



MUSKOKA ALGONQUIN
HEALTHCARE

2020 - 2021 ANNUAL REPORT

Our Mission

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

Our Vision

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



Contents

3	ANNUAL GENERAL MEETING AGENDA
4	MOTIONS FOR RESOLUTION
6	PREVIOUS MINUTES
	REPORTS
10	CHAIR OF THE BOARD OF DIRECTORS
12	PRESIDENT AND CHIEF EXECUTIVE OFFICER
14	CHIEF OF STAFF AND MEDICAL ADVISORY COMMITTEE
16	QUALITY & PATIENT SAFETY COMMITTEE
20	RESOURCES & AUDIT COMMITTEE
23	GOVERNANCE COMMITTEE
26	NOMINATIONS COMMITTEE
28	MAHC MUSKOKA & AREA ONTARIO HEALTH TEAM COMMITTEE
30	APPENDICES:
	APPENDIX A – AUDITED FINANCIAL STATEMENTS
	APPENDIX B – AMENDED CORPORATE BY-LAW, CREDENTIALLED STAFF BY-LAW & SUPPLEMENTARY LETTERS PATENT

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

Monday, August 23, 2021

4:00 PM

Via Web Conference

1. Chair's Welcome/Call To Order Cameron Renwick
2. Land Acknowledgment

We, Muskoka Algonquin Healthcare, acknowledge that we are situated on the traditional territory of the Anishinaabe. We wish to deepen our understanding of the culture of the local Indigenous communities to develop appropriate culturally safe health care services by building trust through respectful relationships that acknowledge past harms and mistakes to move forward in the spirit of Truth and Reconciliation based on the Seven Grandfather Teachings.
3. Approval of the Minutes of the Previous Annual General Meeting♦ Cameron Renwick
4. Receipt of Reports♦: Cameron Renwick
 - Board Chair
 - President & Chief Executive Officer,
 - Chief of Staff & Medical Advisory Committee,
 - Quality & Patient Safety Committee
 - Resources & Audit Committee
 - Governance Committee
 - Nominations Committee
 - MAHC MAOHT Committee
5. Report of the Corporate Auditor Dave Uffelmann
 - Presentation of the Audited Financial Statements
 - Appointment of Corporate Auditors♦
6. By-Law Amendments and Supplementary Letters Patent♦ Cameron Renwick
7. Report of the Nominations Committee Moreen Miller
 - Election of Directors♦
8. 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 August 6, 2020 be approved.

2. Receipt of Reports

That the following reports presented to the Members June 21, 2021 be received:

- Chair of the Board of Directors
- President & CEO
- Chief of Staff & Medical Advisory Committee
- Quality & Patient Safety Committee
- Resources & Audit Committee
- Governance Committee
- Nominations Committee
- MAHC MAOHT 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. By-Laws

WHEREAS on August 5, 2021 the board of directors of the Hospital (the “**Board**”) approved a new corporate by-law (the “**Corporate By-Law**”) and a new credentialed staff by-law (the “**Credentialed Staff By-Law**”), copies of which have been presented to the meeting, subject to member confirmation.

RESOLVED THAT the Corporate By-law and the Credentialed Staff By-law are confirmed.

5. Supplementary Letters Patent

WHEREAS on August 5, 2021 the board of directors of the Hospital (the “**Board**”) approved an application to the Lieutenant Governor of the Province of Ontario for supplementary letters patent, a copy of which has been presented to the meeting (the “**Supplementary Letters Patent**”), subject to member confirmation by special resolution.

RESOLVED AS A SPECIAL RESOLUTION THAT:

1. the Supplementary Letters Patent are confirmed;
2. the Hospital is authorized to make an Application to the Lieutenant Governor of the Province of Ontario for Supplementary Letters Patent;
3. any two directors of the Hospital (the “**Authorized Signatories**”) are together authorized and directed, for and on behalf of the Hospital, to execute, deliver and file the Supplementary Letters Patent, with

such amendments as they may determine necessary or advisable to comply with the requirements of any governmental authority having jurisdiction in respect of the Supplementary Letters Patent and the Hospital, without the need for further approval of the Board or members of the Hospital, and the executed Supplementary Letters Patent shall be conclusive evidence of approval by the Authorized Signatories, and the documents so executed, delivered and filed are the Supplementary Letters Patent authorized by this resolution.

