

Annual General Meeting

Monday, June 19, 2017

7:00 PM

Bracebridge Sportsplex

110 Clearbrook Trail, Bracebridge, Ontario

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- | | |
|--|---------------------------|
| 1. Chair's Welcome/Call To Order | Evelyn Brown |
| 2. Approval of the Agenda* | Evelyn Brown |
| 3. Approval of the Minutes of the Previous Annual General Meeting* | Evelyn Brown |
| 4. Report of the Board Chair | Evelyn Brown |
| 5. Receipt of the Annual Reports* | Evelyn Brown |
| 6. Report of the Auditor | Oscar Poloni, KPMG |
| • Presentation of the Audited Financial Statements* | Evelyn Brown |
| • Appointment of Corporate Auditors* | |
| 7. Report of the Nominations Committee | Christine |
| • Election of Directors* | Featherstone |
| 8. Guest Speaker - Ontario's Patient Ombudsman | Christine Elliott |
| 9. Report of the Chief of Staff | Dr. Biagio
Iannantuono |
| 10. Report of the Chief Executive Officer | Natalie Bubela |
| • Patient & Family Centred Care | Donna Denny |
| • Green Hospital Scorecard - Silver Award | Doug Rankin |
| 11. Board Award of Excellence | Brenda Gefucia |
| 12. Adjournment* | Evelyn Brown |

*Denotes motion required

MINUTES

**MINUTES OF THE ANNUAL GENERAL MEETING
FOR THE MEMBERS OF THE CORPORATION,
MUSKOKA ALGONQUIN HEALTHCARE
MONDAY, JUNE 20, 2016, 7:00 P.M.**

Active Living Centre, 20 Park Drive, Huntsville, Ontario

Approval Pending

MEMBERS PRESENT:

Charles Forret

Larry Saunders

Ross Maund

Evelyn Brown

Brenda Gefucia

Frank Arnone

Gregg Evans

Natalie Bubela

Cameron Renwick

Donna Denny

Karen Fleming

Sven Miglin

Christine Featherstone

Philip Matthews

Mr. Charles Forret, Chair of the Board of Directors called the 2016 annual meeting of the Corporation of Muskoka Algonquin Healthcare to order at 7:02 pm and declared the meeting duly constituted with a quorum present for the transaction of business.

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

1. Previous Minutes

The minutes of the previous annual meeting held on June 22, 2015 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 22, 2015 ANNUAL GENERAL MEETING OF THE CORPORATION OF MUSKOKA ALGONQUIN HEALTHCARE BE ADOPTED AS CIRCULATED.

2. Report of the Board Chair

The Chair introduced the Annual Report and explained that although the purpose for the meeting is to conduct official business for the Corporation, the main focus is to provide a mechanism to share with the community information about the good work that is happening at MAHC and to celebrate the exceptional people propelling that work forward.



The Chair thanked fellow Board members for their commitment and passion for quality health care and acknowledged retiring Board and Community Members - Gregg Evans, Barry Stephens and Cynthia Zator.

Building on the renewed 2015-2018 Strategic Plan, the Board embarked on a process to look at the Patient Declaration of Values to ensure that it aligned with the MAHC's organizational values, and to check in with patients to ensure that it still reflected what was most meaningful to them and their families. The patient voice has never been more important in health care than it is today, and through focus groups, surveys and one on one discussion a new document was created that captures what truly matters most. Appreciation was expressed to all patients, families and community members that took the time to assist with the project. An additional achievement stemming from the Strategic Plan was noted through the work of the Health Care Task Force over the past year led by the North Simcoe Muskoka LHIN. This foundational work is significant and much needed in order ensure that a strong and sustainable health care system is built for the future.

3. Report of the Chief Executive Officer

Natalie Bubela, Chief Executive Officer presented a report that highlighted three initiatives. As a result of the work of the Health Care Task Force, a Transformation Council will be formed to design an improved health system for Muskoka; one that is a higher quality, sustainable system that looks at the full continuum of care. This Council will design a model and an implementation plan to transition to an improved health care system over the next 9 months and an integrated governance structure will be in place by 2018. The completion of this work is needed now more than ever to ensure a higher, quality sustainable health system that considers the full continuum of care collectively. The North Simcoe Muskoka LHIN will be holding an Expression of Interest process to recruit individuals to populate the Council and Working Groups. This will be occurring over the next 4-6 weeks.

Joining the CEO were Donna Crump, Stroke Nurse Clinician and Magdalena Stapinski, Interim Director of Inpatient Services and District Stroke Centre to provide an overview of stroke care in Muskoka. A number of community education session occurring over the summer months were noted and improvement initiatives for the program were highlighted.

The CEO also welcomed Deb Stone, Manager Support Services to provide an overview of the "Reduce, Recycle and Divert" project that occurred at MAHC. The presentation included an outline of the steps taken leading to a reduction in general waste going to landfill sites by 37.39 mTonnes in four years. This project received the attention of the Ontario Hospital Association and has been presented to a number of Hospitals across Canada.

Natalie Bubela concluded her report with expressions of appreciation to the talented, innovative and dedicated staff, physicians and volunteers that work tirelessly every day to ensure that MAHC provides quality and safe care.

