MUSKOKA ALGONQUIN HEALTHCARE

2018 - 2019 ANNUAL REPORT

Our Mission

Working together to provide outstanding integrated health care to our communities, delivering best patient outcomes with exemplary standards and compassion.

Our Vision

As a trusted partner, we strive to improve the delivery of health care to our communities and to be known as an outstanding place to work, learn, live and be cared for.

Contents

AGENDA

Annual General Meeting

Monday, June 24, 2019
7:00 PM

Bracebridge Sportsplex, 110 Clearbrook Trail
Bracebridge, Ontario

1.	Chair's Welcome/Call To Order	Phil Matthews
2.	Approval of the Minutes of the Previous Annual General Meeting♦	Phil Matthews
3.	Report of the Corporate Auditor • Presentation of the Audited Financial Statements • Appointment of Corporate Auditors♦	Oscar Poloni, KPMG Brenda Gefucia
4.	Report of the Nominations Committee • Election of Directors♦	Kathy Newby
5.	Report of the Chief of Staff	Dr. Biagio Iannantuono
6.	Report of the Chief Executive Officer • Emergency Department Secure Rooms Renovations • MAHC – Community Living Partnership	Natalie Bubela Dr. John Simpson & Melissa Imrie Murray Reid & Ryan O'Connor
7.	Report of the Board Chair	Phil Matthews
8.	Board Award of Excellence	Brenda Gefucia
9.	Closing Remarks & Adjournment♦	Phil Matthews

♦*Denotes motion required*

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGRÉMENT CANADA

MUSKOKA ALGONQUIN HEALTHCARE

MINUTES OF THE ANNUAL GENERAL MEETING
FOR THE MEMBERS OF THE CORPORATION OF
MUSKOKA ALGONQUIN HEALTHCARE
MONDAY, JUNE 25, 2018, 7:00 P.M.

Active Living Centre, 20 Park Drive, Huntsville, Ontario
Approval Pending

MEMBERS PRESENT:

Evelyn Brown	**Cameron Renwick**	**Bob Manning**
Christine Featherstone	**Beth Goodhew**	**Don Eastwood**
Brenda Gefucia	**Michael Walters**	**Kathy Newby**
Natalie Bubela	**Dr. Biagio Iannantuono**	**Esther Millar**
Frank Arnone	**Phil Matthews**	

Mrs. Evelyn Brown, Chair of the Board of Directors called the 2018 annual meeting of the Corporation of Muskoka Algonquin Healthcare to order at 7:00 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 APPROVED AS CIRCULATED.**

1. Previous Minutes
The minutes of the previous annual meeting held on June 19, 2017 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 19, 2017 ANNUAL GENERAL MEETING OF THE CORPORATION OF MUSKOKA ALGONQUIN HEALTHCARE BE APPROVED.

2. Annual Reports
It was moved, seconded and carried
THAT THE MEMBERS OF THE CORPORATION RECEIVE THE ANNAUL REPORTS.

3. Financial Report & Report of the Corporate Auditor
Brenda Gefucia reported that that MAHC achieved its sixth balanced budget in the last seven years by ending the 2017/18 year with an operating surplus of approximately $200 thousand. The audience was reminded that MAHC began the fiscal year with a $4.6-million operating deficit related to the $78 million budget. The Board of Directors, along with the Leadership Team, front-line staff and physicians collectively worked hard to reduce and eliminate operating shortfalls despite unique challenges under the funding formula. To balance the 2017-18 budget and post an operating surplus, the team reduced costs where possible and continued to vigorously advocate for additional funding. In addition, MAHC was successful in securing over $3 million in additional funding from the province and $740,000 in increased patient-related revenues through OHIP, semi-private insurance charges and parking, and saved approximately $735,000 in costs without compromising safe, high-quality care.

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, 2018, statements of operations, changes in net assets and cash flows. KPMG has provided an unqualified opinion which represents the highest level of assurance that can be received under auditing standards. Mr. Poloni recognized the due diligence of the Audit Committee members and thanked management and staff for their assistance in completing the audit. Copies of the Audit Findings Report and financial statements were available to attendees and will be posted on the hospital's website.

On behalf of the Resources & Audit Committee, Brenda Gefucia, 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, 2018 BE RECEIVED.