6. Election of Directors

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

- o Cameron Renwick for a 1-year term ending June 2022
- o Sally Ashton for a 2 year term ending June 2023
- o Evelyn Bailey for a 3 year term ending June 2024
- o Marsha Barnes for a 3 year term ending June 2024
- o Carla Clarkson-Ladd for a 3 year term ending June 2024

MINUTES OF THE ANNUAL GENERAL MEETING
FOR THE MEMBERS OF THE CORPORATION OF
MUSKOKA ALGONQUIN HEALTHCARE
THURSDAY, AUGUST 6, 2020, 6:00 P.M.
HELD ELECTRONICALLY BY ZOOM

Approval Pending

MEMBERS PRESENT:

Cameron Renwick
Brenda Gefucia
Natalie Bubela
Beth Goodhew
Bob Manning

Kathy Newby
Peter Deane
Moreen Miller
Dr. Khaled Abdel-Razek
Evelyn Brown

Phil Matthews
Roy Stewart
Dave Uffelmann
Dr. Deb Harrold

Mr. Cameron Renwick, Chair of the Board of Directors welcomed all participants to the first ever virtual annual general meeting. Non-Director Members and guests were welcomed including Phil Matthews, Evelyn Brown, John Sisson, Tim Ellis and Oscar Poloni, KPMG. The members were advised that the amendments to the Corporations Act provide that where a meeting of members is held by telephonic or electronic means, the Chair of the meeting shall conduct a vote or election of directors by ballot or by such other manner as the by-laws prescribe, if feasible. Otherwise the Chair may direct the vote or election by alternative means to provide greater flexibility as to how a vote is conducted at an electronic or telephonic meeting. As such, the Chair requested that each Member utilize the communication features available on the virtual platform to cast votes. Participants were also advised that the meeting would be recorded to be made available publicly in a digital format.

The 2020 annual meeting of the Corporation of Muskoka Algonquin Healthcare was called to order at 6:00 pm and the Chair 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 24, 2019 were circulated by email in advance of the meeting along with the Annual Report. There was no business arising from the minutes of the previous annual meeting. A correction to the minutes was noted in that Moreen Miller was present at the meeting; the minutes will be amended to reflect this revision.

It was moved, seconded and carried

THAT THE MINUTES OF THE JUNE 24, 2019 ANNUAL GENERAL MEETING OF THE CORPORATION OF MUSKOKA ALGONQUIN HEALTHCARE BE APPROVED AS AMENDED.

2. Receipt of Reports

The reports were circulated by email in advance of the meeting along with the Annual Report. The Chair expressed appreciation to all of the Standing Committee Chairs for their leadership and for the outstanding work and milestones achieved throughout the year.

It was moved, seconded and carried

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. Report of the Corporate Auditor and Audited Financial Statements

Oscar Poloni, KPMG informed the Members that the audit went well although unusual this year as it was conducted remotely. Despite the distances KPMG was able to execute the audit as planned with no delays and KPMG has issued an unqualified, clean audit opinion which is the highest level of assurance under auditing standards. It was noted that the success of the audit was very much due to the cooperation of the finance staff. Mr. Poloni also highlighted the very comprehensive and fulsome discussion that took place with the Audit Subcommittee making it clear the importance that is placed on their oversight role.

On behalf of the Resources & Audit Committee, Brenda Gefucia, presented the audited financial statements as pre-circulated to all of the Members. Ms. Gefucia noted that a discussion was held with management, exclusive of KPMG, and all were once again very pleased with the due diligence of the review. As noted in prior years KPMG brings a deep knowledge of health care as well as the organization and for these reasons among others their reappointment was recommended.

It was moved seconded and carried

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

4. Nominations Committee Report & Election of Directors

Kathy Newby, Chair of the Nominations Committee presented the report of the Nominations Committee highlighting that Board members are recommended through an application and nominating process that is systematic, fair and transparent. 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. Consistent with prior years, the Nominations Committee initiated a recruitment process in January and resulted in five applications for full Director positions and one application was received for Advisory Member positions. With only had Director positions vacant it was a difficult decision. The Nominations Committee reviewed all of the applications, cross-referencing with the Board Skills & Knowledge matrix. After a brief pause in the process due to the pandemic, interviews were held virtually and although different than past years was a very successful process.

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:

- 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. Bylaw Revisions

Kathy Newby outlined that The Governance Committee received two Bylaw amendments from the Medical Advisory Committee this year ;one related to providing added clarity regarding the inclusion of midwives and the second to change the language of “Professional Staff” to “Credentialed Staff”. A third bylaw amendment was to change the date by which the corporation could hold its annual meeting in light of the pandemic. All Bylaw amendments were pre-circulated to all Members in advance of the meeting.

It was moved, seconded and carried

THAT 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 CREDENTIALLED 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.”