4. Report of the Chief of Staff

Dr. John Simpson, on behalf of Dr. Jan Goossens spoke to the report included in the meeting package noting the excellent care provided by the Medical Staff at Muskoka Algonquin Healthcare. The medical staff was successful in recruiting five new physicians for the Emergency Department 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.

5. Board Award of Excellence

Brenda Gefucia, Resources Committee Chair along with Gregg Evans reviewed the Board Award of Excellence nominations process and the criteria. It was highlighted that there were 20 peer-nominations submitted for 2016 and each nominee was highlighted and congratulated for being acknowledged by their peers. The 2016 Board Award of Excellence was presented to Alana Major, Carolann Woods, Dan Moloney, Laura Derbyshire and Natalie Bubela.

6. Annual Reports

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

It was moved, seconded and carried

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

7. Report of the Corporate Auditor

Mr. Oscar Poloni of KPMG delivered the Audit Findings Report and explained that the completion of the financial statements are the responsibility of management and it is the auditor's responsibility to express an opinion on whether the statements present fairly the financial position of the corporation. The audit was conducted on the balance sheet as at March 31, 2016, statements of operations, changes in net assets and cash flows, and Mr. Sedore explained that their opinion is that of the highest level of assessment possible in accordance with Canadian Generally Accepted Auditing Standards. In addition, dedication and commitment to transparency of the Audit Committee members was highlighted.

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

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

Christine Featherstone, Chair of the Audit Committee, presented the audited financial Statements noting that the Audit Committee was satisfied with the audit process.

It was moved seconded and carried

THAT THE AUDITED FINANCIAL STATEMENTS OF MUSKOKA ALGONQUIN HEALTHCARE FOR THE YEAR ENDED MARCH 31, 2016 BE RECEIVED.

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

It was moved seconded and carried

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

9. Nominations Committee Report & Election of Directors

Cameron Renwick, Chair of the Nominations Committee presented the report of the Nominations Committee which included Donna Denny, Ross Maund along with Evelyn Brown and Natalie Bubela. Early in the year there were two unexpected vacancies therefore a recruitment process occurred in the Fall, and as a result two new Directors, Frank Arnone and John Kropp, were appointed for the balance of this year. The nominations committee began its annual work in January and identified a need to fill three vacancies for the 2016/17 Board year. The recruitment drive occurred in March and resulted in an overwhelming number of applications for full board membership and for community representatives on Standing Board Committees. These were shortlisted based on the skills matrix, interviews occurred and reference checks conducted.

It was moved, seconded and carried

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

- **FRANK ARNONE FOR A ONE-YEAR TERM ENDING JUNE 2016;**
- **JOHN KROPP FOR A ONE-YEAR TERM ENDING JUNE 2016;**
- **PHILIP MATTHEWS FOR A THREE-YEAR TERM ENDING JUNE 2019;**
- **FRANK ARNONE FOR A THREE-YEAR TERM ENDING JUNE 2019;**
- **CHRISTINE FEATHERSTONE FOR A THREE-YEAR TERM ENDING JUNE 2019;**
- **BETH GOODHEW FOR A ONE-YEAR TERM ENDING JUNE 2017**

10. Adjournment

Mr. Forret announced the conclusion of the Annual General Meeting and once again congratulated all of those nominated for the Board Award of Excellent.

It was moved, seconded and carried

THAT 2016 ANNUAL GENERAL MEETING BE ADJOURNED.

ANNUAL QUALITY & PATIENT SAFETY COMMITTEE REPORT 2016-2017



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 2016-2017 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 – September, 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 2017/18 Quality Improvement Plan (QIP) was developed and approved in March 2017. MAHC's ongoing quality improvement journey was informed by patients and their families, staff, physicians, and community health care partners. To support MAHC's culture of quality through collaboration, and in compliance with Accreditation Canada Required Organizational Practices and standards, nine (9) QIP objectives were chosen to direct and streamline focus on improving quality and safety as follows:
 1. Improving access by reducing inpatient wait times in the ED
 2. Improving access by reducing unnecessary time spent in acute care
 3. Improving safety by reducing unnecessary hospital readmission for COPD patients
 4. Improving safety by reducing unnecessary hospital readmission for CHF patients
 5. Improving safety by reducing unnecessary hospital readmission for stroke patients
 6. Improving value through patient satisfaction and engagement while an inpatient
 7. Improving value through patient satisfaction and engagement while visiting our EDs
 8. Improving safety through medication reconciliation upon admission
 9. Improving safety through medication reconciliation upon discharge
- In January 2017, the Committee recommended a corporate definition of Quality for MAHC as further evidence of MAHC's commitment to a culture of quality and safety. To affirm system alignment, MAHC's definition is aligned with that of Health Quality Ontario (HQO) and the NSM LHIN. The definition is as follows:

"Quality at MAHC is a result of shared decision-making between the patient/family and health care team to achieve patient identified desired health outcomes. MAHC will deliver safe, effective, patient-centered services, efficiently, and in a timely fashion, resulting in optimal health status for our patients."
- Early in the year, the Committee undertook the development of a corporate quality & safety schematic. The purpose was to assist the Board with an understanding of how quality and risk is monitored from the time an individual enters hospital property. From this, at each meeting management informs the Committee of any 'burning issues' to be aware of.
- The Committee began receiving Departmental Quality & Safety reports; Managers provided the Committee with an overview of their department along with a description of quality and safety initiatives and key performance indicators.
- Endorsed the Clinical Services Resources Plan for Board approval.
- Maintained vigilant awareness of the organization's experience with Alternate Level of Care patients and the action plans to improve timely and appropriate care.
- Continued oversight of the Trillium Gift of Life Network program
- The three year review of the Disclosure of Adverse Events Policy occurred as well as the Emergency Code review.