The Audit Subcommittee discussed the performance of KPMG over the past year and were quite pleased from number of perspectives including the favourable working relationship between staff and KPMG.

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.

4. Nominations Committee Report & Election of Directors

Christine Featherstone, Chair of the Nominations Committee presented the report of the Nominations Committee which included Moreen Miller, Frank Arnone, Evelyn Brown and Natalie Bubela. Work of the Nominations Committee began in January and utilized a Skills, Knowledge & Experience matrix. The focus was on ensuring that the Board is comprised of people who, individually, have the ability and commitment to fulfill their responsibilities and who, collectively, have the breadth of knowledge and competencies to carry out the board's responsibilities. The process follows best practices for hospital board governance, is in line with the Ontario Hospital Association as well as recommendations from the Office of the Auditor General of Ontario. The recruitment drive occurred in March and resulted in 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 community representatives for the coming year were appointed in June and included Mark Naylor on the Strategic Planning Committee; Irene Dines on the Quality & Patient Safety Committee; Scott Mullen on the Governance Committee; and, David Sprague on the Resources & Audit Committee.

It was moved, seconded and carried

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

- **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.**

5. Bylaw Revisions

Christine Featherstone explained that Board and leadership development is always a focus for the governance committee as they play an important role in the sustained success of a Board. The governance committee works hard to ensure that there are processes and structures in place as they are the cornerstones for effective, ongoing board leadership development. To that end, the recommended revision to the Bylaw involves allowing for a Co Vice-Chair position. The advantages of this model include providing the Chair of the Board with an additional perspective, opportunity for added diversity in a key leadership role and a more manageable work load.

It was moved, seconded and carried

THAT THE MUSKOKA ALGONQUIN HEALTHCARE BYLAW BE REVISED 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.

6. 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.

7. Report of the Chief Executive Officer

Natalie Bubela, Chief Executive Officer provided a report that focussed on celebrating the great work of staff, physicians and volunteers and recognizing a number of remarkable achievements over the past year. The success stories included:

- Earning silver in the 2017/2018 Influenza Immunization Challenge for achieving 87% immunization for staff, physicians and volunteers, a 13.2% increase over the previous year's rates.
- The SMMH Emergency Department was recognized as the community hospital with the largest improvement in wait times.
- MAHC partnered with the Canadian Mental Health Association to have mental health crisis workers in the Emergency Departments.
- In response to a significant surge in ill patients, MAHC was able to scale our beds up by 13 at each site to ensure our patients were admitted in a timely manner to receive care.
- Expansion of the urology program to perform more advanced, less invasive kidney stone surgeries using a state-of-the-art laser, alleviating the burden of travel outside of the region for patients and helping us to recruit a second urologist to the area.
- Surgical Services introduced reconstructive plastic surgery that is being supported by a locum plastic surgeon from Sunnybrook.
- Exceeding hand hygiene targets achieving 94.8% compliance 'before' patient/environment contact, and 94.5% compliance 'after' patient/environment contact.
- Earning silver in the Green Hospital Scorecard for energy reduction and waste diversion efforts. The Bracebridge site ranked in the top five in both the energy and waste categories, and was #1 in Canada for the waste category. The Huntsville site received two awards from Greening Health Care – one of which recognizes a 5% decrease in energy use over the previous year.
- Environmental Services implemented a reusable sharps and pharmaceutical waste container program.
- Facilities staff coordinated and completed $1.4 million in investments in MAHC's aging buildings through repairs and renovations, and projects focused on improving staff and patient safety and access.
- Through the incredible fundraising efforts of MAHC's two hospital foundations, over $2.7 million was invested in equipment, technology, education and infrastructure, all of which is critical to ensure providers have the tools they need to provide the best quality of care.
- Thanks to the dedication of approximately 340 volunteers across both sites, the Auxiliaries put in nearly 44,000 hours of service to improve the patient experience and support staff and physicians, while also raising funds for equipment.

Joining the CEO were Dr. Roldan, Lisa Allen and Jane Radey to provide an overview of the Enhanced Recovery After Surgery Research (ERAS) Project. A multimodal program designed to minimize post-surgical discomfort for patients and enable patients' more rapid recovery. The goal of the project was to establish an ERAS protocol for patients undergoing colorectal surgery Dr. Roldan presented the findings which included a reduction in length of stay and readmissions with a cost savings of $170,920.

