



MUSKOKA ALGONQUIN
HEALTHCARE

2019 - 2020 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.



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APPENDIX A – AUDITED FINANCIAL STATEMENTS

APPENDIX B – BYLAW OF MUSKOKA ALGONQUIN HEALTHCARE

Annual General Meeting for the Members of the Corporation of Muskoka Algonquin Healthcare

Thursday, August 6, 2020

6:00 PM

Via Web Conference

- | | | |
|----|---|--------------------------------------|
| 1. | Chair's Welcome/Call To Order | Cameron Renwick |
| 2. | Approval of the Minutes of the Previous Annual General Meeting♦ | Cameron Renwick |
| 3. | Receipt of the following reports♦:
<ul style="list-style-type: none"> • Board Chair & Chief Executive Officer, • Chief of Staff & Medical Advisory Committee, • Quality & Patient Safety Committee • Resources & Audit Committee • Governance Committee | |
| 4. | Report of the Corporate Auditor
<ul style="list-style-type: none"> • Presentation of the Audited Financial Statements • Appointment of Corporate Auditors♦ | Oscar Poloni, KPMG
Brenda Gefucia |
| 5. | Report of the Nominations Committee
<ul style="list-style-type: none"> • Election of Directors♦ | Kathy Newby |
| 6. | Bylaw Revisions♦ | Kathy Newby |
| 7. | Adjournment♦ | Cameron Renwick |

♦Denotes motion required



MOTIONS FOR RESOLUTION

1. Adoption of Minutes

That the minutes of the Annual General Meeting for Muskoka Algonquin Healthcare held June 24, 2019 be approved.

2. Receipt of Reports

That the following reports presented to the Members August 6, 2020 be received:

- Board Chair and Chief Executive Officer
- Chief of Staff & Medical Advisory Committee
- Quality & Patient Safety Committee
- Resources & Audit Committee
- Governance Committee

3. Appointment of Corporate Auditor

That KPMG be appointed as the corporate auditor for Muskoka Algonquin Healthcare to hold office until the next annual general meeting.

4. Election of Directors

That the following be appointed by the Members of the Corporation to the Muskoka Algonquin Healthcare Board of Directors:

- Brenda Gefucia for a 3-year term ending 2023
- Michael Walters for a 3-year term ending 2023
- Beth Goodhew for a 3-year term ending 2023
- Dave Uffelmann for a 3-year term ending 2023
- John Sisson for a 3-year term ending 2023
- Tim Ellis for a 2-year term ending 2022

5. By-Law Amendments

WHEREAS the board of directors of the Corporation approved the amended by-law article 11.3(i) (iii) to provide clarification of including physician providers and the lead midwife in the review (“**Amendment #1**”) subject to member confirmation;

AND WHEREAS the board of directors of the Corporation approved the amended by-law Article 1.1 Definitions (r) and (s) to revise the definition of Professional Staff to Credentialed Staff (“**Amendment #2**”) subject to member confirmation;

AND WHEREAS the board of directors of the Corporation approved the amended by-law to remove the requirement that the annual member meeting must occur by June 30th of each year (“**Amendment #3**”) subject to member confirmation.

BE IT RESOLVED THAT Amendment #1, #2 and #3 are confirmed, such Amendments to take effect immediately.”

**MINUTES OF THE ANNUAL GENERAL MEETING
FOR THE MEMBERS OF THE CORPORATION OF
MUSKOKA ALGONQUIN HEALTHCARE
MONDAY, JUNE 24, 2019, 7:00 P.M.**

Bracebridge Sportsplex, 110 Clearbrook Trail, Bracebridge, Ontario
Approval Pending

MEMBERS PRESENT:

Phil Matthews
Brenda Gefucia
Natalie Bubela
Cameron Renwick

Beth Goodhew
Michael Walters
Bob Manning
Kathy Newby

Peter Deane
Dr. Khaled Abdel-Razek
Janice Raine
Evelyn Brown

Mr. Phil Matthews, Chair of the Board of Directors called the 2019 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.

1. Previous Minutes

The minutes of the previous annual meeting held on June 25, 2018 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 25, 2018 ANNUAL GENERAL MEETING OF THE CORPORATION OF MUSKOKA ALGONQUIN HEALTHCARE BE APPROVED.

2. Report of the Corporate Auditor and Audited Financial Statements

Brenda Gefucia, Chair of the Resources & Audit Committee highlighted the Audit Findings Report and explained that the audit was conducted on the balance sheet as at March 31, 2019, statements of operations, changes in net assets and cash flows. The Corporate Auditor, KPMG has provided an unqualified opinion which represents the highest level of assurance that can be received under auditing standards.

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. Brenda Gefucia, Chair of the Resources & Audit Committee reported that the Committee discussed the performance of KPMG over the past year and were quite pleased from number of perspectives including quite pleased from a number of perspectives including their deep knowledge of health care, our organization and their audit approach and methodologies.

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.