6. Conclusion

Cameron Renwick announced the conclusion of the business for the 2020 Annual General Meeting.

It was moved

THAT THE MEETING BE ADJOURNED.



REPORTS

**ANNUAL REPORT OF THE
CHAIR OF THE BOARD OF DIRECTORS
2020-2021**

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

FOR RECEIPT

On behalf of the Board of Directors, I am delighted to present the 2021 Annual Report to the Members of the Corporation of Muskoka Algonquin Healthcare (MAHC).

It is undeniable that the past year was unprecedented, unlike anything we have experienced before. The strength and resilience of our hospital leaders, credentialed staff, staff and our community broadly to deal with this pandemic thoroughly impressed and inspired the Board throughout the year. Although the top priority remained to be the COVID-19 pandemic, all of our work continued to be guided by our Strategic Plan with a Vision that:

“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. “

This report focusses on three key areas, chosen from many, that had tremendous success and forward momentum towards achieving that Vision and emphasizes the importance of partnerships.

The development of the Muskoka and Area Ontario Health Team (MAOHT) continued to progress with the establishment of a governance structure for the alliance as a key deliverable. A Governance Advisory Working Group with representatives of all partners in the MAOHT was formed in Fall 2020 with a goal to develop an Alliance Agreement for the MAOHT. From a MAHC Board perspective, to provide oversight and direction related to our involvement in the evolution of the MAOHT, a Standing Committee of the Board was struck. This Committee worked diligently to provide input into the development of the Agreement and made its recommendation to the Board of Directors in April 2021 which received approval. I want to thank Brenda Gefucia and Roy Stewart for their leadership in this work. Kudos as well to Natalie Bubela, supported by Terry Shields, who continued as a member of MAOHT's interim steering committee. The committee has ensured funding was secured, budgets prepared, objectives set and planning to implement programs and services have begun. The Board is thrilled to be part of this exciting step forward to building a better integrated method of delivering health care to our communities where patients, families and caregivers are at the center.

In 2019, MAHC recommended to the Ministry of Health a capital redevelopment approach to maintain two acute sites and replace both hospitals with new buildings. The critical need for this redevelopment and continued planning for the future was only reinforced as we witnessed the impact of the COVID-19 pandemic. While MAHC eagerly awaits the Ministry's approval to move to Stage 2 planning, discussions continued locally throughout 2020-2021. A formal working group has been established to work collaboratively with partners to develop and support an equitable and achievable financial approach to the raising of “local share” funds required to support the construction of the two new hospitals. Membership on this working group includes representatives from Municipalities within the Muskoka region and the East Parry Sound area as well as the South Muskoka Hospital Foundation and the Huntsville Hospital Foundation. The Board of Directors is

tremendously appreciative of the commitment of our partners to continuing to move forward with this imperative work.

One of the most important focuses for the Board this past year was to advance MAHC's commitment to doing better, and to make progress on ensuring an equitable and inclusive environment for all. A special working group was established to provide leadership in promoting and supporting the development of a formal equity, diversity, and

inclusion strategy. MAHC recognizes that there are distinct racialized and marginalized groups that have long been disadvantaged both in employment and health care. We recognize that stereotyping and discrimination are problems both for our organization and society as a whole. MAHC is committed to treating all people with respect, dignity, and eliminating barriers to safe, quality health care. The Board is committed to working hard to ensure that everyone at MAHC – from the patient room to the boardroom – feels valued and recognized as the unique individuals they are.

On behalf of the Board, we extend deepest gratitude to Natalie Bubela, President & CEO, Dr. Khaled Abdel-Razek, Chief of Staff, the Senior Leadership Team and the Chiefs of Department for your exceptional leadership over the past year. Your deep commitment to our patients, staff and communities in the face of all of the tremendous challenges over the past year is truly inspiring.

Finally, I want to acknowledge the commitment of all of our Board members, and thank them for their leadership in the past year. Their detailed work at the Standing Committee level played an essential role in enabling the Board to carry out its responsibilities, as you will see in each of their detailed reports included in this package.

Cameron Renwick,
Board Chair

**ANNUAL REPORT OF THE
PRESIDENT AND CHIEF EXECUTIVE OFFICER
2020-2021**

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Natalie Bubela, President and Chief Executive Officer

FOR RECEIPT

I am proud to report that over the past year, the MAHC Team has lived our Mission every day - Working together to provide outstanding integrated health care to our communities, delivering best patient outcomes with exemplary standards and compassion.