The CEO also welcomed Frankie Dewsbury to speak to the Incident Management System. The electronic system was implemented June 11, 2018 and provides a platform for all staff to directly enter any incident into the system. It also provides real time reporting.

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

8. Report of the Board Chair

   Evelyn Brown reported that the past year was interesting because of both what was accomplished, and the degree of difficulty in doing so given both the fiscal environment and capacity challenges. To govern these challenges, Board Committees play an important and distinctive role. The work of the board is a culmination of the strengths within the Standing Board Committees. Evelyn Brown recognized the work and members of each Committee.

9. Board Award of Excellence

   Brenda Gefucia, Resources & Audit Committee Chair reviewed the Board Award of Excellence nominations process and the criteria. It was highlighted that there were 13 peer-nominations submitted for 2018 and each nominee was highlighted and congratulated for being acknowledged by their peers. The 2018 Board Award of Excellence was presented to Dr. Keith Cross, Anne Murdy, Pauline Pearsall and Tanya Ball.

10. Adjournment

    Evelyn 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 24, 2019.

It was moved

THAT 2018 ANNUAL GENERAL MEETING BE ADJOURNED.

MUSKOKA ALGONQUIN HEALTHCARE

ANNUAL QUALITY & PATIENT SAFETY COMMITTEE REPORT 2018-2019

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Bob Manning, Quality & Patient Safety Committee, Interim Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Quality & Patient Safety Committee during the 2018-19 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 QIP (Quality Improvement Plan). Except for the ALC (Alternate Level of Care) rate, the majority of the metrics on the QIP showed progress and ended at or near the set targets.
- The 2019-20 QIP was developed and approved in March 2019. The number of quality initiatives identified on the 2019/2020 QIP is less than those identified in previous submissions. In 2018 an Auditor General review was conducted and suggested that future QIPs contain streamlined indicators and that HQO (Health Quality Ontario) identify key priority indicators. HQO identified two (2) mandatory and eight priority indicators for review. All indicators were reviewed and previous performance was measured. For indicators where MAHC is meeting targets, a decision was made that they would not be included on the 2019-20 QIP to allow for a more focused approach to quality improvement initiatives where it is evident that work is required. The 2019-20 QIP includes four objectives. These include the two mandatory priorities identified by HQO, one objective developed collaboratively with community partners and one focused on a MAHC specific need. The core themes the 2019-20 QIP will focus on are safe and efficient transitions, and safe care. The four quality improvement initiatives on the 2019/20 QIP are:
    1. Time interval between the decision to admit to inpatient bed or operating room (Mandatory)
    2. Percentage of patients who responded positively to the question "did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?"
    3. Medication reconciliation at discharge: total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged. (Collaborative)
    4. Number of workplace violence incidents reported by hospital workers (Mandatory)
- Oversight of the preparations for the December 2018 Accreditation Survey continued. The Committee received ongoing updates throughout the organizations preparations. The organization achieved a successful Accreditation with Exemplary Standing. The highest level of Accreditation and the first time achieved by MAHC.
- The Committee received the bi-annual reports related to Critical Incidents and Endorsed the Clinical Services Resources Plan for Board approval.
- The Patient Safety & Quality Improvement Plan was reviewed. The plan aligns with the Strategic Plan. Both documents were developed as 3-year plans and were extended an additional year. It was felt the document was very complex and heavy and it was recommended that the framework be more streamlined in the next iteration, following analysis of the data in the Spring of 2019.
- Education was provided to the Committee on the following:

1) Linking Quality to Funding (LQ2F)
2) Echocardiography Quality Improvement Plan
3) CIHI Hospital Harm Indicator
4) Quality Management Program

- The annual Clinical Research report was received.
- The committee endorsed the Patient Declaration of Values review process for Board approval.
- The credentialing and appointment process of the professional staff at Muskoka Algonquin Healthcare received a positive report as a result of the audit results for 2018-19.
- Regular reports and updates were provided to the committee with respect to the following areas:
    - Ethics Program
    - Leader Rounding of Patients
    - Patient Safety Indicators
    - Patient Satisfaction Survey Results
    - Patient Relations
    - Trillium Gift of Life Program
    - Quality Council Standing Committee Reports and Work Plan
    - Accreditation Planning & Preparation
    - 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 August 2018 based on the Terms of Reference, and as of the end of April 2019, all deliverables will have been met.
- The recommendation to survey staff on their assessment of the risks to quality have been incorporated into the Staff Satisfaction survey.
- The Committee completed its annual review of the Terms of Reference.
- Recommendations for consideration in the coming year include:
    - Combine the Patient Satisfaction Survey Results, Patient Relations Report and Leader Rounding of Patients Summary to be reviewed at the operational committee level with recommendations resulting from this review to be forwarded to the Board Quality & Safety Committee annually.
    - Continuation of QMentum Accreditation process and building on opportunities as identified in the final survey report.