- As credentialing the professional staff is one of the most important board activities which directly impacts the care delivered at a hospital, the Committee developed a clear and reasonable auditing process to verify the credentialing and appointment process of the Professional staff at Muskoka Algonquin Healthcare.

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

- A work plan for the committee was approved in September 2016 based on the Terms of Reference, and as of the end of April 2017, 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.
- Received regular updates and milestone reviews of the Strategic Plan Initiatives regarding Quality, Safety, and Patient & Family Centered Care.
- Completed a review of the indicators included in the Balanced Scorecard on a bi-monthly basis which included an overview of any indicators not meeting target along with applicable action plans for improvement.
- Reviewed the patient relations data quarterly.
- Received regular updates with respect to the planning and preparation for Accreditation in November 2018

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?

- Continued oversight of the preparations for Accreditation
- Further discuss the appropriate number of metrics for the Quality Improvement Plan

SUPPORTING DOCUMENTATION

- 2016-2017 Quality & Patient Safety Committee Work Plan



Quality & Patient Safety Committee
2016/2017



WORK PLAN

Meeting Date:	August 24, 2016	October 27, 2016	January 26, 2017	February 23, 2017	May 1, 2017
Contribute to Strategic Direction	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <input type="checkbox"/> 1 - Quality/Safety <input type="checkbox"/> 2 - Patient- & Family-Centered Care <input type="checkbox"/> 8 - Physician Recruitment	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <input type="checkbox"/> 1 - Quality/Safety <input type="checkbox"/> 2 - Patient- & Family-Centered Care <input type="checkbox"/> 8 - Physician Recruitment	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <input type="checkbox"/> 1 - Quality/Safety <input type="checkbox"/> 2 - Patient- & Family-Centered Care <input type="checkbox"/> 8 - Physician Recruitment	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <input type="checkbox"/> 1 - Quality/Safety <input type="checkbox"/> 2 - Patient- & Family-Centered Care <input type="checkbox"/> 8 - Physician Recruitment <input checked="" type="checkbox"/> Receive Year 3 Strategic Action Plans (listed above)	<input checked="" type="checkbox"/> Receive Strategic Action Plan Initiative Updates: <input type="checkbox"/> 1 - Quality/Safety <input type="checkbox"/> 2 - Patient- & Family-Centered Care <input type="checkbox"/> 8 - Physician Recruitment
Ensure Program Quality & Effectiveness	<input checked="" type="checkbox"/> Patient Stories <input checked="" type="checkbox"/> Department Specific Quality Report <input checked="" type="checkbox"/> MAC Quality Report <input checked="" type="checkbox"/> Quality Council Update & work plan review <input checked="" type="checkbox"/> Physician Engagement Task Force Update <input checked="" type="checkbox"/> Credentialing Audit Process <input checked="" type="checkbox"/> Mental Health Working Group Recommendations 1st Quarter Reports <input checked="" type="checkbox"/> Balanced Scorecard* <input checked="" type="checkbox"/> Patient Experience Interview Summary <input checked="" type="checkbox"/> Patient Safety Indicator Report* <input checked="" type="checkbox"/> Patient Relations Report* <input checked="" type="checkbox"/> Ethics Program Updates	<input checked="" type="checkbox"/> Patient Stories <input checked="" type="checkbox"/> Department Specific Quality Report <input checked="" type="checkbox"/> Burning Issues <input checked="" type="checkbox"/> MAC Quality Report <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Credentialing Process review <input checked="" type="checkbox"/> MAHC Policy to define Quality <input checked="" type="checkbox"/> Overall Corporate Quality & Safety Outline/Summary 2nd Quarter Reports <input checked="" type="checkbox"/> Balanced Scorecard* <input checked="" type="checkbox"/> Patient Experience Interview Summary <input checked="" type="checkbox"/> Patient Safety Indicator Report* <input checked="" type="checkbox"/> Patient Satisfaction Survey Results* <input checked="" type="checkbox"/> Patient Relations Report* <input checked="" type="checkbox"/> Trillium Gift of Life Network Reports* <input checked="" type="checkbox"/> Ethics Program Updates <input checked="" type="checkbox"/> Hospital Harm Report <input checked="" type="checkbox"/> Ontario Lab Accreditation	<input checked="" type="checkbox"/> Patient Stories <input checked="" type="checkbox"/> Department Specific Quality Report <input checked="" type="checkbox"/> Burning Issues <input checked="" type="checkbox"/> Quality Improvement Plan Review & Planning for 1718* <input checked="" type="checkbox"/> Clinical Research Report <input checked="" type="checkbox"/> Annual budget <input checked="" type="checkbox"/> Clinical Services Resources Plan* <input checked="" type="checkbox"/> Medical Quality Assurance Terms of Reference Review <input checked="" type="checkbox"/> Credentialing Process review <input checked="" type="checkbox"/> Critical Incident* & QCIPA Report <input checked="" type="checkbox"/> Hospital Harm Report Update <input checked="" type="checkbox"/> Definition of Quality 3rd Quarter Reports <input checked="" type="checkbox"/> Balanced Scorecard* <input checked="" type="checkbox"/> Patient Experience Interview Summary <input checked="" type="checkbox"/> Patient Safety Indicator Report* <input checked="" type="checkbox"/> Patient Satisfaction Survey Results* <input checked="" type="checkbox"/> Patient Relations Report* <input checked="" type="checkbox"/> Trillium Gift of Life Network Reports* <input checked="" type="checkbox"/> Ethics Program Updates <input checked="" type="checkbox"/> MAC Quality Report <input checked="" type="checkbox"/> Quality Council Update	<input checked="" type="checkbox"/> Patient Stories <input checked="" type="checkbox"/> Department Specific Quality Report <input checked="" type="checkbox"/> Burning Issues <input checked="" type="checkbox"/> MAC Quality Report <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Patient Relations Process Review* <input checked="" type="checkbox"/> Annual budget <input checked="" type="checkbox"/> Quality Improvement Plan Approval* <input checked="" type="checkbox"/> Disclosure Policy* <input checked="" type="checkbox"/> Accreditation Planning <input checked="" type="checkbox"/> Enterprise Risk Management Program	<input checked="" type="checkbox"/> Patient Stories <input checked="" type="checkbox"/> Department Specific Quality Report <input checked="" type="checkbox"/> Burning Issues <input checked="" type="checkbox"/> MAC Quality Report <input checked="" type="checkbox"/> Quality Council Update <input checked="" type="checkbox"/> Critical Incident* & QCIPA Report <input checked="" type="checkbox"/> Code Review Results* 4th Quarter Reports <input checked="" type="checkbox"/> Balanced Scorecard* <input checked="" type="checkbox"/> Patient Experience Interview Summary <input checked="" type="checkbox"/> Patient Safety Indicator Report* <input checked="" type="checkbox"/> Patient Satisfaction Survey Results* <input checked="" type="checkbox"/> Patient Relations Report* <input checked="" type="checkbox"/> Trillium Gift of Life Network Reports* <input checked="" type="checkbox"/> Ethics Program Updates <input checked="" type="checkbox"/> Credentialing Audit Results
Ensure Board Effectiveness	<input checked="" type="checkbox"/> Committee Orientation <input checked="" type="checkbox"/> Review Committee Terms of Reference <input checked="" type="checkbox"/> Review the 2015/16 Annual Committee Report <input checked="" type="checkbox"/> Review, endorse Committee Work Plan for Board Approval				<input checked="" type="checkbox"/> Review Committee Work Plan <input checked="" type="checkbox"/> Annual Committee Report (Chair) <input checked="" type="checkbox"/> Complete Committee Self Evaluation <input checked="" type="checkbox"/> Chair to plan for knowledge transfer to incoming Chair