3. Nominations Committee Report & Election of Directors

Kathy Newby, Chair of the Nominations Committee presented the report of the Nominations Committee which included Beth Goodhew and Cameron Renwick. 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 Advisory Members on Standing Committees for the coming year were appointed by the in May and included Irene Dines on the Quality & Patient Safety Committee, Mac McIntosh on the Governance Committee and Mark Naylor 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:

- **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.**

4. 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 five 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.

5. Report of the Chief Executive Officer

Natalie Bubela, Chief Executive Officer provided a report that focussed on key achievements as it relates to each of the Strategic Directions – Quality & Safety; Partnerships & Collaboration; Sustainable Future; Education & Innovation; and, People.

- Successful Accreditation achieving Exemplary Status
- Quality Improvement Plan with 4 key areas of focus
- Signatory to Ontario Health Team Self Assessment and Submission
- Muskoka Seniors Home Assistance – back office
- After Hours Order Entry by Orillia Soldiers' Memorial Hospital
- New Strategic Plan
- Stage 1 – Capital Planning underway
- Balanced Budget 2018-2019
- Staff Education Hours totaling 16,712
- Allied Health Learning Hours totaling 9,889 hours (51 students)
- Medical Education Hours totaling 31,987 for Undergraduate Learners, Post Graduate (Residents) and Physician Assistant Learners = 112 days (840 hours)
- Hired 91 new staff
- Recruitment and Retention Plan
- Chief of Staff recruitment
- Bargained the renewal of three Collective Agreements
- Launched 2019 Employee Engagement Survey

Joining the CEO were Dr. John Simpson, Emergency Department Medical Director and Melissa Imrie, Manager of Emergency and ICU who provided an overview of the Secure Rooms Renovation Project. The CEO also welcomed

Murray Reid, MAHC Cook & Ryan O'Connor from Community Living who outlined a unique partnership that results in serving fresh vegetables to MAHC patients from local summer gardens at Huntsville Fairgrounds & the hospital.

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

6. Report of the Board Chair

Phil Matthews spoke about achieving exemplary status through Accreditation Canada despite the ever increasing challenges related to high volumes. MAHC met 100% of all Required Organization Practices and 98.4% of the high priority and other criteria. In total, more than 2,400 standards were assessed during a four-day survey. This award is the direct result of every team member's commitment to high-quality care and patient safety and a designation that everyone at MAHC can be proud to be a part of.

In addition, Mr. Matthews presented the Strategic Plan noted that it serves as a forward-looking plan of action and a roadmap for today and tomorrow to help us achieve better health for everyone MAHC serves. Through extensive engagement with hundreds of people, the plan reflects the voices of patients, family members, the community and the people at MAHC. This feedback resulted in establishing the Mission, Vision and Values for the organization. Expressions of appreciation were extended to all stakeholders that participated in this process.

The Chair concluded his report with expressing thanks on behalf of the Board to all of the Auxiliary members, volunteers and Foundation members for the tremendous amount of time and effort to ensuring that MAHC is able to deliver the quality care expected by the communities. The Chair also recognized the Board for their tireless efforts and the senior staff.

7. 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 18 peer-nominations submitted for 2019 and each nominee was highlighted and congratulated for being acknowledged by their peers. The 2019 Board Award of Excellence was presented to Diane George, Lisa Boyes, Dr. Caroline Correia and Jo-Anne Chandler.

8. Conclusion

Phil Matthews 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 22, 2020.

**BOARD CHAIR and CHIEF EXECUTIVE OFFICER
ANNUAL REPORT
2019-2020**

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Cameron Renwick, Board Chair and Natalie Bubela, CEO

FOR RECEIPT

It is our honour to submit this report to the Members of the Muskoka Algonquin Healthcare Corporation at the 2020 Annual Meeting. Although the 2019/2020 fiscal year continued to present some challenges, Muskoka Algonquin Healthcare (MAHC) realized several accomplishments and milestones that deserve celebration.

Financially, great strides were made with MAHC closing out the year with a deficit position of \$(152k) versus a budgeted deficit of \$(4,510k) resulting in a positive variance of \$4,358k. Last year, MAHC reported a surplus of \$473k for the same period. During the fiscal year, MAHC recognized \$4,781k in one-time funding, compared to \$4,700k the previous year, an increase of \$81k versus the prior year.

Following the unveiling of the Strategic Plan in 2019, MAHC continued along a path that built on the organization's strengths and focused on the five strategic themes – Quality Care and Safety; Partnerships and Collaboration; Sustainable Future; People; Innovation and Technology to drive us towards 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.

Under the solid framework set by the Strategic Planning Committee, the Senior Leadership Team with the support of managers and other staff and physicians, worked hard to develop operational priorities that were true to the Mission of *“Working together to provide outstanding integrated health care to our communities, delivering best patient outcomes with exemplary standards and compassion.”*

One of the key Strategic Plan milestones met this year was that of the Stage 1 submission. After working collaboratively with the community, health care providers and municipal leaders, MAHC submitted a Stage 1 redevelopment proposal in December 2019, requesting the Ministry of Health approve two new full-service hospitals to serve Muskoka and area in the future - a new hospital on the existing Huntsville site, and a new hospital on new land in Bracebridge.