It goes without saying that this pandemic has forever changed how health care is delivered but our staff and credentialed staff have worked tirelessly in these uncertain circumstances to ensure we did our part to slow the spread of infection, provide safe quality care all while continuing to support each other.

Additionally, the incredible response from our partners to band together to respond to this pandemic demonstrated this community's commitment to a stronger, more integrated health care system. More than ever before it is so evident of how much the hospital and community depend on each other.

And although there has been a lot of change over the past year, there has also been progress and many accomplishments worthy of celebration.

Through partnerships and technology, MAHC introduced virtual critical care that enables more critically-ill patients to stay in Muskoka hospitals for the intensive care they need, close to their family and friends. 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.

Additionally, MAHC partnered with PocketHealth to empower patients to use technology for convenient, secure and simple web access to view and share their imaging records from any device, anywhere. In line with MAHC's strategic goals of innovation and technology, integrating PocketHealth's secure cloud platform for all diagnostic imaging enables faster access to imaging records for patients and their care providers, and aligns with a sustainable future by adopting a zero-CD approach for imaging record sharing.

In February, following a rigorous four-day virtual assessment, the medical laboratories at MAHC achieved an outstanding accreditation score of 95%. The assessment by Accreditation Canada, Diagnostics Division is based on the requirements of the Institute of Quality Management in Healthcare to review the quality management system, safety, and areas that collect specimens and perform or support patient testing for purposes of diagnosis, prevention or treatment of patients. It measured the labs at each hospital site against more than 400 major requirements and many sub-requirements. It also included an in-person visit to the specimen collection site at the Almaguin Highlands Health Centre in Burk's Falls.

And finally, in March MAHC received notification of one-time funding up to \$269,000 for a Centralized Surgical Waitlist System allowing us to acquire and implement the Novari Access to Care (ATC) System. This system will be used to reduce surgical wait times and integrates the specialists' offices with the hospital's operating rooms and other hospital based care venues while providing real time accurate wait time information to the

provincial wait time system. Benefits of the system for MAHC include improved operating room scheduling with complex wait time tracking and reporting in addition to transparency and standardization.

We also need to recognize the unwavering support we have received over the past year from our Foundations, donors and community. This support came in so many forms from financial support to numerous acts of kindness and generosity that continued to inspire and motivate all of us here at MAHC.

In closing, I have the utmost confidence in the collective ability, perseverance and commitment of MAHC's staff, credentialed staff and volunteers to build on our learnings and successes of the past year leading us to a bright future delivering quality safe health care for our communities.

Natalie Bubela,
President and CEO

**ANNUAL REPORT OF THE
CHIEF OF STAFF AND MEDICAL ADVISORY COMMITTEE
2020-2021**

SUBMITTED TO: Members of the Corporation
SUBMITTED BY: Dr. Khaled Abdel-Razek, Chief of Staff

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Medical Advisory Committee during the 2020-2021 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:

- Quality of Care Committee Terms of References
- Antimicrobial Advisory Committee Terms of Reference
- Drug Formulary Capsaicin Cream
- Drug Formulary Naltrexone
- Opioid Withdrawal Treatment Order Set
- MAHC Neonatal Hypoglycemia Policy and Procedure
- Pharmacy and Therapeutics Auto Substitutions:
 - Acetaminophen 975 mg PR - Acetaminophen 650 mg PR
 - Sodium Bicarbonate 500 mg – Sodium Bicarbonate 48.7 mg
 - Tamsulosin SR – Tamsulosin CR
 - Nitrazepam 5 mg PO qhs - Tamazepam 15 mg PO qhs
- Drug Formulary Tear Gel
- Drug Formulary Mineral Oil Enema
- Drug Formulary Remdesivir
- Assisted Delivery Vacuum & Forceps Policy and Procedure
- Observation of Newborn Following Vacuum Assisted Birth Policy and Procedure
- Vacuum Delivery Record
- SMART – EVT: Stroke Metrics for quALity, Reporting and Translation in the Implementation of Endovascular Thrombectomy – Retrospective Chart Review Study
- Drug Formulary Mirabergron Tabs
- Medical Directives Policy and Procedure – Creation and Approval Process
- Medical Directive Defibrillation
- Drug Formulary Tocilizumab
- Medical Directive Adult Hypoglycemia Clinical Protocol
- ICU Admission Order Set
- ICU Ventilated Patient Admission Order Set
- ST Elevation Myocardial Infarction (STEMI) Order Set
- Pharmacy and Therapeutics Auto Substitutions:
 - Insulin Lispro (Admelog®)
 - Vitamin D 0.25 mg
 - Potassium Chloride 600 mg

- Potassium Chloride 1500 mg
- Potassium Chloride 20 mEq
- Metformin 850 mg
- Lanzoprazole 15 mg
- “Pink Lady” or “Gastrointestinal Cocktail”
- Any non –formulary combination product

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.