Board Approval September 15, 2016; note that this is a working document that is updated as required; new items since previous review are bolded
*Indicates reporting required as per legislation

ANNUAL STRATEGIC PLANNING COMMITTEE REPORT 2016-2017




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 2016-17 board year and to identify recommendations for consideration in next year's Committee work plan. There were three meetings of the Strategic Planning Committee this year; these occurred in October, January and April.

I. Summary list of key accomplishments this year:


- The Committee established a work plan in October 2016 to assist in ensuring the Committee achieved successful oversight of the implementation of Year 2 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.
- Early in the year, given the work of the Muskoka & Area Health System Transformation (MAHST) project, the annual initiative related to Health Hubs was refocused to support MAHC's participation and involvement with MAHST. MAHC has continued to be very involved and committed to the work of MAHST throughout the year.
- In January 2017, 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 revision to Strategic Objective 4: "Continue to progress IT Systems to Stage 5 of the HIMS Scale". The revision added language to ensure the evolution is aligned with the Georgian Bay Information Network (GBIN) timeframe to advance to Stage 5.
- The Committee has also continued its oversight of MAHC's Long Range Planning work. All questions posed by the Ministry of Health and Long-Term Care to the Pre-Capital Submission (November 2015) have been responded to and are available on our public website – www.mahc.ca. MAHC's involvement in MAHST work is imperative as it will help shape and inform MAHC's future planning.
- The Committee has also been kept up-to-date throughout the year regarding any significant provincial initiatives that may impact the strategic direction – these updates included the Donner Report - "Bringing Care Home" (March 2015); the Price/Baker Report - "Patient Care Groups: A new model of population based primary health care for Ontario" (May 2015, released in the Fall) and the *Patients First Act, Bill 41, 2016*.
- Given MAHC is in the third year of the 2015-18 Strategic Plan, at its April meeting the Committee initiated discussions related to planning for the next Strategic Plan.
- 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 2016/17 we have:*

- ✓ After a slight dip in Hand Hygiene compliance rates, several improvement strategies were implemented and resulted in achieving compliance rates of 92.9% prior to contact and 94.3% after contact.
- ✓ The inaugural meeting of the Patient and family Advisory Committee occurred in January 2017. Building on MAHC's vision to centre care around patients and families, the Patient and Family Advisory Committee is a way to bring the patient and family perspective into consideration when developing policies, programs and services.