The preferred options recommendation made to the Board of Directors in October 2019, was the result of 12 months of comprehensive study by the 23-member Task Force, which with broad representation included local physicians, hospital foundations and auxiliaries and municipal representatives. The Stage 1 submission proposes two new hospital facilities in Bracebridge and Huntsville with a full range of acute care services including emergency, inpatient and surgical services at each site. It seeks to add 61 more inpatient beds including a new stroke rehabilitation unit, and MRI technology.

A comprehensive evaluation of several options demonstrated a new hospital on the existing Huntsville site, and a new hospital on new land in Bracebridge for the South Muskoka site best support the high-quality patient- and family-centered care MAHC strives to deliver now and in the future. The preferred options also best enable innovation, future flexibility and operational excellence, among other findings of the options analysis and scoring.

In addition, after a rigorously reviewing and scrutinizing initial cost estimates from the cost consultant, MAHC was able to reduce the estimated local share to \$129 million for the two new hospitals. Further detailed study of existing hospital furniture, fixtures and equipment, and the projected usage and replacement of these assets has helped project that MAHC will be able to transfer \$35 million of furniture, fixtures and equipment to future hospitals. With a very generous commitment by the Foundations to together raise \$20 million for redevelopment, in addition to their ongoing annual multi-million dollar contributions, the resulting potential local share of \$74 million is to be funded over 15 years. And we are so grateful for the support and assistance provided by the Municipalities in this work. The detailed mechanics of how the \$74 million could be raised will be an ongoing discussion. This Stage 1 proposal represents the single largest investment in acute care in Muskoka – a \$560 million legacy for future generations that is imperative for the future wellbeing of our catchment area as well as the thousands of seasonal residents and visitors MAHC serves every year.

Another key success to highlight from MAHC's Strategic Plan is with regards to the theme of Partnerships and Collaboration. In response to the Provincial Government's call for self-assessments as the first step toward the formation of Ontario Health Teams, a diverse group of health care providers from the Muskoka and area came together to prepare a submission for consideration by the Ministry of Health. The Muskoka and Area Ontario Health Team (MAOHT) was successful with its October 2019 application to become an approved Ontario Health Team. One of the early deliverables for the MAOHT was to establish a governance structure. In January 2020, the MAHC Board of Directors approved joining an Alliance model and agreement as an interim governance solution leading eventually to a single-entity model of governance. The first (or Year One) initiative is also currently being planned. It focusses on a priority population of Adults 65 and over who are receiving care from two or more provider partners. This is an exciting time for health care in Ontario. MAHC is fortunate to be part of building a new way of organizing and delivering care that is more connected to patients in their local communities.

We are also pleased to report on some remarkable accomplishments in patient care areas over the past year. Echocardiography is essentially an ultrasound of the heart and has been available at both hospitals for some time. Approximately 100 echocardiograms are done every month at each of MAHC's sites, which demonstrates our communities' growing need for heart-related diagnostics. Recognizing the expanding role of Echocardiography across Ontario, the Ministry of Health introduced a six-step quality improvement Echocardiography accreditation program that includes policy and procedure review, a site visit, case reviews, and certification based on the Cardiac Care Network's accreditation standards. MAHC's Echocardiography program met the evidence-based accreditation standards and achieved certification from the CorHealth Ontario Echocardiography Quality Improvement Program. This is a clear demonstration to the public, our patients and our team that we are following best-practice guidelines and that we value continuous learning and ongoing improvement to achieve high levels of quality.

Cancer Care Ontario has also recognized MAHC for being a top performer in the province for turnaround time in reporting related to post-surgical pathology investigations. Between April 2018 and March 2019, MAHC's laboratory exceeded the provincial target of completing post-surgical reports within 14 days, and achieved the lowest turnaround times in the province, which means the results of cancer-related biopsies are getting to patients sooner. The pathology department of the laboratory is based at the South Muskoka Memorial Hospital Site and is responsible for processing and examining tissue specimens generated from surgeries performed at MAHC. In 2019, the pathology department processed 6,250 surgical cases, which resulted in 24,000 individual tissue samples for analysis. The addition of new and updated equipment for processing tissue samples, funded by the South Muskoka Hospital Foundation, has helped the lab maintain high standards of care.

And finally, through partnerships and technology, MAHC introduced virtual critical care which will enable more critically-ill patients to stay in Muskoka hospitals for the intensive care they need. With a nearly \$50,000 investment by the North Simcoe Muskoka LHIN, our care teams have direct access, when needed, to the expertise of six Intensivists from Barrie's Royal Victoria Regional Health Centre for clinical support and consultation 24 hours a day, seven days a week. This virtual access to specialized medicine is a patient-focused approach to care closer to home to the right patient, in the right place, at the right time. It provides real-time clinical support to critical care units and emergency departments in smaller hospitals, and also helps to reduce the need for patients to be transferred to another facility. Introducing virtual critical care aligns with three of MAHC's strategic areas; partnerships such as this are a hallmark of Ontario's health care system and integral to ensuring access to care.

