the future health care needs through the Muskoka and Area Health System Transformation (MAHST). MAHST represents an exciting time for health care in Muskoka and is bringing together stakeholders like never before for a very important purpose. The Board of Directors remains supportive of this work and the Chair thanked the members of the MAHC Board, Staff and Physicians that have contributed countless hours over the past year.

In concluding the Chairs Report, Mrs. Brown recognized and thanked the Board of Directors for their volunteer commitment to the work of the Board.

3. 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 ANNAUL REPORTS.

4. Report of the Corporate Auditor

Mr. Oscar Poloni of KPMG delivered the Audit Findings Report and explained that the audit was conducted on the balance sheet as at March 31, 2017, statements of operations, changes in net assets and cash flows, and Mr. Poloni explained that their opinion is that of the highest level of assessment possible in accordance with Canadian Generally Accepted Auditing Standards. In addition, Mr. Poloni recognized the due diligence of the Audit Committee members.

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

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

On behalf of the Audit Committee, Evelyn Brown, presented the Audited Financial Statements.

It was moved seconded and carried

THAT THE AUDITED FINANCIAL STATEMENTS OF MUSKOKA ALGONQUIN HEALTHCARE FOR THE YEAR ENDED MARCH 31, 2017 BE RECEIVED.

The Audit Committee this past year went out with a competitive Request for Proposals following Broader Public Sector (BPS) Guidelines. An Evaluation Team was established that was responsible for reviewing and scoring submissions. Oral presentations were received and following a very comprehensive process the Board is recommending that KPMG be appointed as the Corporate Auditor.

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.

6. Nominations Committee Report & Election of Directors

Christine Featherstone, Chair of the Nominations Committee presented the report of the Nominations Committee which included Cameron Renwick, Ross Maund along with Evelyn Brown and Natalie Bubela. Early in the year there were three vacancies therefore a recruitment process occurred in July, and as a result three new Directors, Michael Walters, Moreen Miller and Rhonda Lawson were appointed for the balance of the year. The nominations committee began its annual work in January and identified a need to fill one vacancy for the 2017/18 Board year. The recruitment drive occurred in March and resulted in several 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:

- **Moreen Miller for a three-year term ending June 2019;**
- **Michael Walters for a one-year term ending June 2017;**
- **Rhonda Lawson for a one-year term ending June 2017;**
- **Brenda Gefucia for a three-year term ending June 2020;**
- **Michael Walters for a three-year term ending June 2020;**
- **Beth Goodhew for a three-year term ending June 2020;**
- **Donald Eastwood for a three-year term ending June 2020.**

The Board Chair thanked Ms. Featherstone for the report. Christine Elliott, Ontario's Patient Ombudsman was scheduled to appear as the guest speaker. Unfortunately, due to illness Ms. Elliott was unable to

attend. Mrs. Brown briefly reviewed the slide presentation with the audience and explained that Ms. Elliott will be rescheduled to appear in the Fall.

7. Report of the Chief of Staff

Dr. Biagio Iannantuono, Interim Chief of Staff spoke to the report included in the meeting package noting the excellent care provided by the Medical Staff at Muskoka Algonquin Healthcare. The medical staff was successful in recruiting three new professional staff members and the medical staff leadership was acknowledged for their time and efforts to ensuring high quality patient care at Muskoka Algonquin Healthcare. In conclusion, the medical staff as a whole were commended for their good work, consistency and quality of care delivery as well as their willingness to continue to maintain a breadth of clinical services.

8. Report of the Chief Executive Officer

Natalie Bubela, Chief Executive Officer provided a report that focussed on the strategic pillar People and the tremendous success related to education. Over the past year MAHC staff participated in a total of 14,741 training hours. To help support this incredible achievement, MAHC implemented an electronic Learning Management System - a centralized system that enables staff to manage and track their own learning. In addition, it was also reported that MAHC hosted the second annual nursing conference in Bracebridge, with approximately 50 people attending from Royal Victoria Regional Health Centre, Orillia Soldiers' Memorial Hospital, West Parry Sound Health Centre, Georgian Bay General Hospital, and Collingwood General & Marine Hospital.

The organization also places a high value on education and offers learning opportunities for students from various disciplines and schools. MAHC Staff have supported over 17,000 hours of student mentoring this past year. Through affiliation agreements with over 30 different learning institutions, MAHC is fortunate to have students from all over Ontario training at MAHC. In addition, MAHC has an affiliation agreement with the Northern Ontario School of Medicine (NOSM) and it was recognized that the success of this affiliation would not be possible without the support of the physicians. This past year alone, 77 physicians from across Muskoka were involved in hosting 94 medical learners. Of students who completed medical school & residency at NOSM, 64% are working in urban areas in the North, 33% are working in rural Ontario and only 3% are working in urban areas in the South. Of MAHC's current medical staff, there are 21 physicians that were elective learners and chose to return to Muskoka to practice medicine. Natalie Bubela expressed sincere thanks to all of the physicians for their commitment to health care in our communities.

MAHC's Foundations and Auxiliaries were also recognized for their contribution to education. They support staff in pursuing continuing education through grants and scholarships. The Foundations received incredible financial support for the second year in a row for a unique Nursing Education Fund from the RBC branches in Bracebridge and Huntsville. This generous support alone helps staff to receive appropriate training to continue to provide high-quality safe patient care. Gratitude and appreciation were expressed to all of the Foundation Board Members, Staff and Auxiliaries for inspiring and supporting MAHC every day.

Joining the CEO were Donna Denny and Karen Fleming, the Co-Chairs of the Patient and Family Advisory Committee. An overview of the work of the Patient and Family Advisory Committee was provided. This advisory resource is a venue for patients and families to provide input into policy and program development, patient safety education, and communications to patients and families.