III. 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?

- **No**

IV. Quality & Patient Safety Committee Work Plan

Deliverable	TOR Link	MRP	Occurrence	Q2 Aug 30	Q3 Oct 25	Q4 Jan 24	Q4 Feb 28	Q1 Apr 25
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	✓	✓		✓	
Patient Safety Plan	L	E. Millar	Every 3 Years		✓			
Quality Improvement Plan:	A							
– Planning Update for 2019-2020	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			✓		
Patient Declaration of Values	G	E. Millar	Every 3 years					
– Approve review process							✓	
– Recommend approve of any revisions								✓
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	J	E. Millar	Every 4 years	✓	✓	✓		
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	✓		✓		✓
Strategic Action Plan Dashboards for next year - TBD	A, B	E. Millar	Annually					
The following reports are brought forward as per MAHC's Board Effectiveness responsibilities.								
Committee Orientation	M	Chair	Annually	✓				
Review 2017/18 Annual Committee Report	M	Chair	Annually	✓				
Committee Terms of Reference	M	Chair	Annually	✓				
Committee Work Plan	M	Chair	Monthly	✓	✓	✓	✓	✓
Policy Review:								
– Patient & Family Centered Care	I		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					X
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					
Point of Care Provider Survey-"Greatest Threat to Quality" *(see annual report)*		E. Millar	One-time		✓			
Education – Linking Quality to Funding (LQ2F)		E. Millar	One-time	✓				
Education – Echocardiography Quality Improvement Plan		H. Featherston	One-time		✓			
Education – CIHI (Canadian Institute for Health Information) Hospital Harm Indicator		E. Millar	One-time			✓		
Education – Quality Management Program		E. Millar	One-time				✓	

ANNUAL
MEDICAL ADVISORY COMMITTEE REPORT
2018-2019

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 2018-2019 Board year.

V. Summary list of key accomplishments this year:

- MAHC Code Pink Policy and Procedure
- MAHC Infant CPAP with Infant Flow SiPAP Policy and Procedure
- MAHC Obstetrical Labour Epidural Order Set
- MAHC Patient Controlled Analgesia Pump Order Set
- MAHC Post-op Spinal Narcotics Order Set
- Post-op Epidural Order Set
- MAHC Professional Staff Performance Evaluations and Progress Management Policy and Procedure
- MAHC Medication Reconciliation on Discharge
- Fetal Fibronectin Policy and Procedure
- Pharmacy and Therapeutics Committee Terms of Reference
- Hypoglycemia Clinical Protocol Order Set
- Donation After Death by Cardiocirculatory Criteria Order Set
- Organ and Tissue Donor Management Order Set
- MAHC Assessment of Pregnant Patient Presenting to the Emergency Department Policy and Procedure
- MAHC Pregnant Patients Presenting to the Emergency Department Schematic
- MAHC Hyperbilirubinemia Policy and Procedure
- Drug Formulary Sugammadex
- Drug Formulary Fluoroquinolones
- Drug Formulary Fosfomycin
- Hyperbilirubinemia (Neonatal Jaundice) Order Set
- Enhanced Recovery after Surgery (ERAS) Colon Resection Post-op Order Set
- Enhanced Recovery after Surgery (ERAS) Day of Surgery Pre-op Order Set
- Enhanced Recovery after Surgery (ERAS) Nurse Educator Directive Order Set
- Enhanced Recovery after Surgery (ERAS) Pre-Admission Order Set
- Drug Formulary Entresto
- Drug Formulary Toujeo
- Adult Opioid Overdose Order Set
- Pediatric Post-op Appendectomy Order Set

VI. 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).

VII. 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 Physician Engagement
- Professional Staff Recruitment and Retention – Internal Medicine remains a priority

VIII. 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 the Professional staff and clinical committees.
- Oversight of various sensitivities focusing on efforts to maintain a high quality standard of patient care.