This has been a very exciting year for MAHC. We have built on our strengths of our past, the expertise and compassion of our staff and physicians and the support of our community to be successful. MAHC will continue to rise to the call to serve all those who come to us in need and we will continue to take great pride in providing high quality and safe health care.

Respectfully submitted,
Cameron Renwick, Board Chair
Natalie Bubela, Chief Executive Officer

**ANNUAL
MEDICAL ADVISORY COMMITTEE REPORT
2019-2020**

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Dr. Khaled Abdel-Razek

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Medical Advisory Committee during the 2019-2020 board year and to identify recommendations for consideration in next year's committee work plan. There were 10 regular meetings of the Committee this year.

I. Summary list of key accomplishments this year:

- Regional Critical Care Arterial Lines Policy and Procedure
- Drug Formulary Request for Methylphenidate IR
- Proposed Auto Substitution Salbutamol/Ipratropium
- Continuous Ambulatory Delivery Device (CADD) Order Set
- Drug Formulary Elevation
- Drug Formulary Restriction Hydroxychloroquine
- Proposed Auto Substitution for Nebulized Medications
- MAHC Vented Acute Respiratory Infection Admission (COVID-19) Order Set
- MAHC Acute Respiratory Infection Admission (COVID-19) Order Set
- MAHC Protected Code Blue Guiding Principles
- MAHC COVID-19 Procedure for Obstetrical Patients
- Proposed Auto Substitution List
- Drug Formulary Fosphenytoin
- Pyelonephritis Urosepsis Order Set
- MAHC Code OB Policy and Procedure
- Professional Staff Amendment to the Bylaws – Professional Staff Bylaws Article 11.3 (i) (iii)
- Pharmacy and Therapeutics Committee Terms of Reference
- OBS Committee Terms of Reference
- Creation of the role of Chief Medical Information Officer (CMIO)
- Established Department Chiefs – Roles and Responsibilities
- Delirium Management Order Set
- Clostridioides Difficile Infection 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, Maternal Newborn 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. 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.

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

- Credentialing and re-credentialing of MAHC Professional Staff which includes Physicians, Midwives, NP's and Dentists
- Reviewing processes, reports, and recommendations from the Credentialed staff and clinical committees.
- Oversight of various sensitivities focusing on efforts to maintain a high quality standard of patient care.

**ANNUAL
QUALITY & PATIENT SAFETY COMMITTEE REPORT
2019-2020**

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Peter Deane, 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 2019-20 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.

The Quality & Patient Safety Committee met four times this year in August, October, January and February. With the advent of the COVID-19 pandemic, the Board re-assessed priorities and agreed to defer board work that was either not related to supporting the organization through the crisis, or not critical to the long-term success or sustainability of the organization. As such, the meeting scheduled for April was cancelled.

I. Summary list of key accomplishments this year:

- Maintained continual oversight of the Balanced Scorecard which includes indicators from the Quality Improvement Plan. All metrics corporately either met or outperformed the assigned targets for fiscal year 2019/2020.
- The Committee completed a review of a revised Corporate Decision Making Framework to align with the Clinical Ethical Decision Making Framework. This alignment works toward ensuring a seamless, structured approach to decision making at all levels of the organization.
- In follow up to receiving the "Accredited with Exemplary Standing" result in 2019, management apprised the Committee of the commitment to continuously review and incorporate the Accreditation Standards and Required Organizational Practices (ROPs) into everything that occurs at MAHC. Leads have been identified for each ROP and are accountable for ensuring consistent and ongoing review of the standards until the next Accreditation survey.
- Regular reporting by the Chief of Staff regarding professional staff recruitment provided the Committee with an understanding of the physician manpower needs in the organization and the efforts underway to address these needs.
- Oversight of the patient satisfaction results garnered discussion relative to the internal review process and the improvements implemented to impact the results such as the Patient Oriented Discharge Summary project. The purpose of this project is to improve the quality of the information provided to patients at discharge given there are many moving parts to the discharge process.
- The first draft of the 2020-2021 Quality Improvement Plan (QIP) was presented in January. Broad consultation occurred across the organization in the creation of the QIP including the Medical Advisory Committee and the Patient and Family Advisory Committee. The QIP focusses on four core themes – timely and efficient transitions, service excellence, safe and effective care, and patient-centred care which align with current system issues. The following indicators were recommended to the Board of Directors in March:
 - Time to Inpatient Bed
 - Number of Workplace Violence Incidents
 - Patient flow and bed utilization

- Patient satisfaction regarding the transition from hospital to home
 - Number of health care acquired pressure injuries
 - Implementing strategies to enhance the patient-centred care culture.
- The Committee received an overview of MAHC’s emergency preparedness program and the work of the Emergency Preparedness Planning Steering Committee in reviewing the emergency response plans and policies for each emergency code, providing input and feedback relative to areas for improvement in order to ensure the plan is effective.
 - The annual report regarding the clinical research conducted at MAHC was received and provided the committee with an understanding of the value and benefits of this work to physicians, staff and patients.
 - The Committee received the bi-annual reports related to Critical Incidents and reported forward to the Board.
 - 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
- II. Is the Committee following their work plan and meeting their terms of reference?**
- A work plan for the committee was approved in September 2019 based on the Terms of Reference, and as of the end of March 2020, all deliverables will have been met. As noted above, with the advent of the pandemic, the items scheduled for April were deferred.
- 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 and minor revisions were made.
 - Recommendations for consideration in the coming year include:
 - Receiving outcome of the Patient Oriented Discharge Summary initiative.
 - Receiving changed format for review of incident reporting.
 - Preparation activity and reporting on Accreditation readiness.
- 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?**
- The Board has been made aware of any risks through the Committee’s work.
- V. Committee Work Plan**