The CEO also welcomed Doug Rankin, Environmental Services Lead Hand and Tim Miller, Manager of Plant and Facilities. Mr. Rankin and Mr. Miller explained that MAHC was awarded the silver award in the Ontario Hospital Association Green Hospital Scorecard program. An overview of the initiatives undertaken to achieve this award was presented.

Natalie Bubela concluded her report with expressions of appreciation to the incredibly talented team of staff, physicians, and volunteers.

9. Board Award of Excellence

Brenda Gefucia, Resources Committee Chair reviewed the Board Award of Excellence nominations process and the criteria. It was highlighted that there were 20 peer-nominations submitted for 2017 and each nominee was highlighted and congratulated for being acknowledged by their peers. The 2017 Board Award of Excellence was presented to Linda Scott, Lesley-Anne Earl, Ann Swan and Irene Tamas Murray.

10. Adjournment

Mrs. Brown announced the conclusion of the Annual General Meeting and once again congratulated all of those nominated for the Board Award of Excellence. The next Annual General Meeting has been scheduled for June 25, 2018.

It was moved

THAT 2017 ANNUAL GENERAL MEETING BE ADJOURNED.

ANNUAL
QUALITY & PATIENT SAFETY
COMMITTEE REPORT
2017-2018

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Phil Matthews, Board Vice-Chair / Quality & Patient Safety Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Quality & Patient Safety Committee during the 2017-2018 Board year and to identify recommendations for consideration in next year's committee work plan. The report is being presented for receipt by the Members of the Corporation.

There were five meetings of the Quality & Patient Safety Committee this year as per work plan projections – August, October, January, February, and April.

I. Summary list of key accomplishments this year:

- Maintained continual oversight of the Balanced Scorecard which includes indicators from the Quality Improvement Plan. Although the year ended with several metrics underperforming the set targets, diligent work continued through the year to implement action plans to positively affect those trends.
- The 2018/19 Quality Improvement Plan (QIP) was developed and approved in March 2018. The number of quality initiatives identified on the 2018/2019 QIP is less than those identified in previous submissions as much work has been done on many of the priority indicators in the previous two years. By focusing on a smaller number of quality initiatives for 2018/2019, MAHC will be able to ensure greater success and sustainability with the proposed improvement initiatives. The seven quality improvement initiatives on the 2018/2019 QIP allow for planned change ideas and implementation, and will allow for a more fulsome evaluation of these improvement initiatives. They include:
    1. Risk adjusted 30 day all cause readmission rate for patients with stroke (QBP cohort)
    2. Total number of alternate level of care (ALC) days
    3. "Would you recommend this emergency department to your friends and family?"
    4. Medication reconciliation at admission
    5. Medication reconciliation at discharge
    6. Hand hygiene compliance before/after patient contact
    7. Number of workplace violence incidents reported by hospital workers
- Oversight of the preparations for the December 2018 Accreditation Survey were initiated. The Committee received ongoing updates along with a critical path.
- The Committee received the bi-annual reports related to Critical Incidents and were pleased that there were no unexpected clinical outcomes reported that were severe in nature.
- Endorsed the Clinical Services Resources Plan for Board approval.
- The three-year review of the Accessibility Standards policy was completed and only minor editorial revisions were made.
- An education was provided to the Committee regarding the work of the Safe Medication Practices Committee and progress on improvements to date. The major initiatives for 2017/18 that were highlighted and discussed included infusion pump standardization and reducing the use of harmful medications in the elderly.
- The Committee received a summary of the results of the Ontario College of Pharmacists Accreditation, which occurred at both sites in October 2017. MAHC passed the accreditation and received eight (8) recommendations.
- The credentialing and appointment process of the Professional staff at Muskoka Algonquin Healthcare received a positive report as a result of the auditing process put in place in 2016/17.
- Regular reports and updates were provided to the Committee with respect to the following areas:

- Ethics Program Update
- Leader Rounding of Patients
- Patient Safety Indicator Report
- Patient Satisfaction Survey Reports
- Patient Relations Report
- Trillium Gift of Life Program Update
- Strategic Initiative Dashboards re Quality & Safety Plans & Patient & Family-Centered Care

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

- A work plan for the committee was approved in November 2017 based on the Terms of Reference, and as of the end of April 2018, all deliverables will have been met.

III. 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.
- Recommendations for consideration in the coming year include:
  - Continued oversight of the preparations for Accreditation
  - Front-line survey to all point of care providers to obtain their input on the “greatest threat to quality” in the organization.

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

- Concentration of staffing is reducing time spent on quality.