 **PARTNERSHIPS & COLLABORATION** - *To be active participants in the broader health system and align with regional and provincial priorities building healthy communities, during 2016/17 we have:*

- ✓ Remained active participants on the Health Links roll-out and facilitated 40 medically complex patients from MAHC to be referred to the Central Intake process to develop coordinated care plans for these high users.
- ✓ Initiated a new partnership with Orillia Soldiers' Memorial Hospital for after-hours order entry.

 **EDUCATION & INNOVATION** - *To be recognized as a learning organization that provides hands-on experience and capitalizes on process improvements and technology, during 2016/17 we have:*

- ✓ Initiated the Provincial Digital QBP Order Set Project that will involve alignment of current Quality Based Procedure (QBP) order sets with up-to-date guidelines as well as some new QBP order sets developed to meet the provincial standards.
- ✓ An electronic credentialing system went live in December 2016.
- ✓ Launched Electronic Whiteboards in all inpatient care areas of MAHC.

PEOPLE - To retain, attract and develop quality people who will assist us in delivering high quality and compassionate care, **during 2016/17 we have:**

- ✓ Implemented effective communication and difficult conversations for the leadership team.
- ✓ Established and implemented a process related to Professional Staff exit interviews to enable the development of actions plans to increase recruitment and retention.

SUSTAINABLE FUTURE - To be a top performing hospital that invests in our facilities, finds continuous efficiencies, eliminates waste and makes environmentally responsible choices, **during 2016/17 we have:**

- ✓ Continued to be heavily involved and committed to Muskoka and Area Health System Transformation.
- ✓ Developed a distinct Quality Based Procedure (QBP) report to focus on QBP metrics relevant to physicians including the monitoring of length of stay metrics.

For more detail on any of the Strategic Directions and progress of initiatives, visit www.mahc.ca. The organization is as committed as ever to our Mission and staff will build on the foundation created in Year One to operationalize Year Two of the Strategic Plan and successfully execute the goals.

II. Specific recommendations for consideration in the upcoming year:

- Continued oversight to ensure participation with Muskoka and Area Health System Transformation.

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

- A work plan for the committee was approved in November 2016 and, as of April 2017 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

- 2016-2017 Strategic Planning Committee Work Plan (below)
- Strategic Plan on a Page 2015-2018

Meeting Date:	October 19, 2016	January 18, 2017	April 19, 2017
<i>Contribute to Strategic Direction</i>	<ul style="list-style-type: none"> ✓ Receive Strategic Action Plan Dashboards: <ul style="list-style-type: none"> ○ 3a-17 – Health Links Roll Out ○ 3b-17 – Health Hubs MAHST ○ 3c-17 – Partnerships ○ 9a-16/17 – Long Range Planning with Capital Plan updates ✓ Muskoka & Area Health System Transformation (MAHST) ✓ Provincial Initiative Updates ✓ Receive 2015-2018 Strategic Plan Status Report – Q2 	<ul style="list-style-type: none"> ✓ Receive Strategic Action Plan Dashboards: <ul style="list-style-type: none"> ○ 3a-17 – Health Links Roll Out ○ 3b-17 – MAHST ○ 3c-17 – Partnerships ○ 9a-16/17 – Long Range Planning with Capital Plan updates ✓ Muskoka & Area Health System Transformation (MAHST) ✓ Receive 2015-2018 Strategic Plan Status Report Q3 ✓ Provincial Initiative Updates ✓ Receive Annual Strategic Assessment/Environment Scan 	<ul style="list-style-type: none"> ✓ Receive Strategic Action Plan Dashboards: <ul style="list-style-type: none"> ○ 3a-17 – Health Links Roll Out ○ 3b-17 – MAHST ○ 3c-17 – Partnerships ○ 9a-16/17 – Long Range Planning with Capital Plan updates ✓ Muskoka & Area Health System Transformation (MAHST) ✓ Receive 2015-2018 Strategic Plan Status Report Q4 ✓ Provincial Initiative Updates ✓ Discuss planning for new Strategic Plan (post April 2018)
<i>Ensure Board Effectiveness</i>	<ul style="list-style-type: none"> ✓ Review Committee Terms of Reference ✓ Review Work Plan for Board Approval 		<ul style="list-style-type: none"> ✓ Complete Committee Self-Evaluation ✓ Review Annual Committee Report ✓ Chair to plan for knowledge transfer to incoming Chair

STRATEGIC PLAN ON-A-PAGE 2015-2018

OUR MISSION

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

OUR VISION

Outstanding Care –
Patient & Family
Centered

OUR VALUES

This strategic plan is
based on these values:

Accountability
Respect
Optimism
Leadership
Engagement

QUALITY CARE & SAFETY

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

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

EDUCATION & INNOVATION

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

- Continue to progress IT Systems to Stage 5 of the 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.

PARTNERSHIPS & COLLABORATION

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

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

SUSTAINABLE FUTURE

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

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



ANNUAL RESOURCES COMMITTEE REPORT 2016-2017



SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Brenda Gefucia, Treasurer / Resources Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Resources Committee during the 2016-17 Board year and to identify recommendations for consideration in next year's committee work plan. There were nine meetings of the Resources Committee this year as per work plan projections; the Resources Committee met monthly from September through to May.