ANNUAL
RESOURCES & AUDIT COMMITTEE REPORT
2018-2019

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Brenda Gefucia, Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Resources & Audit Committee during the 2018-2019 board year and to identify recommendations for consideration in next year's committee work plan. There were nine regular meetings this year occurring monthly from August 2018 – May 2019 as per work plan projections.

I. Summary list of key accomplishments this year:

- The year began with a review of the capital acquisition process and recommendation to the Board of Directors to modify the process to align with the development of the annual operating budget.
- A one-year extension to the Strategic Human Resources Plan was presented to the Committee. The purpose of the extension is to ensure alignment with the Strategic Plan. The Plan had three focusses for the year - Education & Training, Recruitment & Retention and Safety.
- Collaborative efforts with staff continued related to refining the financial reporting approach.
- Given the significant changes occurring provincially, the Committee recommended that the Board of Directors approve a one-year extension for the Hospital Services Accountability Agreement.
- Reviewed and approved the results of the annual Enterprise Risk Management Program report including the key corporate risk areas using the HIROC system.
- 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.
- Received and reviewed Year 4 updates regarding the Strategic Action Plan initiatives related to: Continue to Progress IT Systems; Technical Innovation; Strategic HR Plan; Meet all HSAA Obligations.
- Reviewed and recommended to the Board receipt of the Board and Senior Leadership Team expense reports and Consultant Use reports.
- Continued oversight and guidance of the information management system environment and network to ensure management of risk.
- Completed the 3-year review of the Board Award of Excellence Policy and the Insurance & Asset Protection Policy. A new Talent Management policy was recommended to the Board for approval.
- 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.

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 by the Board in September 2018 based on the Terms of Reference, and as of the end of May 2019, all deliverables will have been met.
- It is recommended that in the upcoming year, the Resources & Audit Committee continue diligent oversight of:
    - Applicable strategies arising from the Strategic Planning process currently underway

- The transition of Cerner from GBIN hosted to remote hosting, the stabilization of the system and the information management system environment and network to ensure continued management of risk.
- The future state of GBIN given remote hosting, Ontario Health Teams and any provincially driven changes related to technology
- Continued understanding of MAHC's overall technology architecture and risk
  - MOHLTC driven changes related to the funding model and funds available
  - Consideration of long-term Capital Planning vis-à-vis MAHC's annual capital equipment planning
  - Achieving a balanced budget and working capital constraints
  - Recruiting and retaining staff, in light of short supply and forecasted retirement eligibility