SUPPORTING DOCUMENTATION

- 2017-2018 Quality & Patient Safety Committee Work Plan

MUSKOKA ALGONQUIN HEALTHCARE

Quality & Patient Safety Committee
2017-2018
WORK PLAN

Board approved November 9, 2017

				Q2	Q3		Q4		Q1
Deliverable	**TOR Link**	**MRP**	**Occurrence**	**Aug 31**	**Oct 26**	**~~Dec 21~~**	**Jan 25**	**Feb 22**	**Apr 26**
The following reports are brought forward to the Committee as required by legislation (Public Hospitals Act, Excellent Care For All Act, etc.) or Ministry direction:									
Balanced Scorecard	A, Fi	E. Millar	Quarterly		✓		✓	✓	
Patient Safety Indicator Report	E, Fvii	E. Millar	Quarterly		✓		✓	✓	
Patient Satisfaction Survey Results	G	E. Millar	Quarterly		✓		✓	✓	
Credentialing Process review	Fvi, I	B. Iannantuono	Annually		✓				
Critical Incident & QCIPA Report	Fiv	E. Millar	Bi-Annually		✓				✓
Clinical Services Resources Plan	H	B. Iannantuono	Annually				✓		
Trillium Gift of Life Network Reports	L	E. Millar	Quarterly		✓		✓	✓	
Quality Improvement Plan:	A								
– Planning Update for 2018-2019	A	E. Millar	Annually				✓		
– Recommend Approval to Board of Directors	A	E. Millar	Annually					✓	
Patient Relations Report	G	E. Millar	Quarterly		✓		✓	✓	
Patient Relations Process Review	G	E. Millar	Annually				✓		
The following reports are brought forward to the Committee as they assist in meeting an Accreditation standard									
Patient Stories	B	E. Millar	Every meeting		✓		✓	✓	✓
Quality Council Updates & Work Plan	A, Fiii	E. Millar	Every meeting		✓			✓	
Leader Rounding Summary – Quarterly summary	B	E. Millar	Quarterly		✓		✓	✓	
Ethics Program Update	N	E. Millar	Quarterly		✓		✓	✓	
Incident Reports	Fiv	E. Millar	Quarterly		✓		✓		✓
Clinical Research Report	N	N. Bubela	Annually				✓		
Accreditation Planning & Preparation:									
– Update & Overview of Kick-off Activities	J	E. Millar	Every 4 years		✓				
– Update on preparations and overview of any priority areas for improvement	J	E. Millar	Every 4 years		✓				
– Update on preparations and overview of any priority areas for improvement	J	E. Millar	Every 4 years				✓		✓
– Previous Accreditation Update (as per October meeting)		N. Bubela					✓		
The following reports are brought forward as per MAHC's Strategic Plan monitoring process.									
Strategic Action Plan Dashboard – Quality Care & Safety	A	E. Millar	Quarterly		✓		✓	✓	
Strategic Action Plan Dashboard – Patient & Family Centered Care	B	E. Millar	Quarterly		✓		✓	✓	
Year 4 Strategic Action Plan Dashboards	A, B	E. Millar	Annually					✓	
The following reports are brought forward as per MAHC's Board Effectiveness responsibilities.									
Review 2016/17 Annual Committee Report	M	Chair	Annually	✓					
Committee Terms of Reference	M	Chair	Annually	✓					
Committee Work Plan	M	Chair	Monthly	✓	✓				
Committee Orientation		Chair	Annually	✓					
Policy Review:									
– Auditing Process-Professional Staff Credentialing & Appointment	I		Every 3 years						✓
– Accessibility Standards	E	R. Alldred-Hughes	Every 3 years				✓		
– Credentialing Policy (as per October meeting)	I	Chief of Staff	Every 3 years						✓
Complete Committee Self-Evaluation	P	Chair	Annually						✓
Review Annual Committee Report	Q	Chair	Annually						✓
Chair to plan for knowledge transfer to incoming Chair	NA	Chair	Annually						✓
The following items have been added to the Quality & Patient Safety Committee Terms of Reference over the past few years but are not required for the Quality Committee due to any governing body.									
Quality Hot Buttons		N. Bubela	As required						
Credentialing Audit Results	I	F. Dewsbury	Annually						✓
MAC Quality Report	A	Chief of Staff	As required						
Internal Committee Structure Review Summary	*NA*						**C**		
Pharmacy Accreditation Results	J	E. Millar	As required					✓	
Safe Medication Practices Presentation	*NA*	E. Millar						✓	

ANNUAL
STRATEGIC PLANNING COMMITTEE REPORT
2017-2018

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 Strategic Planning Committee during the 2017/18 board year and to identify recommendations for consideration in next year's Committee work plan. There were four meetings of the Strategic Planning Committee this year; these occurred in September, November, January and May.

I. Summary list of key accomplishments this year:

- The Committee established a work plan in September 2017 to assist in ensuring the Committee achieved successful oversight of the implementation of Year 3 of the 2015-2018 Strategic Plan.
- On a quarterly basis, the CEO provided a report detailing the progress of the annual Strategic Action Plan, along with recommendations to ensure that milestones and timelines were being met.
- In January 2018, the Senior Leadership Team completed a strategic assessment that included a review of any significant changes and emerging trends in the hospital's operating environment and identifying risks and opportunities for the Board to be aware of. As a result of this work, the Board supported a recommendation to pause Strategic Objective #5 Strengthen and leverage existing partnerships with learning institutions for Year 4 of the Strategic Plan. Strategic Object #7 for Year 4 (2018/19) will be focusing on implementing a Nursing Recruitment and Retention Strategy that will involve short, medium and long term strategies to decrease the number of Registered Nurse vacancies as well as the 90 day and one year voluntary turnover to below 10% of turnover. As part of this work, management will be developing an in-house a Critical Care Training Program, an ED Nurse Training Program, a Clinical Nursing Mentorship Training program and support for RPN to RN bridging.
- This remainder of 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 2017/18 we have:***

- ✓ Hand Hygiene compliance rates continued to meet the target compliance rates of 91.4% prior to contact and 93.2% after contact.
- ✓ Medication Reconciliation on Admission has consistently met and exceeded the target throughout the year. Work has continued on identifying a tool for medication reconciliation on discharge.

PARTNERSHIPS & COLLABORATION - *To be active participants in the broader health system and align with regional and provincial priorities building healthy communities*, ***during 2017/18 we have****:*

- ✓ Remained active participants with Health Links and facilitated in excess of 70 medically complex patient referrals from MAHC to the Central Intake process to develop coordinated care plans for these high users.
- ✓ Initiated two new partnerships. Canadian Mental Health Association launched a pilot project with MAHC having crisis workers on site in the emergency departments to expedite assessments and access to Schedule 1 beds. As well, a partnership with Royal Victoria Regional Health Centre has been established for a Musculoskeletal Disorder Prevention Program at MAHC

EDUCATION & INNOVATION - *To be recognized as a learning organization that provides hands-on experience and capitalizes on process improvements and technology*, ***during 2017/18 we have****:*

- ✓ Focus has continued on the Provincial Digital Quality Based Procedure (QBP) Order Set Project that will involve alignment of current QBP order sets with up-to-date guidelines as well as some new QBP order sets developed to meet the provincial standards.
- ✓ Surgical waiting rooms now have televisions displaying patient progress, for those waiting for a patient to complete their surgery

PEOPLE - *To retain, attract and develop quality people who will assist us in delivering high quality and compassionate care*, ***during 2017/18 we have****:*

- ✓ A new staff recognition program, "The High Five" was rolled out.
- ✓ A Nursing Recruitment & Retention Strategy was developed and is in the initial implementation stages.