VI. Summary list of key accomplishments this year:

- At the first meeting of the committee, received fulsome reports from the Chief Executive, HR and Support Services and the CFO, Corporate Services and Risk that served to provide the committee with a timely update for the period May 2016 to September 2016.
- Received and reviewed Year 2 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 3 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 the Financial Statements and financial information package on a monthly basis. As part of this work, the Committee also made improvements to the reporting format and added a number of graphs to highlight trends in key areas.
- Reviewed and recommended to the Board receipt of the Board and Senior Leadership Team expense reports and Consultant Use reports.
- Received the annual insurance update and approved the issuance of the annual notice.
- Maintained oversight of the development of the GBIN Strategic Plan and members of the Committee also participated in an engagement session to assist in its development. Reviewed and recommended Board approval of the GBIN Partnership Agreement.
- Received an update on Cyber Security measures put in place at MAHC and GBIN.
- Recommended approval for an increase to the Operating Line of Credit.
- Completed a review of the management process for contracts at MAHC.
- Recommended approval to the Board of Directors of the 2017/18 annual operating budget and improved the reporting format and explanations of the budget.
- 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: Management of Donations; Financial Donations to External Organizations; and, Signing Authority, Bank Cheques.
- Reviewed and recommended that the Board ratify: the Local Collective Agreement with OPSEU; OPSEU Office and Clerical agreement
- Reviewed and brought forward to the Board efficiency opportunities related to the ER and Surgical Services.
- Reviewed and recommended to the Board the recipients of the Board Award of Excellence to be presented at the Annual General Meeting.
- Recommended approval of the Annual Attestation related to the Broader Public Sector Accountability Act.
- Reviewed the Capital Planning Process and received the updated Capital Funding Allocation list.

VII. 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:

Hospital Services Accountability Agreement Extension (HSAA)	✓					✓			
Contract Management				✓					
Annual Budget:									
– Process & Development Update			✓						
– Development Update				✓	✓				
– Final Budget to Recommend for Board Approval					✓				
Approve annual Board Attestations*									✓
Capital Funding Allocation									✓
Operational Efficiencies		✓	✓	✓	A✓	A✓			
Operating Line of Credit				✓	✓		✓		
Hospital Working Funds Deficit Initiative					✓				
Life & Long Term Disability Benefits					✓	✓			
Ensure Board Effectiveness									
Review 2015/16 Annual Committee Report	✓								
Review of Committee Terms of Reference	✓								
Review, endorse Committee Work Plan for Board Approval	✓								
Enhanced reporting to report to the Committee			✓						
Policy Review:									
– Insurance Policy		✓							
– Donations, Management of					X	✓			
– Financial Donations to External Organizations					X	✓			
– Signing Authority, Bank Cheques								✓	
– Parking Policy – annual review						✓			
Complete Committee Self-Evaluation									✓
Review Annual Committee Report									✓
Chair to plan for knowledge transfer to incoming Chair									✓

Legend: ✓ indicates deliverable achieved; X indicates deliverable not achieved; A indicates addition to original work plan

ANNUAL GOVERNANCE COMMITTEE REPORT 2016-2017



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 2016-2017 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, October, December, March 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.
- The Committee established two annual Board governance goals:
 - Develop a collaborative Board reporting approach for Committee Chairs and Senior Staff resource
 1. This goal was achieved through an improvement to the decision support documents presented to the Board of Directors that include a brief summary of Committee deliberations to highlight the governance perspective discussed at Committee level
 - Encourage and reinforce an organizational culture of engagement and positivity
 1. A Stakeholder Engagement Task Force accountable to the Executive Committee was established to work with a group of physicians to develop an action plan(s) to engage with physicians in a proactive, transparent and consultative manner to help build trust and improve ongoing two-way dialogue. The task force has now met three times, and work to develop the action plan continues.
 2. Quarterly teleconferences with local Political Leaders has been established.
- Two successful orientation sessions were hosted for new Directors; as a result of feedback from these sessions the Orientation program was updated.
- The annual Governance education day was held on April 21, 2017. The day was a success with two guest speakers: Georgina Black, KPMG and Don Mitchell, Muskoka & Area Health System Transformation. In addition, the Board and Senior Team was joined by several partners including:
 - Algonquin Family Health Team
 - South Muskoka Hospital Auxiliary
 - Huntsville Hospital Auxiliary
 - Huntsville Hospital Foundation
 - MAHST General Council
 - Local Mayors
 - Canadian Mental Health Association Muskoka Parry Sound
 - Orillia Soldiers Memorial Hospital
 - Royal Victoria Regional Health Centre
 - Georgian Bay General Hospital
 - Waypoint Health Centre
 - NSM Local Health Integration Network
 - Community Care Access Centre
- The Board Officer, Committee Chair and Committee Membership Selection Process was revamped and encourages individuals to consider more deeply if they wish to fulfill leadership roles with the Board.
- The Governance Plan review was initiated. Following consultation with the Board, the Board responsibility to "Ensure Financial Viability" was renamed "Ensure financial viability, in accordance with the standards applicable to the directors at law" to provide clarity.
- A careful review of the governance model was undertaken and in particular to determine if 'generative governance' should be formally incorporated into the plan. It was acknowledged that the MAHC Board informally exercises Generative Governance on an ongoing basis as appropriate at Board retreats, pre-meeting education sessions and single purpose deep-dive sessions as required. There was agreement that formally incorporating Generative Governance at this time was not needed, however the Governance Committee is committed to revisiting the topic in the future should the environment warrant the need.
- An in-depth review of the Peer/Self-Assessment process led to the recommendation to remove the not applicable as it limits the feedback provided to Directors on their strengths and weaknesses.