Deliverable	TOR Link	MRP	Occurrence	Q2	Q3	Q4		Q1
				Aug 29	Oct 30	Jan 30	Feb 27	Apr 30

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:

Quality Improvement Plan:								
– Quarterly Results Report	A, Fi	F. Dewsbury	Quarterly	✓	✓	✓		✗
– Planning Update for 2020-2021	A	F. Dewsbury	Annual			✓		
– Recommend Approval to Board of Directors	A	F. Dewsbury	Annual				✓	
Patient Safety Indicator Report <Infection control report>	E, Fvii	C. Anderson	Quarterly	✓		✓		✗
Patient Satisfaction Report:								
– Patient Satisfaction Survey Results	G	F. Dewsbury	Quarterly	✓	✓		✓	✗
– Patient Relations Report	G	F. Dewsbury	Quarterly	✓	✓		✓	✗
Professional Staff Recruitment								
– Recruitment Update	I	K. Abdel-Razek	Quarterly	✓			✓	✗
– Credentialing Process review	Fvi, I	K. Abdel-Razek	Annually					
– Clinical Services Resources Plan (Recommend Approval)	H	K. Abdel-Razek	Annually			✓		
Critical Incident & QCIPA Report	Fiv	F. Dewsbury	Bi-Annually		✓			✗
Trillium Gift of Life Network Reports	L	C. Anderson	Quarterly	✓		✓		✗
Patient Safety Plan	L	F. Dewsbury	Every 3 Years					✗
Patient Relations Process Review	G	F. Dewsbury	Annually				✓	
Patient Declaration of Values – recommend approval to the Board	G	C. Anderson	Every 3 years			✓		
Emergency Preparedness Program Update / Overview	Fii	C. Anderson	Every 3 Years				✓	

The following reports are brought forward to the Committee as they assist in meeting an Accreditation standard

Patient Stories	B	F. Dewsbury	Every meeting	✓	✓	✓	✓	✗
Quality Council Updates & Work Plan	A, Fiii	F. Dewsbury	Every meeting	✓	✓	✓	✓	✗
Leader Rounding Summary – Quarterly summary	B	F. Dewsbury	Quarterly	✓				✗
Ethics Program Update	N	C. Anderson	Quarterly	✓		✓		✗
Incident Reports	Fiv	F. Dewsbury	Quarterly	✓		✓		✗
Clinical Research Report	N	N. Bubela	Annually				✓	
Accreditation Planning & Preparation	J	F. Dewsbury	Every 4 years	X				✗
Patient and Family Advisory Committee		C. Anderson	Bi – Monthly				✓	✗

The following reports are brought forward as per MAHC's Board Effectiveness responsibilities.

Committee Orientation	M	Chair	Annually	✓				
Review 2018/19 Annual Committee Report	M	Chair	Annually	✓				
Committee Terms of Reference	M	Chair	Annually	✓	✓			
Committee Work Plan	M	Chair	Monthly	✓	✓			
Policy Review:								
– Professional Staff Appointment & Credentialing Policy	Fvi	K. Abdel-Razek	Every 3 years			✓		
– Quality of Care Reviews Policy	F	F. Dewsbury	Every 3 Years					✗
– Definition of Quality Policy	F	F. Dewsbury	Every 3 Years					✗
– Support Person	F	R. Alldred-Hughes	Every 3 Years					✗
– Corporate Decision Making Framework	F	N. Bubela	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					✗

**ANNUAL
RESOURCES & AUDIT COMMITTEE REPORT
2019-2020**

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 2019-2020 board year and to identify recommendations for consideration in next year's committee work plan. There were six regular meetings of the Resources & Audit Committee this year; as per work plan projections the regular meetings of the Committee took place in August, September, November, January, March and May.