SUSTAINABLE FUTURE - *To be a top performing hospital that invests in our facilities, finds continuous efficiencies, eliminates waste and makes environmentally responsible choices*, ***during 2017/18 we have****:*

- ✓ A 25-member Capital Plan Development Task Force was established to oversee Stage 1 planning work. The membership of this group is broad including physicians, community health providers, municipal leaders, and community members.
- ✓ Through several workshops with clinicians and various other stakeholders, the future potential models evolved from high-level concepts to comprehensive explanations of the programs and services that are proposed in each of the models. These were finalized in April 2018.

- For more detail on any of the Strategic Directions and progress of initiatives, visit www.mahc.ca.

II. Specific recommendations for consideration in the upcoming year:

- Ensure commencement of planning for the next Strategic Plan.

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

- A work plan for the committee was approved in October 2017 and, as of April 2018 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?

- Continue discussions with respect to developing a strategy regarding securing long term funding for MAHC as well as continuing MAHC's long range planning.

SUPPORTING DOCUMENTATION

- *2017-2018 Strategic Planning Committee Work Plan (below)*
- *Strategic Plan on a Page 2015-2018*

MUSKOKA ALGONQUIN HEALTHCARE

Strategic Planning Committee
2017-2018

WORK PLAN

Board approved October 12, 2017

				Q2	Q3	Q4	Q1
Deliverable	**TOR Link**	**Most Responsible Person**	**Occurrence**	**Sept 13**	**Nov 22**	**Jan 24**	**May 9**
Contribute to the Strategic Directions							
Long Range Planning & Funding Strategy Discussion		N. Bubela		✓			
2015-2018 Strategic Plan Quarterly Status Report	A, B	N. Bubela	Quarterly	✓	✓	✓	✓
Strategic Action Plan Dashboard 3a -18 – Health Links	C	N. Bubela	Every meeting	✓	✓	✓	✓
Strategic Action Plan Dashboard 3b -18 – MAHST	C	N. Bubela	Every meeting	✓	✓	✓	✓
Strategic Action Plan Dashboard 3c -18 – Partnership	C	N. Bubela	Every meeting	✓	✓	✓	✓
Strategic Action Plan Dashboard 9a -18 – Long Range Planning/Capital Plan Development Task Force Update	C, E	H. Featherston	Every meeting	✓	✓	✓	✓
Provincial Initiatives Update	C	N. Bubela	PRN				
Annual Strategic Assessment/Environment Scan	C	N. Bubela	Annually			✓	
Year 4 Strategic Action Plan	C	Sr. Team Reps	Annually			✓	
Ensure Board Effectiveness							
Committee Terms of Reference Review		Board Liaison	Annually	✓			
Committee Work Plan		Board Liaison	Annually	✓			
Corporate Partnerships Policy review		Board Liaison	Every 3 years			✓	
Annual Committee Report		Chair	Annually				✓
Chair to plan for knowledge transfer to incoming Chair		Chair					✓

STRATEGIC PLAN ON-A-PAGE 2015-2018

Muskoka Algonquin Healthcare

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.

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.

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 HIMS 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.

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
RESOURCES & AUDIT COMMITTEE REPORT
2017-2018

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Brenda Gefucia, Treasurer / Resources & Audit Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Resources & Audit Committee during the 2017-18 Board year and to identify recommendations for consideration in next year's committee work plan. There were ten meetings of the Resources & Audit Committee this year as per work plan projections (monthly meetings from August through to May).

V. Summary list of key accomplishments this year:

- With the Board's decision late last year to combine the Resources and Audit Committees, the first meeting of this year focused on taking a deep dive into the Terms of Reference to incorporate the responsibilities accordingly. As result, an Audit Subcommittee was formed and the membership was designed to draw on other Board member expertise as needed. A recruitment drive was also undertaken and resulted in the nomination of a community representative to the Audit Subcommittee.
- In September, the Committee approved a robust governance agreement with the Georgian Bay Information Network.
- The Committee worked with staff to improve the commentary and data provided with the monthly financial results.
- With the pending legalization of marijuana, a review of Muskoka Algonquin Healthcare's *Use of Drugs & Alcohol* was undertaken to ensure the organization is well prepared with a fair policy that is applied consistently.
- To help improve the Committee's understanding, a report was provided giving an in-depth review of the overall budget assumption related to nurse scheduling as well as the risk factors and variables that affect actual nurse to patient ratios.
- A Financial Education Program was developed for the Board of Directors to have an opportunity to gain a greater understanding of the various aspects of Health System Funding Reform, funding sources, how volumes impact the different components and MAHC's budgeting process.
- An analysis was reviewed with respect surgical volumes and the strategies that management implemented to increase volumes.
- To ensure effective management and control over the corporate credit cards, the Committee examined the monitoring and controls in place; as a result of this work there were no concerns or actions arising.
- A report resulting from the HIROC Self-Assessment program was presented outlining the priority areas identified by management and the resulting action plans. The Committee was encouraged by the results and the actionable mitigation strategies in place.
- At the request of the Governance Committee, in preparation for the December 2018 Accreditation, the Committee undertook a review of the Accreditation Governance Standard 9.2 "The governing body ensures the integrity of the organization's financial statements, internal controls, and financial information systems". Upon review of the systems and policies in place, the Committee supported that MAHC is compliant with the standard and no further action was required.
- With the implementation of a new vendor for the organization's Employee Assistance Program, a comparative analysis of usage occurred post-6 months. Overall, the use of the program remained consistent and the Committee was pleased to understand the value and benefit the program is providing.
- Received and reviewed Year 3 updates regarding the Strategic Action Plan initiatives related to: Continue to Progress IT Systems; Technical Innovation; Strengthen, Leverage Partnerships with Learning Institutions; Strategic HR Plan; Meet all HSAA Obligations. Received Year 4 Strategic Action Plans.
- Oversight of the Human Resource key performance indicators including the monitoring of the following strategic focusses: Employee Wellness and Safety; Improve Access and Alignment of Education; Onboarding; and, Communication.