- The Board of Directors was surveyed to determine if an earlier start time for Board meetings could be accommodated; in 2017/18 Board meetings will begin at 4:00 pm.
- The Committee ensured completion of the Annual Governance Evaluations and reviewed the results to make recommendations related to any required remedial action.
- The Committee continues with its oversight of ensuring regular review of board policies. There were fourteen policies reviewed in the past year

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

- A work plan for the committee was approved in September 2016. Completion of the Bylaw review and the Governance Plan were deferred to the 2017/18 year; all deliverables will have been met (see attached).
- The following items are recommendations for consideration in the coming year:
 - Ensure completion of the Bylaw and Governance Plan Review.
 - Focus on preparation for the Accreditation Survey
 - That the 2017/18 Committee review the appointment term for the Treasurer and consider aligning it with the other Officers;
 - Consider the role of a Vice Chair for the Standing Committees
 - Develop a process for situations where there is no candidate for a Committee Chair position
 - Develop a policy with respect to receiving regular reports from the Patient and Family Advisory Committee and for the Hot Button Issues.

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

- There are no emerging risks or issues.

IV. Bylaw Revisions

- There are no revisions to the Bylaws at this time. The Committee initiated the review of the Bylaws in March 2016 and are awaiting final revisions related to the Professional Staff portion of the Bylaws from the Medical Advisory Committee.



Governance Committee
2016/2017



WORK PLAN

Meeting Date:	August 24, 2016	October 26, 2016	December 13, 2016	February 22, 2017	April 26, 2017
Ensure Board Effectiveness	<ul style="list-style-type: none"> ✓ Review 2015/16 Committee Annual Report ✓ Terms of Reference Review ✓ Review, endorse Committee Work Plan for Board Approval ✓ Exit Interview Responses ✓ Determine, recommend Board Goals ✓ Review/Approve Education Work Plan ✓ Board Education Day/Retreat Discussion ✓ Board Meeting Evaluation Results ✓ Review Board Meeting Evaluation Questions ✓ Bylaw Review – Article 10-14 ✓ Orientation Preparation 	<ul style="list-style-type: none"> ✓ Terms of Reference Review ✓ Committee Work Plan Review ✓ Review Board Work Plan ✓ Plan Board Education Day/Retreat ✓ Meeting attendance review ✓ Board Meeting Evaluation Results ✓ Monitoring Board Goals Bylaw Review – Article 16-19 Peer/Self Assessment Review ✓ Recommend Nominations Committee ✓ Education Plan ✓ Excluded persons as Community members ✓ Board Meeting Process & Committee Chair Reports 	<ul style="list-style-type: none"> ✓ Committee Work Plan Review ✓ Board Annual Evaluation Timeline Review ✓ Peer/Self-Assessment Review ✓ Meeting attendance review ✓ Board Meeting Evaluation Results ✓ Review Board Officer, Committee Chair Selection Process ✓ Monitoring Board Goals Review Orientation Evaluation Recommend final Bylaw Revisions to Board ✓ Governance Plan Review, Section 1-5 ✓ Meeting Times 	<ul style="list-style-type: none"> ✓ Committee Work Plan Review ✓ Meeting attendance review ✓ Board Meeting Evaluation Results ✓ Annual General Meeting Discussion re Format, Content <ul style="list-style-type: none"> ○ Location ○ Agenda ○ Advertisements ○ Invitations ○ Confirm template for Annual Committee Reports ✓ Review Board Work Plan progress ✓ Board Officer, Committee Chair & Committee Membership selection process ✓ Monitoring Board Goals ✓ Governance Plan Review, Section 6-11 ✓ Review Orientation Evaluation ✓ Recommend final Bylaw Revisions to Board ✓ Electronic Meeting Options 	<ul style="list-style-type: none"> ✓ Committee Work Plan Review ✓ Meeting attendance review ✓ Board Meeting Evaluation Results ✓ Board Evaluation Results Review; review report, develop recommendations ✓ Approval of final slate for Officers, Committee Chairs & Membership ✓ Board recognition gifts discussion ✓ Annual General Meeting Planning Update ✓ Annual Committee Report Review ✓ Chair to plan for knowledge transfer to incoming Chair ✓ Bylaw Impact of Patient & Family Centered Care Accreditation Standards ✓ Education Day Evaluation Results <input type="checkbox"/> Finalize Bylaw Revisions – deferred <input type="checkbox"/> Governance Plan Review, Section 12-17 - deferred
POLICY REVIEW:	<ul style="list-style-type: none"> ✓ Review Governance Manual Table of Contents, confirm review schedule 	<ul style="list-style-type: none"> ✓ Board Agenda Development and Use of Consent Agenda ✓ Open and In-Camera Board Meetings ✓ Application to Serve on Board of Directors ✓ New - Resignation/ Removal of Director 	<ul style="list-style-type: none"> ✓ Leave of Absence ✓ Meeting Attendance, Board and Committee ✓ Delegations to the Board ✓ New - Resignation/ Removal of Director 	<ul style="list-style-type: none"> ✓ Corporate Communications and Media Call Policy ✓ Resignation/ Removal of Director 	<ul style="list-style-type: none"> ✓ New – Electronic Meetings Policy

ANNUAL NOMINATIONS COMMITTEE REPORT 2016-2017

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 2016-2017 board year.