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

IV. Committee Work Plan

				Q2		Q3		Q4			Q1	
Deliverable	**TOR Link**	**MRP**	**Occurrence**	**Aug 31**	**Sept 28**	**Oct 26**	**Nov 20**	**Jan 25**	**Feb 22**	**Mar 22**	**Apr 30**	**May 24**
Contribute to Strategic Direction												
Strategic Action Plan Updates 7a-19 – Strategic HR Plan	19	R. Alldred-Hughes	Bi-monthly		✓							
Strategic Action Plan Updates 4a-19 – IT	19	T. Shields	Bi-Monthly	✓		✓			✓			
Strategic Action Plan Updates 6a-19 – Technological Opportunities	19	T. Shields	Bi-Monthly	✓		✓			✓		✓	
Strategic Action Plan Updates 10-19 – Utilization Management	19	T. Shields	Bi-Monthly	✓		✓			✓			
Provide for Excellent Management												
Chief Executive, HR General Update	*NA*	R. Alldred-Hughes	Annually	✓								
Human Resources Report	1i	R. Alldred-Hughes	Bi-monthly		✓		✓	✓		✓		✓
Draft 2018-2019 Strategic Human Resources Plan	1I	R. Alldred-Hughes	One-Time		✓							
Management to consider if Attendance Management detailed report needed		R. Alldred-Hughes	One-Time								*NA*	
Ensure Program Quality & Effectiveness												
Enterprise Risk Management Program	1h	T. Shields	Quarterly			✓		✓			✗	
Notice to HIROC, Insurance Update	1e	T. Shields	Annually			✓						
HIROC Claims Audit Report	1g	T. Shields	Annually							✓		
GBIN Partnership Update	1j	T. Shields	Quarterly	✓	✓	✓	✓	✓			✓	
IT Update – performance, risk & issues	1j	T. Shields	Quarterly	✓	✓	✓	✓		✓			✓
Energy Retrofit Project Savings Report		TBD	One-Time			✓						
IT Environmental Scan – outlook, benefits, risks & opportunities	1j	T. Shields	Annually						✓			
MAHC IT Strategic Plan		T. Shields	Annually					✗	✓			
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	✓	✓	✓	✓	✓	✓	✓	✓	
Compliance Report *	1f	T. Shields	Monthly	✓	✓	✓	✓	✓	✓	✓	✓	✓
Receive Expense Reports*	2	N. Bubela	Bi-monthly	✓		✓		✓		✓		✓
Receive Consultant Use Report *	2	N. Bubela	Bi-monthly	✓		✓		✓		✓		
Full Year Forecast	1f	T. Shields	**Quarterly**	✓	✓	✓		✓		✓	✗	
Expense Analysis & Impact on Funding	NA	T. Shields	One Time			✓						
Audit Subcommittee Report		T. Shields	Annually						✓			
Hospital Services Accountability Agreement Attestation	1a	T. Shields	Annually						✓			
KPMG Value Add Report	*NA*	T. Shields	One-Time				✓					
Annual Budget	1a,c						✓	✓				✓
Capital Equipment Budget	1b	T. Shields	Annually	✓						✗		
Approve annual Board Attestations*	2	N. Bubela	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 2018/19 Annual Committee Report	24	Chair	Annually	✓								
Committee Terms of Reference	20	Chair	Annually	✓								
Committee Work Plan	21	Chair	Monthly	✓								

Policy Review:	22											
– Talent Management Policy Review		R. Alldred-Hughes	New	✓								
– Board Award of Excellence	22	N. Bubela	Every 3 Years		✓							
– Insurance & Asset Protection	1e	Chair	Annually			✓						
– Whistleblowing Policy Review	1e	R. Alldred-Hughes	Every 3 years						~~✓~~			~~✓~~
– Fraud Risk Assessment Policy Review	1e	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									✓

ANNUAL
GOVERNANCE COMMITTEE REPORT
2018-2019

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Frank Arnone, Governance Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Governance Committee during the 2018-2019 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 the regular meeting of the Committee took place September, November, January, April and May.

I. Summary list of key accomplishments this year:

- The Committee continued monitoring the results of the Board meeting evaluations conducted following adjournment of each meeting to ensure Board meetings remain effective, any improvements to Board performance occur and to ensure timely feedback to the Board Chair.
- Two annual Board governance goals were developed and presented to the Board of Directors for approval in October 2018:
    1. Identify and implement methods of reaching out to the community and providing additional opportunities for meaningful engagement.
    2. Enhance the efficiency of the Board by creating greater flexibility in Committees' Terms of Reference to enable sharing of responsibilities.
- Building on the preparations initiated in the 2017-2018 Board year for the December 2018 Accreditation Survey, the Committee ensured that the Governance Self-Assessment Action Plan was completed. In addition, the Committee planned a dedicated education session for the Board of Directors. This 90-minute session involved highlighting the roles and responsibilities of the Board along with sample tracers that may be conducted by Surveyors. During the Accreditation Survey, Directors took part in the Governance Discussion Group led by the Surveyors. This session was attended by Directors. MAHC met 100% of all Governance Standards.
- The annual education plan was drafted early in the year and assembled a list of quality websites for Directors to utilize for self-education purposes. Education topics throughout the year included: Succession Planning, Health Care Leadership Summit, Funding Formula & Medium Size Hospital Update, Credentialing, Patient & Family Advisory Committee, Board Evaluation Process Review.
- In order to determine if there were any common themes from exit survey responses, the Committee undertook a review of all responses since 2014; there were no common themes requiring action identified.
- The Board Orientation agendas were reviewed by the Committee and made minor adjustments. The results of the evaluations were reviewed and it was agreed to issue the evaluation requests immediately following each of the two Orientation sessions.
- The Committee was fortunate to receive some very thoughtful feedback from the Community Representatives on Standing Committees. As a result of this feedback, several revisions to the program were implemented included revising the name of the position to Advisory Members; assigning mentors; extending the terms to two years and, providing addition information at their orientation.
- The Standing Committee Terms of Reference template underwent a revision to provide more flexibility to Standing Committees. The Board Chair and Chief Executive Officer were removed as ex-officio members on all Committees.
- The Bylaw review continued throughout the year and will be finalized in the 2019-2020 Board year.
    - The Board Work Plan was developed and monitored by the Committee.