- Reviewed and recommended to the Board receipt of the Board and Senior Leadership Team expense reports and Consultant Use reports.
- Recommended approval for an increase to the Operating Line of Credit.
- Reviewed and approved the results of the annual Enterprise Risk Management Program report including the key corporate risk areas using the HIROC system.
- Completed the 3-year review of the following Board policies:
    - Banking Guidelines
    - Amortization
    - Insurance & Asset Protection
    - Financial Planning / Financial Condition
    - Financial Statements & Returns
    - Signing Authority
    - Trust & Specific Purpose Funds
    - Perquisites
    - Supply Chain Code of Ethics
    - Board Award of Excellence
    - Enterprise Risk Management
    - Parking Policy
- 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.

VI. 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 2017 based on the Terms of Reference, and as of the end of May 2018, all deliverables will have been met.
- It is recommended that in the upcoming year, the Resources & Audit Committee continue diligent oversight of the
    - MAHC's risk and achievement of benefits related to the GBIN partnership and the Cerner System, enhancing the understanding of MAHC's overall technology architecture and risk
    - Achieving a balanced budget position and cash flow pressures
    - Recruiting and retaining staff, particularly in light of the percentage of staff eligible for retirement
    - Continuous improvement of financial reporting, budgeting, forecasting and risk management

VII. 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.

MUSKOKA ALGONQUIN HEALTHCARE

Resources & Audit Committee
2017-2018

WORK PLAN

Deliverable	TOR Link	MRP	Occurrence	2nd Quarter Aug 25	2nd Quarter Sept 22	3rd Quarter Oct 27	3rd Quarter Nov 24	3rd Quarter Dec 22	4th Quarter Jan 26	4th Quarter Feb 23	4th Quarter Mar 23	1st Quarter Apr 27	1st Quarter May 25
Contribute to Strategic Direction													
Strategic Action Plan Updates 5a-16 & 17 – Learning Partnerships	19	R. Alldred-Hughes	Bi-monthly		✓		✓		✓		✓		✗
Strategic Action Plan Updates 7a-17 – Strategic HR Plan	19	R. Alldred-Hughes	Bi-monthly		✓		✓		✗		✗		✓
Strategic Action Plan Updates 4a-17 – IT	19	T. Shields	Bi-Monthly	✓		✓		✓		✓		✓	
Strategic Action Plan Updates 6a-17 – Technological Opportunities	19	T. Shields	Bi-Monthly	✓		✓		✓		✓		✗	
Strategic Action Plan Updates 6b-16 & 17 – Patient Billing	19	T. Shields	Bi-Monthly	✓		✓		✓		✓		✓	
Strategic Action Plan Updates 10 – Utilization Management	19	T. Shields	Bi-Monthly	✓		✓		✓		✗		✗	
Year 4 Strategic Action Plan Dashboards	19	Snr. Team	Annually							✓			
Provide for Excellent Management													

Chief Executive, HR General Update	*NA*	R. Alldred-Hughes	Annually	✓									
Human Resources Report	1i	R. Alldred-Hughes	Bi-monthly		✓		✓		✓		✓		✓
Ensure Program Quality & Effectiveness													
Enterprise Risk Management Program	1h	T. Shields	Annually							✓			
Notice to HIROC, Insurance Update	1e	T. Shields	Annually			✓							
HIROC Self-Assessment Results & Action Plan	1e,h	T. Shields	Every 3 years					✓					
HIROC Claims Audit Report	1g	T. Shields	Annually								✓		
GBIN Partnership Agreement	1j	T. Shields	Annually	✓									
IT Update – Cyber Security, performance, risk & issues	1j	T. Shields	Annually				✓	✓	✓	✓	~~✓~~	~~✓~~	✓
IT Environmental Scan – outlook, benefits, risks & opportunities	1j	T. Shields	Annually								~~✓~~		
MAHC IT Strategic Plan		T. Shields	Annually								✓		
Remote Hosting Options		T. Shields	One-Time									**A**✓	
GBIN Stabilization Plan Status Update		T. Shields	One-Time									**A**✓	
Employee Assistance Program Utilization Data	*NA*	R. Alldred-Hughes	One-Time									✓	
Board Award of Excellence Nominations	3	N. Bubela	Annually										✓
Endeavour to Ensure Financial Viability													
CFO General Update	*NA*	T. Shields	Annually	✓									
Financial Report *****	1f	T. Shields	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	**A**✓	
Compliance Report *****	1f	T. Shields	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Receive Expense Reports*****	2	N. Bubela	As they arise	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Receive Consultant Use Report *****	2	N. Bubela	As they arise	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Full Year Forecast		T. Shields					✓						
Credit Card Controls		T. Shields	One-Time				✓						
Lab/DI Peer Review Report	*NA*	N. Bubela	One-Time			✓							
Audit Subcommittee Report		T. Shields	Annually							✓			
Hospital Services Accountability Agreement	1a	T. Shields	Annually							✓			
Annual Budget:	1a,c												
– Process, Assumptions & Development Update	1a,c	T. Shields	Annually					✓					
– Development & Assumptions Update	1a,c	T. Shields	Annually						✓				
– Final Budget to Recommend for Board Approval	1a,c	T. Shields	Annually							X			
Approve annual Board Attestations*	2	N. Bubela	Annually										✓
Capital Equipment & Infrastructure Funding Allocation List	1b	T. Shields	Annually										~~✓~~
Audited Financial Statements	9, 10	T. Shields	Annually										✓
Audit Findings Report	11	KPMG	Annually										✓
Annual Reappointment of Auditors	17,18	Chair	Annually										✓
Ensure Board Effectiveness													
Review 2016/17 Annual Committee Report	24	Chair	Annually	✓									
Committee Terms of Reference	20	Chair	Annually	✓									
Committee Work Plan	21	Chair	Monthly	✓									
Policy Review:	22												
– Banking Guidelines	22	T. Shields	Every 3 Years		✓								
– Amortization	22	T. Shields	Every 3 Years		✓								
– Insurance & Asset Protection	1e	Chair	Annually			✓							
– Financial Planning / Financial Condition	22	T. Shields	Every 3 Years			✓							
– Financial Statements & Returns	22	T. Shields	Every 3 Years			✓							
– Signing Authority	22	T. Shields	Every 3 Years				✓						
– Trust & Specific Purpose Funds	22	T. Shields	Every 3 Years				✓						
– Perquisites	22	T. Shields	Every 3 Years					✓					
– Supply Chain Code of Ethics	22	T. Shields	Every 3 Years					✓					
– Board Award of Excellence	22	N. Bubela	Every 3 Years						✓				
– Enterprise Risk Management	22	T. Shields	Every 3 Years							✓			
– Parking Policy	23	H. Featherston	Annually							✓			
Complete Committee Self-Evaluation	24	Chair	Annually										✓
Review Annual Committee Report	25	Chair	Annually										✓
Chair to plan for knowledge transfer to incoming Chair	*NA*	Chair	Annually										NA