- Given three vacancies early in the Board year, a recruitment drive was initiated in July 2016. The Nominations Committee reviewed all of the applications and short listed based on the skills matrix; 7 applicants were invited to meet with the Nominations Committee for interviews. Customized questions were developed for each candidate to validate the information provided in the application to better understand the candidates and their potential contribution to the work of the Board. Candidates were also provided with written statements regarding governance and transformational leadership two days prior to the interviews and all arrived prepared to discuss the statements with the Nominations Committee. As a result of this process, three candidates were appointed by the Board in September 2016.
- In February 2017, the four Directors with terms expiring in June 2017 were requested to complete the Expression of Interest form to indicate their intentions with respect to standing for re-election to the Board of Directors.
- Responses were received from three Directors confirming their interest in standing for re-election and confirming the skills and knowledge information on file. Rhonda Lawson tendered her resignation effective March 13, 2017.
- 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 incumbent Directors 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 2017-2018 Board year.
- An advertising campaign took place throughout March with print advertisements in the Weekender and What's Up Muskoka, along with information posted on www.mahc.ca. The communication included reference to both the need for Directors as well as Community Representatives. An information session for any interested candidates was advertised and occurred on March 7, 2017.
- Four applications were received for full Board membership and one application was received for Community Representatives.
- The Nominations Committee reviewed all of the applications and short listed based on the skills matrix to interview four of the applicants. One of those applicants withdrew their application due to a change in personal circumstances and as a result the Nominations Committee met with three candidates. The recommended slate was presented and endorsed by the Board of Directors.

MOTION: *That the Members of the Corporation ratify the following appointments 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.**

ANNUAL MEDICAL ADVISORY COMMITTEE REPORT 2016-2017



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 2016-2017 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 Smoke Free Grounds Policy and Procedure
 - Smoke Free Grounds Enforcement Policy
 - MAHC Smoking Cessation Policy and Procedure
 - MAHC Smudging Ceremony Policy
 - Smoke-Free Grounds FAQ Informational Brochure
 - Admission of Patients to the ICU Policy
 - MAHC Gridlock and Surge Policy
 - MAHC Patient Distribution Policy
 - MAHC Medical Assistance in Dying Policy
 - MAHC Medical Assistance in Dying Patient Order Set
 - Code OB Activation Protocol
 - Code OB Care Map (OR Phase)
 - Skin to Skin in the OR Setting Policy
 - MAHC Physician Engagement Survey – Stakeholder Engagement Task Force Established
 - Point of Care Advisory Committee Terms of Reference
 - Scope of Point of Care Testing
 - NOSM Clerkship Personal Reflection and Research Exercise Project
 - Choosing Wisely Canada – MAHC Clinical Committee Initiative
 - Defining Quality at MAHC
 - Professional Staff Bylaw Review and Update – Incorporation of Midwives into Bylaws
 - 2017/18 Quality Improvement Plan
 - Reinstatement of the Co-chair for Family Practice Committee
 - ED/ICU Combined Sepsis of Unknown Source Order Set
 - Post-op Bowel Resection Order Set
 - Post-op Appendectomy Order Set

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

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

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

- Credentialing and re-credentialing of Physicians, Midwives and Dentists.
- Reviewing processes, reports and recommendations from physicians and Clinical Committees.
- Oversight of various sensitivities focusing on efforts to maintain a high quality standard of patient care.

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

- Physician Engagement
- Recruitment and Retention



10th Annual



BOARD AWARD OF EXCELLENCE 2017

Alanna Major, RN, ICU

Alison Fraser-Robson, OTA/PTA

Ann Swan, Lab Transcriptionist

Anne Murdy, Dietary Aide

Brenda Liddle, Speech-Language Pathologist

Catherine Keeling, Dietary Aide

Debbie Payne, RN, Patient Flow Navigator

Dr. Jack McCann, Radiologist

Harold Featherston, Chief Executive, Diagnostics, Ambulatory & Planning

Irene Tamas Murray, Manager, Ambulatory Services

Julie Jones, RN, Dialysis

Kim Gibbard, Environmental Services Aide

Lesley-Anne Earl, RN, Med/Surg

Linda Scott, Senior Imaging Technologist/Clinical Instructor

Mark Janke, Maintenance

Marla McKenzie, Charge Imaging Technologist

Pamela Leeder, Activation Co-Ordinator

Seniors Assessment and Support Outreach Team (SASOT)

Sheree Stewart, Patient Registration Clerk

Sheri Keates, RN, Resource

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

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