I. Summary list of key accomplishments this year:

- The year began with a careful review of the Committee's Terms of Reference and work plan; given the changes to the current environment and the vast improvements to Committee reporting, it was agreed to move the Committee back to a bi-monthly meeting schedule consistent with other Standing Committees of the Board.
- In September, the Committee received an in-person update from the Chief Information Officer for the Grey Bruce Information Network relative to the Cerner Remote Hosting project. The presentation covered the following key topics: site connectivity, RHO datacenter equipment and Cerner environment setup, security and privacy and printing as well as a high-level overview of the project plan. The Committee continued to provide oversight and guidance related to the GBIN related current state and the RHO project as well as the MAHC technology environment. The Committee supported and encouraged the leadership that MAHC's management was demonstrating as GBIN worked through governance and planning challenges, ensuring that MAHC's risk was well understood and mitigated. The committee received written and verbal updates regarding the GBIN RH project and MAHC IT projects from MAHC management throughout the year.
- Given the approval of the corporate Strategic Plan in June 2019, the 2019-2022 Strategic Human Resources Plan was presented to the Committee along with an overview of the metrics that would now form the new monthly Human Resources report to the Committee. The Plan not only aligned with the People dimension of the Strategic Plan, but also included a direct correlation between the patient survey data and the employee engagement data related to preparing patients for discharge.
- Reviewed the results of the Employee Engagement Survey (which is conducted every three years), the five focus areas and communication plan.
- As per the legislative requirement under the *Public Hospitals Act, 1990* a written overview of the Occupational Health and Safety Program at MAHC was provided to the Committee and it was confirmed that there are no outstanding critical components relative to MAHC's program.
- The Committee began its work relative to overseeing the annual operating budget preparations in November with discussions regarding management's process for development, the Committee's role and potential direction to management. Work continued at the January and March meetings with the Committee gaining a clear understanding of management's assumptions, the process and

results of a benchmarking process to identify potential efficiency actions, and impacts to quality and safety. This work enabled the Committee to recommend approval to the Board of Directors in April.

- Completed the three-year review cycle for each of the following policies and recommended revisions to the Board of Directors for approval: Financial Donations to External Organizations, Insurance & Asset Protection, Investment of Surplus Funds and the Board Award of Excellence Policy
- Reviewed the Board and Senior Leadership Team expense reports and Consultant Use reports prior to public posting on the organization's public website.
- Reviewed the results of the annual Enterprise Risk Management Program report including the key corporate risk areas using augmented process through the utilization of HIROC's ERM Likelihood & Impact Matrix.
- Received the Audit Subcommittee Report and recommended approval of the 2020/2021 Audited Financial Statements and the reappointment of KPMG as the corporate auditor.
- Recommended to the Board of Directors the 2020/2021 Capital and Funding Plan.

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 September 2019 based on a revised Terms of Reference. With the advent of the COVID-19 pandemic, the Board re-assessed priorities and agreed to defer board work that was either not related to supporting the organization through the crisis, or not critical to the long-term success or sustainability of the organization. As such, some items were deferred or brought forward to the Committee with a view to informing the Committee of any significant risks, issues or impacts as a result of actions taken during the pandemic. Items deferred to the next fiscal year are:
 - Review of the Parking Policy
 - Finalization of the Whistleblower Policy
- It is recommended that in the upcoming year, the Resources & Audit Committee continue diligent oversight of:
 - The transition of Cerner from GBIN hosted to remote hosting and the stabilization of the system
 - The future state of GBIN given remote hosting, Ontario Health Teams and any provincially driven changes related to technology
 - The evolution of the GBIN partnership agreement and associated impacts of the remote hosting project.
 - Ministry of Health driven changes related to the funding model and funds available, including OHT
 - 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

Deliverable	TOR Link	MRP	Occurrence	Q2		Q3	Q4		Q1
				Aug 30	Sept 27	Nov 29	Jan 31	Mar 27	May 29
Provide for Excellent Management									
Chief Executive, People, Quality & Safety General Update	NA	R. Alldred-Hughes	Annually	✓					
Human Resources Report	4i	R. Alldred-Hughes	Bi-monthly			✓	✓		✓
Strategic Human Resources Plan	4i	R. Alldred-Hughes	Every 3 Years		✓				
Employee Engagement Survey Results	4i	R. Alldred-Hughes	Every 3 Years		✓				
Occupational Health & Safety Program	14	R. Alldred-Hughes	Every 3 Years			✓			
<i>ONA Collective Agreement slated to expire March 2020, unsure if bargaining will be concluded this year</i>									
Ensure Program Quality & Effectiveness									
Enterprise Risk Management Program	4h	T. Shields	Annually						✓
Notice to HIROC, Insurance Update	4e	T. Shields	Annually		✓				
HIROC Claims Audit Report	4g	T. Shields	Annually						✓
Information Technology Updates	4j	T. Shields	Bi-monthly	✓	✓	✓	✓	✓	✓
Board Award of Excellence Nominations	6	N. Bubela	Annually						✓
Financial Viability, In Accordance With The Standards Applicable To The Directors At Law									
CFO General Update	NA	T. Shields	Annually	✓					
Financial Report *	1	T. Shields	Monthly	✓	✓	✓	✓	✓	✓
Compliance Report *	1	T. Shields	Monthly	✓	✓	✓	✓	✓	✓
Receive Expense Reports*	5	N. Bubela	Bi-monthly	✓		✓			✓
Receive Consultant Use Report *	5	N. Bubela	Bi-monthly		✓		✓		✓
Full Year Forecast	1	T. Shields	Quarterly	✓		✓		✓	
Audit Subcommittee Membership Confirmation	15	Chair	Annually		✓				
Audit Subcommittee Report	15	T. Shields	Annually					✓	✓
Hospital Services Accountability Agreement	1 / 4a	T. Shields	Annually						✓
Annual Budget:	1 / 4a								
– Process, Assumptions & Development Update	1 / 4a	T. Shields	Annually			✓			
– Final Budget to Recommend for Board Approval	1 / 4a	T. Shields	Annually				✓		
Capital Equipment Budget	4b	T. Shields	Annually						✓
Approve annual Board Attestations*	5	N. Bubela	Annually						✓
Audited Financial Statements	15	T. Shields	Annually						✓
Audit Findings Report	15	Chair	Annually						✓
Annual Reappointment of Auditors	15	Chair	Annually						✓
Ensure Board Effectiveness									
Review 2018/19 Annual Committee Report	12	Chair	Annually	✓					
Committee Terms of Reference	8	Chair	Annually	✓					
Committee Work Plan	2	Chair	Monthly	✓	✓	✓	✓		✓
Policy Review:	22								
– Financial Donations to External Organizations	9	T. Shields	Every 3 years		✓				
– Insurance & Asset Protection	9	T. Shields	Annually		✓				
– Investment of Surplus Funds	9	T. Shields	Every 3 years			✓			
– Board Award of Excellence Policy	9	N. Bubela	Every 3 years				✓		
– Whistleblowing Policy Review	9	R. Alldred-Hughes	Every 3 years					D	D
– Parking Policy	10	H. Featherston	Annually					D	D
Complete Committee Self-Evaluation	11	Chair	Annually						✓
Review Annual Committee Report	12	Chair	Annually						✓
Chair to plan for knowledge transfer to incoming Chair	NA	Chair	Annually						✓