- The Committee continued diligent oversight to ensure regular review of board policies. A total of eight policies were reviewed during the year. Applicable revisions were made to the Code of Conduct, Director & Non-Director Annual Declaration policy, Responsibilities of Elected and Ex-Officio Directors Policy and the Board Roles and Responsibilities. A new policy was also developed – Electronic Communications.

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 by the Board of Directors in October 2018. All deliverables were met (see below).
- The following items are recommendations for the 2019/2020 Governance Committee to consider including in their work plan:
  - A review of the Board portal to ensure it remains a useful tool for the Board of Directors.
  - Further consider how texting might be incorporated into the Electronic Mail Communications policy (as per May 9, 2019 Board of Director meeting).
  - Consider a governance goal based on the board assessment criteria results with a view to ensure board effectiveness is improved.

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

- There are no emerging risks or issues.

IV. Committee Work Plan

				Q2	Q3	Q4		Q1
Deliverable	**TOR Link**	**MRP**	**Occurrence**	**Sept 12**	**Nov 22**	**Jan 22**	**Mar 21**	**May 22**
Ensure Board Effectiveness								
Review 2017/18 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 Education Work Plan	I	Board Liaison	Annually	✓	✓	✓		
Board Education Day Planning	Ee	Board Liaison	As required		✓		✓	
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	✓	✓	✓		
Board Work Plan	C	Board Liaison	Bi-Monthly		✓	✓		✓
Develop parameters for deep dive/generative discussion		Chair	One-Time		✓			
Board Education Websites		Board Liaison	One-Time		✓			
Annual Board Evaluation	Ef	Board Liaison	Annually					
– Peer/Self-Assessment Review (behavior definitions)				✓				
– 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	✓				
– Code of Conduct	Ed	Board Liaison	Every 3 years		✓			
– Policy and Governance Review	Ed	Board Liaison	Every 3 years		✓			
– Responsibilities of Elected and Ex-Officio Directors	Ed	Board Liaison	Every 3 years					✓
– Roles and Responsibilities, Board	Ed	Board Liaison	Every 3 years					✓
– Governance Performance Management Framework	Ed	Board Liaison	Every 3 years				✓	
– Commitment to Integration							✓	
– NEW – Electronics Communications Policy	Ed	Board Liaison					✓	
Strategic Planning Committee Structure		Chair	One-Time		✓			
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					✓

ANNUAL
NOMINATIONS COMMITTEE REPORT
2018-2019

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Kathy Newby, Nominations Committee Chair

FOR RECEIPT

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

- Three Directors have terms expiring in June 2019, and one current vacancy. In January 2019, 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. Two of the Directors expressed an interest in standing for re-election, while one Director indicated that he does not wish to stand for re-election. In April 2019, an additional Director tendered his resignation.
- In February 2019, 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. At the same time, Standing Committee Chairs were requested to provide their feedback and comments on the Community Representative.
- In February, the Nominations Committee met and reviewed the expiring Director terms and the skills profile for the Board. The Committee agreed that the skills and experience for the Directors wishing to renew their terms remain consistent with the needs for the Board. As a result, it was identified that there was a need to fill three Board Director vacancies for the 2019-2020 year.
- Following review of the responses from Community Representatives, two expressed an interest in continuing as a Community Representative, one did not have interest in continuing and one expressed an interest in continuing as a Community Representative or in a Board position and subsequently made application for a Director position. All Standing Committee Chairs recommended their Community Representatives.
- 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 News Release. The communication included reference to both the need for Directors as well as Community Representatives.
- The Nominations Committee hosted the "MAHC Board 101" information session on Monday, February 11, 2019. Two members of the public attended, and subsequently made application for a Director position.
- As of the application deadline, five applications were received for full Director positions and two applications were received for Community Representatives.
- The Nominations Committee reviewed all of the applications, cross referencing with the Board Skills & Knowledge matrix. A total of six candidates were invited to meet with the Nominations Committee on April 10, 2019.
  Upon review of the applications and outcome of the interview process, the recommended candidates along with the key skills and experience that they bring to the Board are as follows:
  1. David Sprague – Director Position
     - Community building, system transformation, business acumen. Was the Community Representative on the MAHC Resources & Audit Committee June 2018 – June 2019.
  2. Roy Stewart– Director Position
     - Legal background, governance, risk management, policy and procedure management
  3. Dave Uffelmann – Director Position
     - Sound governance experience in the not-for-profit and health care sector, strong financial accounting background, previous Resource and Audit Chair experience. Strategic and risk analysis skills.
  4. Irene Dines – Community Representative on Quality & Patient Safety Committee