ANNUAL
GOVERNANCE COMMITTEE REPORT
2017-2018

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Christine Featherstone, Governance Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Governance Committee during the 2017-2018 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 as per work plan projections August, November, December, February and April. In addition, there was a special single purpose meeting in May for policy review.

VIII. 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, improvements to Board performance occur and that timely feedback is provided to the Board Chair.
- The Committee recommended three annual Board governance goals that the Board approved in September 2017:
    - Continue to encourage and reinforce an organizational culture of engagement and positivity through the work of the Stakeholder Engagement Task Force
        1. This goal was achieved with the Stakeholder Engagement Task Force developing an engagement framework in November 2017. The Framework was launched following presentation to the General Medical Staff January 23, 2018 and a progress check-in meeting occurred in May.
    - Conduct a comprehensive review of the MAHC website, with particular emphasis on the information available on the Board of Director public webpages with a view to updating the disclosure where necessary and appropriate to meet current governance best practices.
        1. The Governance Committee completed the review in February 2018 with a comparative analysis with other Ontario Hospitals and a review of Google Analytics. As a result, the Committee concluded that the level of disclosure for MAHC is superior when compared to hospital peers. However, further information was added to the website with respect to MAHC's procurement process.
    - Recommend a program and provide access for Directors to have an opportunity to gain a greater understanding of the various aspects of Health System Funding Reform, funding sources, how volumes impact the different components and MAHC's budgeting process.
        1. The Resources & Audit Committee endorsed the recommended program in November 2017. The education was provided to Directors in February 2018. Nine Directors attended the session.
- Two successful orientation sessions were hosted for new Directors in November 2017. Feedback was sought from participants through a survey and the trend was consistent with previous surveys indicating that the structure, content and delivery of the program was generally positive and that there was support for the two-day approach.
- Preparations for the December 2018 Accreditation Survey were initiated. The Governance Committee completed the Self-Assessment process and engaged the Board in completion of the Governance Functioning Tool. As a result of completion of these two tools, an action plan was developed to address identified gaps.
- The annual education plan was prepared and education topics throughout the year included Accreditation, Canadian Mental Health Association, Financial Situation and Long Range Planning, Credentialing Process Overview, Foundation Updates, Patient & Family Advisory Committee activity and Medical Education in Muskoka
- A review of Standing Committee quorum requirements was undertaken and as a result the Board Chair or Vice Chair as appointed ex-officio members were included in determining quorum.
- The Terms of Office for Board Officers and Standing Committee Chairs were harmonized to two-year terms to provide stability to the Board Leadership.

- The selection process for Board Officer, Committee Chair and Committee Membership was enhanced with the addition of one on one calls with each Director by the Board Chair with the intent to ensure Directors were well prepared for the process and had an opportunity to ask questions.
- The Annual Governance Evaluations were conducted and the results were reviewed to make recommendations related to any required remedial action.
- The Committee continues with its oversight of ensuring regular review of board policies. There were 27 policies reviewed in the past year.

IX. 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 2017. All deliverables will have been met (see attached).
- The following items are recommendations for consideration in the coming year:
  - Continued focus on preparation for the Accreditation Survey.
  - Review of the behaviour definitions included in the Peer/Self-Assessment Tool.
  - Develop parameters for Deeper Dive/Generative discussions.
  - Further review of the Board Roles and Responsibilities policy, and the Code of Conduct policy.
  - Development of an Electronic Communications policy.

X. 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.

XI. Bylaw Revisions

- The Governance Committee undertook consideration of the benefits of a Co Vice-Chair model including that if would provide the Board Chair with an additional perspective, an opportunity for added diversity in a key leadership role and a team approach that would offer additional flexibility for all three individuals. As a result the Board of Directors passed a motion to recommend that the Members of the Corporation approve a revision to the Muskoka Algonquin Healthcare Bylaw to allow a Co Vice-Chair position with the duties as set out in the Bylaw for the Vice-Chair to be shared and divided as appropriate from time to time.