D denotes deferred and will be added to the 2020/2021 work plan as noted above in Section II

**ANNUAL
GOVERNANCE COMMITTEE REPORT
2019-2020**

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Kathy Newby, Governance Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Governance Committee during the 2019-2020 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 Governance Plan first developed in 2011 was transformed into a Governance Framework that serves as a high-level overview of the corporate governance model and foundational elements of the governance practices at MAHC. It also outlines the principles used in establishing these structures as a reference for future Directors and acts as a bridge between the Bylaws and governance policies where the detailed elements are contained.
- Two annual Board governance goals were developed and presented to the Board of Directors for approval in December 2019 and were based on having a focus on Ontario Health Teams and alignment with the Strategic Plan:
 1. Identify and implement outreach opportunities to develop strategic alliances with the Muskoka and Area Ontario Health Team partners with a focus on improved service coordination, beginning with increased awareness of partner governance and funding models.
 2. Improve board performance in the area of governance role and responsibilities, with specific attention to a better understanding of oversight versus operational issues, included as a component of the continuing education process for the board.
- As a result of the responses to the 2019 Board Orientation, the Committee identified program improvements including holding the sessions in August prior to the first Board meeting in September, focusing the agenda on two to three 'front burner issues/key projects' and asking presenters to develop less complex presentation slides.
- Given that the Board portal has been in use for several years, the Committee undertook a review with the purpose of identifying any improvements. There was agreement that it is easy to access, user friendly and the information provided is relevant; as a result, no improvements were identified.
- 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. Areas discussed by the Committee included:
 - balancing reasonable timeframes for agenda topics and allowing for sufficient discussion among Board members;

- adding a section to the evaluation form that will provide Directors with the opportunity to identify any areas where they may benefit from additional information on a particular topic;
- consideration of the form of reports from management given the complexity and rapidly evolving situations.
- The annual education plan was developed early in year based on feedback from Directors as well as the results of the 2018/2019 Board Self-Assessment. In January, Borden Ladner Gervais provided an education session regarding the relationship between hospitals and foundations. To complement the session, the Executive Directors from each of the Foundations, provided the Board with an overview of capital campaigns. In addition, an annual education day was planned to occur in April that would be a reflective approach focusing on engagement, board culture, governance and operations supported by the Ontario Hospital Association. With the declaration of the pandemic in March, the session was postponed to a future date yet to be determined.
- Two Bylaw amendments brought forward by the Medical Advisory Committee were considered and recommended to the Board of Directors for approval.
- The Annual Board Self-Assessment process occurred in April 2020. The Committee reviewed the results and brought the report forward to the Board of Directors for discussion at the June 11, 2020 meeting.
- The following ten governance related policies reviewed this past year with minor revisions recommended to the Board of Directors as appropriate:
 - Meeting Attendance, Board and Committee
 - Selection Process, Board Committee Chairs and Membership
 - Selection Process, Board Officers
 - Succession Planning, Board of Directors
 - Board Agenda Development and Use Of Consent Agenda
 - Commitment to Integration
 - Delegations to the Board
 - Director Selection Guidelines
 - Code of Conduct, Board of Directors

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:

- With the advent of the COVID-19 pandemic, the Board re-assessed priorities and agreed to defer board work that was either not related to supporting the organization through the crisis, or not critical to the long-term success or sustainability of the organization. As such, some items were deferred or brought forward to the Committee with a view to informing the Committee of any significant risks, issues or impacts as a result of actions taken during the pandemic.
- The following items are recommendations for the 2020/2021 Governance Committee to consider including in their work plan:
 - Bylaw review and revision to ensure alignment with the Ontario Hospital Association Hospital Prototype Corporate By-law
 - Facilitate in-person orientation for MAHC Board Email usage
 - Undertake comprehensive review of the Board Skills and Knowledge Matrix
 - Complete review of Electronic Mail Communications, Board of Directors policy

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; the Board has been made aware of any risks noted through the Committee's work.