- Standing Committee Chair made recommendation for a subsequent term and noted her commitment as well as the value that she brought to the Committee with her knowledge about quality management in the health sector.

5. Mackenzie McIntosh – Community Representative on Governance Committee
   - Recent graduate, mental health experience, engaged young leader. Served as a full time executive of one of the largest not-for-profit organizations in south western Ontario
   - Oversaw and supported 17 large student run services/programs including social justice, event and awareness-based programming. Oversaw the Western Clubs system, consisting of 220 clubs and over 10,000 unique student members, by supporting over 800 student leaders in conflict resolution, governance, and student support.
6. Mark Naylor – Community Representative on Resources & Audit Committee
   - Has been a MAHC Strategic Planning Committee member since 2017. Brings extensive experience in transformational change at Quebecor and is outward thinking about the future of healthcare related to his current work in the pharmaceutical industry.

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

- **Phil Matthews for a one-year term ending June 2020;**
- **Moreen Miller for a three-year term ending June 2022;**
- **David Sprague for a three-year term ending June 2022;**
- **Roy Stewart for a three-year term ending June 2022;**
- **Dave Uffelmann for a one-year term ending June 2020**

The Board of Directors appointed the following Community Representatives:

- Irene Dines for a second term as a member of the Quality & Patient Safety Committee.
- Mackenzie McIntosh for a one year term as a member of the Governance Committee.
- Mark Naylor for a one year term as a member of the Resources & Audit Committee.

12th Annual

Muskoka Algonquin Healthcare

Board Award of Excellence 2019

and the nominees are...

Cindy Chilton
RN, ICU

Courtney Rasenberg
RPN, Med Surg

Diane George
Administration

Diane Haber
RN, Med Surg

Dr. Caroline Correia
Physician

Dr. Jan Goossens
Physician

Dr. Tina Kappos
Physician

Dr. Vicki Dechert
Physician

Harold Featherston
Administration

Jo-Anne Chandler
Administration

Julie Jones
RN, Dialysis

Kathy McDonald
RPN, Med Surg

Katie Zammit
RN, Med Surg

Lisa Boyes
RN, ED

Liz Parrott
Administration

Sara Tumber
RN, ED

Tammy Brown-Gall
RPN, Resource

Tracy MacKenzie
RN, Surgical Services

Muskoka Algonquin Healthcare

STRATEGIC PLAN

Our Mission

Working together to provide outstanding integrated health care to our communities, delivering best patient outcomes with exemplary standards and compassion.

Our Vision

As a trusted partner, we strive to improve the delivery of health care to our communities and to be known as an outstanding place to work, learn, live and be cared for.

Our Values and Behaviours

Accountability

- Taking personal responsibility
- Being honest and transparent in actions and communication
- Doing the right thing the right way with integrity

Respect

- Showing compassion for patients, families, and our colleagues
- Treating others as they want to be treated
- Thoughtfully making difficult choices
- Expressing kindness and empathy

Optimism

- Understanding that together, almost anything is possible
- Seeking to achieve outcomes that will be positive and desirable
- Seeking opportunities and a better path forward

Leadership

- Acting with integrity and building trust
- Communicating effectively while guiding and providing support
- Being a role model and motivating colleagues to be their best
- Encouraging innovation and championing change

Engagement

- Collaborating with our colleagues and partners
- Taking a systems approach
- Including stakeholders in planning and decision making

Our Strategic Themes

Quality Care and Safety | Partnerships and Collaboration | Sustainable Future | People | Innovation and Technology

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

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