MUSKOKA ALGONQUIN HEALTHCARE

Governance Committee
2017-2018

WORK PLAN

Board approved September 14, 2017

Deliverable	TOR Link	MRP	Occurrence	Q2 Aug 30	Q3 Nov 1	Q3 Dec 20	Q4 Feb 21	Q1 Apr 25	Q1 May 4
Ensure Board Effectiveness									
Review 2016/17 Annual Committee Report	B	Chair	Annually	✓					
Committee Terms of Reference	B	Board Liaison	Annually	✓					
Committee Work Plan	B	Board Liaison	Each Meeting	✓	✓	✓	✓	✓	
Board Meeting Evaluation Results	Ef	Board Liaison	Each Meeting	✓	✓	✓	✓	✓	
Meeting Attendance Review	H	Board Liaison	Each Meeting	✓	✓	✓	✓	✓	
Exit Interview Responses	B	Board Liaison	Annually	✓					
Annual Board Governance Goals	F	Chair	Annually						
– Establish, recommend approval	F	Chair	Annually	✓					
– Monitoring	F	Board Liaison	Every 2 meetings			✓		✓	
– Board Public Website Review	F	Board Liaison					✓		
Board Education Work Plan	I	Board Liaison	Annually	✓	✓		✓		
Board Education Day Planning	Ee	Board Liaison	As required	✓	✓	~~X~~	~~X~~		
Orientation	Ee	Board Liaison	Annually						
– Preparation	Ee	Board Liaison	Annually	✓					
– Evaluation Results	Ee	Board Liaison	Annually				✓		
Bylaw Review	Eg	Board Liaison	Every 5 years	✓					
Accreditation 2018 Preparations	D	Board Liaison	Every 4 years						

– Complete Governance Functioning Tool for Submission	D	Board Liaison	Every 4 years	✓					
– Endorse Action Plan for identified priority areas	D	Board Liaison	Every 4 years			✓			
– Action Plan Progress Update	D	Board Liaison	Every 4 years				✓		
Board Work Plan	C	Board Liaison	Bi-Monthly		~~✗~~	✓		✓	
Annual Board Evaluation	Ef	Board Liaison	Annually						
– Timeline Review	Ef	Board Liaison	Annually			✓			
– Results Review, Recommend any remedial action	Ef	Board Liaison	Annually					✓	
Board Officer, Committee Chair, Committee Membership	G	Board Liaison	Annually						
– Timeline Review	G	Board Liaison	Annually			✓			
– Results Review	G	Board Liaison	Annually				✓		
– Recommendation of final slate	G	Chair	Annually					✓	
Annual General Meeting	Eg	Board Liaison	Annually						
– Planning discussion	Eg	Board Liaison	Annually				✓		
– Update, Agenda review	Eg	Board Liaison	Annually					✓	
Policy Review:		Board Liaison	Annually						
– 2017/18 Policy Review Schedule	Ed	Board Liaison	Every 3 years	✓					
– Education	Ed	Board Liaison	Every 3 years	✓					
– Rules of Procedure	Ed	Board Liaison	Every 3 years	✓					
– Succession Planning, Board of Directors	Ed	Board Liaison	Every 3 years	✓					
– Terms of Reference – Quorum Review	B	All	One Time		✓				
– Role Description - Board Chair	Ed	Board Liaison	Every 3 years		✓				✓
– Role Description - Board Secretary	Ed	Board Liaison	Every 3 years						✓
– Role Description - Board Treasurer (consider term)	Ed	Board Liaison	Every 3 years						✓
– Role Description - Board Vice-Chair	Ed	Board Liaison	Every 3 years						✓
– Role Description Committee Chair (consider Vice-Chair positions)	Ed	Board Liaison	Every 3 years						✓
– Selection Process, Committee Chairs & Membership (consider no candidate)	Ed	Board Liaison	Every 3 years						✓
– Recognition of Board Service	Ed	Board Liaison	Every 3 years						✓
– Roles and Responsibilities, Board	Ed	Board Liaison	Every 3 years						✓
– Board Accountability Statement	Ed	Board Liaison	Every 3 years						✓
– Potential New Policy – Patient & Family Advisory Committee Reports	Ed	Board Liaison	NA						✓
– Director Selection Guidelines	Ed	Board Liaison	Every 3 years						✓
– Orientation	Ed	Board Liaison	Every 3 years						✓
– Resignation and/or Removal of a Director	Ed	Board Liaison	Every 3 years						✓
– Evaluation Process	Ed	Board Liaison	Every 3 years						✓
– Code of Conduct	Ed	Board Liaison	Every 3 years						✓
– Confidentiality	Ed	Board Liaison	Every 3 years						✓
– Police Criminal Record Checks For Board Applicants	Ed	Board Liaison	Every 3 years						✓
– Director & Non-Director Annual Declaration	Ed	Board Liaison	Every 3 years						✓
– Corporate Decision Making Framework	Ed	Board Liaison	Every 3 years						✓
– Political Activities	Ed	Board Liaison	Every 3 years						✓
– Potential New Policy – Hot Button Issues	Ed	Board Liaison	NA						✓
– Meetings Without Management	Ed	Board Liaison	Every 3 years						✓
– Electronic Meetings	Ed	Board Liaison	Every 3 years						✓
Complete Committee Self-Evaluation	K	Chair	Annually						✓
Review Annual Committee Report	L	Chair	Annually						✓
Chair to plan for knowledge transfer to incoming Chair	*NA*	Chair	Annually						✓
Foster Relationships									
Departing Director Recognition	J	Board Liaison	Annually					✓	

MUSKOKA ALGONQUIN HEALTHCARE

ANNUAL
NOMINATIONS COMMITTEE REPORT
2017-2018

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Christine Featherstone, Nominations Committee Chair

FOR DECISION

The purpose of this report is to summarize the activities of the Nominations Committee during the 2017-2018 board year.