IV. Committee Work Plan

Deliverable	TOR Link	MRP	Occurrence	Q2	Q3	Q4	Q1
				Sept 25	Nov 27	Jan 22	Mar 18
Annual Board Evaluation – results review	Ef	Board Liaison	Annually				✓
Annual General Meeting	Eg	Board Liaison	Annually				✓
Departing Director Recognition	J	Chair	Annually				✓
Review 2018/19 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 Evaluation Results	Ee	Board Liaison	Annually		✓		
Bylaw Revision from Medical Advisory Committee	Eg	Board Liaison	Every 5 years	✓			
Governance Plan Review		Board Liaison	Every 5 years	✓			
Board Work Plan	C	Board Liaison	Bi-Monthly		✓	✓	✗
Annual Board Evaluation - timeline review	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				✓
Board Portal Review	NA	Board Liaison	One-Time			✓	
Policy Review:		Board Liaison	Annually				
– 2019/20 Policy Review Schedule	Ed	Board Liaison	Every 3 years	✓			
– Meeting Attendance, Board and Committee	Ed	Board Liaison	Every 3 years		✓		
– Selection Process, Board Committee Chairs and Membership	Ed	Board Liaison	Every 3 years		✓		
– Selection Process, Board Officers	Ed	Board Liaison	Every 3 years		✓		✓
– Succession Planning, Board of Directors	Ed	Board Liaison			✓		
– Board Agenda Development and Use Of Consent Agenda	Ed	Board Liaison	Every 3 years			✓	
– Commitment to Integration	Ed	Board Liaison	Every 3 years			✓	
– Delegations to the Board	Ed	Board Liaison	Every 3 years				✓
– Director Selection Guidelines	Ed	Board Liaison	Every 3 years				✓
– Code of Conduct, Board of Directors	Ed	Board Liaison	Every 3 years				✓
– Electronic Mail Communications, Board of Directors	Ed	Board Liaison	Every 3 years				✗
Complete Committee Self-Evaluation	K	Chair	Annually				✓
Review Annual Committee Report	L	Chair	Annually				✓
Chair to plan for knowledge transfer to incoming Chair	NA	Chair	Annually				NA

**ANNUAL
NOMINATIONS COMMITTEE REPORT
2019-2020**

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Kathy Newby, Governance Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities of the Nominations Committee during the 2019-2020 board year.

- One Director's term expiring in June 2020, was not eligible to serve a subsequent term as the maximum 9 years will have been reached. An additional four Directors have terms expiring in June 2020 who would be eligible to serve a subsequent term. Each of these Directors 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. All four of the Directors expressed an interest in standing for re-election.
- In May 2020, an additional Director resignation was received resulting in a potential of five Director vacancies.
- In March, the Nominations Committee met and reviewed the expiring Director terms and the skills profile for the Board. The Committee agreed that the skills and experience for the Directors wishing to renew their terms remain consistent with the needs for the Board. As a result, it was identified that there was a need for one three-year term Director for the 2020-2021 year and a two-year term Director for the 2020-2021 year was identified.
- An advertising campaign was initiated in January for the Board information session and for the formal recruitment 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 Advisory Members.
- The Nominations Committee hosted the "MAHC Board 101" information session on January 20, 2020. One member of the public attended, and did not submit an application for a Director position.
- As of the application deadline, five applications were received for full Director positions and one application was received for Advisory Member positions.
- The Nominations Committee reviewed all of the applications, cross-referencing with the Board Skills & Knowledge matrix. All candidates were invited to meet with the Nominations Committee. Initially, interviews were scheduled for April 6, 2020. With the declaration of the pandemic, these were postponed and held virtually on May 29, 2020.
- Based on the interviews, two candidates are being recommended for Director positions. One of the candidates was offered an Advisory Member position on the Quality & Patient Safety Committee but subsequently declined the offer as they were only interested in a Director position.
- Upon review of the applications and outcome of the interview process, the candidates were recommended based on the key skills and experience that they bring to the Board. John Sisson has had a high degree of involvement in a wide variety of healthcare related matters both directly and indirectly with MAHC, vast governance related knowledge and a strong community engagement. Along with a Director position appointment, it was also recommended that he be assigned as a member of the Quality & Patient Safety Committee. Tim Ellis has a strong financial and public sector background, provides an opportunity to strengthen connections between the education and healthcare sectors locally and adds to the to the

multi-generational component of good governance practice. Along with his Director position appointment, it was recommended that he be assigned to the Resources & Audit Committee.

- Reference checks for each of the recommended candidates have been completed and there were no concerns voiced on any of the candidates.
- Each candidate has submitted a clean police criminal reference check.