- Three Directors had terms expiring in June 2018, and one Director is serving their 3rd consecutive term ending in June 2018. In January 2018, the three Directors whose terms were expiring were requested to communicate in writing their intentions with respect to standing for re-election to the Board through the Expression of Interest process. All three Directors expressed an interest to stand for re-election for an addition three-year term. Their skills and experience matrix was reviewed and updated as required.
- In February 2018, the Community Representatives on Standing Committees were requested to complete the Expression of Interest form to provide any observations or comments regarding their experience with their Standing Committee to-date. As well, they were requested to indicate if they had interest in serving a second year or applying for a Director position. Community Representatives are appointed to Standing Committees based on the relevance of their expertise in a particular area, and making a valuable contribution to the work of the Board as a non-director committee member.
- 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 one Board Director vacancy for the 2018-2019 year.
- An advertising campaign took place throughout March with print advertisements in local print media, along with information posted on www.mahc.ca and MAHC's Facebook page as well as a News Release. The communication included reference to both the need for Directors as well as Community Representatives.
- As of the application deadline, eight (8) applications were received for full Board membership and three applications were received for Community Representatives.
- The Nominations Committee reviewed all of the applications and short listed based on the skills matrix and as a result interviewed six candidates.
- One was recommended to fill the pending Board vacancy, and four were recommended to sit on Standing Committees as Community Representatives. These included Irene Dines on the Quality & Patient Safety Committee, Mark Naylor on the Strategic Planning Committee, Scott Mullen on the Governance Committee and David Sprague on the Resources & Audit Committee.

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

- **Cameron Renwick for a three-year term ending June 2021;**
- **Bob Manning for a three-year term ending June 2021;**
- **Kathy Newby for a three-year term ending June 2021;**
- **Peter Deane for a three-year term ending June 2021.**

ANNUAL
MEDICAL ADVISORY COMMITTEE REPORT
2017-2018

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Dr. Biagio Iannantuono, Interim Chief of Staff

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Medical Advisory Committee during the 2017-2018 Board year. The report is being presented for receipt by the Members of the Corporation.

I. Summary list of key accomplishments this year:

- Reviewed and Approved:
  - MAHC Management of Hyperbilirubinemia in Term and Late Pre-Term Infants (≤35 weeks)
  - MAHC Newborn Discharge Summary for Repeat Bilirubin Testing and Follow –up
  - MAHC CT Policies and Procedures
    - Metformin Patient Information
    - eGFR Values and IV Contrast Exams
    - Instructions for Oral Hydration Patients
    - Metformin Stoppage Policy and Procedure
  - MyTEMP Research Study
  - Predictors of Apnea and their Relationship to Time of Death Following Withdrawal of Life Sustaining Treatments Research Study
  - MAHC 3 in 1 Total Parenteral Nutrition (TPN) Order Set
  - MAHC Post-Operative Gynecology/Hysterectomy Order Set
  - MAHC Code Blue Adult or Child Policy
  - MAHC Acute Diverticulitis Order Set
  - MAHC Induction of Labour Policy and Procedure
  - MAHC Neonatal Hypoglycemia Policy and Procedure
  - MAHC Critical Congenital Heart Disease Screening Early Discharge (CCHD) Policy and Procedure
  - MAHC Critical Congenital Heart Disease Screening (CCHD) Policy and Procedure
  - MAHC Intrapartum fetal Surveillance Policy and Procedure
  - MAHC Terms of Reference MAID Advisory Committee
  - MAHC Policy and Procedure Medical Assistance in Dying
  - MAHC Diabetic Foot Infection Order Set
  - MAHC Meningitis Order Set
  - MAHC Crash Cart Check List
  - MAHC Post-Operative Gynecology/Hysterectomy Order Set
  - MAHC Management of Midwifery Clients with Epidural Anesthesia Policy and Procedure
  - MAHC Chart Completion Policy and Procedure
  - MAHC Non-Stress Test (NST) Policy and Procedure
  - MAHC Magnesium Sulphate Infusion for Prevention of Seizures in Preeclampsia Policy and Procedure
  - MAHC Magnesium Sulphate Infusion for Fetal Neuroprotection Policy and Procedure
  - MAHC Necrotizing Soft Tissue Infection Order Set
  - MAHC High Alert Medications Policy and Procedure
  - MAHC Independent Double Check Pharmacy and Therapeutics Policy and Procedure

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, Maternal Newborn Medical Quality Assurance Committee (Inaugural Meeting June, 2017) 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 MAHC Professional Staff (Physicians, Midwives, NP's 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?

- Continuing integration of the Physician Engagement Framework
- Recruitment and Retention – Internal Medicine remains a priority

Anne Murdy, Food & Nutrition Services

Dialysis Unit Team

Don Muller, Rehabilitation Services

Donna Crump, RN, District Stroke Centre

Dr. Keith Cross, Family Physician

Harold Featherston, Administration

Lisa Boyes, RN, Emergency Department

Mark Janke, Plant & Facilities

Pauline Pearsall, Laboratory Services

Shannon Zedic, SASOT

SMMH CCU Team

Stacey Carswell, Rehabilitation Services

Tanya Ball, Emergency Department

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

Huntsville District Memorial Hospital Site
100 Frank Miller Drive,
Huntsville, Ontario P1H 1H7
Tel: 705-789-2311 Fax: 705-789-0557

South Muskoka Memorial Hospital Site
75 Ann Street,
Bracebridge, Ontario P1L 2E4
Tel: 705-645-4400 Fax: 705-645-4594

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