In addition, reports come forward for review and approval from the clinical committees, (Family Practice, Emergency Medicine, Obstetrics, Surgical Services, Pharmacy and Therapeutics, 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?

- Professional staff recruitment and retention – internal medicine remains a priority.
- Continuing integration of physician engagement

IV. Overview of key committee responsibilities:

- Credentialing and re-credentialing of MAHC Professional Staff which includes Physicians, Midwives, Nurse Practitioners 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 REPORT OF THE
QUALITY & PATIENT SAFETY COMMITTEE
2020-2021**

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 2020-21 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 five times this year in August, October, January, February and April as per work plan projections.

I. Summary list of key accomplishments this year:

- A patient story was shared with the Committee at each meeting that provided the experiences of patients and/or their families with the purpose of further maintaining focus on quality and demonstrating how the organization continually works to improve the patient experience.
- One of the most notable changes this year was overseeing the development of a new format of reporting on the progress of the strategic goals of Quality of Care and Patient Safety. The new consolidated Quality and Patient Safety report published quarterly now provides a fulsome picture of how MAHC is performing in quality metrics and an overall balanced approach to reviewing and acting on the information towards meeting the patient's needs for safe, quality care.
 - The Quality & Patient Safety Report collates the quarterly results relative to:
 - Quality Improvement Plan,
 - Patient Safety Indicators,
 - Patient Satisfaction,
 - Never Events,
 - Patient Relations,
 - Leader Rounding,
 - Infection Control, and
 - Accreditation
 - This report is circulated to all staff, credentialed staff, councils, committees, and teams who have a role to play to both celebrate the results and act on information where improvements are required.
- Annually, Hospital Boards are required to submit an approved Quality Improvement Plan that is to assist healthcare facilities to develop quality initiatives which support a focused and system-wide approach to improving healthcare quality. In light of the ongoing pandemic impacting the ability for organizations to focus on 2020/21 performance indicators, there was agreement that additional work on these important performance metrics was needed in order to advance the quality agenda at MAHC. As such, all of the six Quality Improvement Plan indicators were extended for the 2021/2022 fiscal year.
- At each meeting, the Chief of Staff provided a report regarding credentialed staff recruitment keeping the Committee up-to-date with respect to any vacancies, the recruitment processes and strategies and any emerging risks. In addition, the Committee received a written overview of the current appointment and re-appointment process for education and discussion purposes.
- The Clinical Services Resources Plan that was presented in January was developed in consultation with the Department Chiefs. Following questions of clarification regarding the emergency medicine, family practice, obstetrics and anesthesia line items, the Committee recommended the Plan to the Board of Directors.

- Planning was initiated for the next Accreditation Survey scheduled to occur in the fall of 2022. MAHC will be assessed against approximately 2500 standards and required organizational practices. A Steering Committee was struck to guide the work of the core teams as they achieve key milestones and activities in preparation. The last survey occurred in 2018 and MAHC received Accredited with Exemplary Standing; this is the highest achievement within the accreditation system.
- The Committee continued with its oversight accountabilities of the Patient and Family Centered Care philosophy and the Patient and Family Advisory Council. An overview of the philosophy was received in January along with information regarding a new framework that provides comprehensive action guides for the public, board members, health leaders, health teams (hospitals) and policy makers. The Committee was provided with a brief summary of the five primary goals included in framework that will form the foundation for the development of MAHC's next Quality & Patient Safety Plan for 2021-2024.
 - The Patient Family Advisory Council (PFAC) has commenced meeting following the period when activity was suspended due to the need to respond to COVID. They provided an update report following each of its meetings. PFAC functions to represent the patient/family voice at MAHC and is an important resource to support the organization in its effort to advance people-centred care. Members of PFAC are referred to as Patient Experience Partners (PEPs) and they have developed a work plan for 2021/22 which includes addressing recruitment needs, developing and deploying PEPs, overseeing organizational engagement of PEPs, and continuously seeking opportunities to further embed PEPs within and across the organization.
- A presentation was provided to the Committee with an overview of the incident management process at MAHC for educational purposes. The information included a summary of how incident reporting occurs at MAHC, the accountability structure and the role of the Quality Council, Medical Quality Assurance Committee, Quality of Care Committee and the Nursing Professional Development Committee. Questions of clarification were tabled with respect to how MAHC's model compared to other hospitals, the importance of the "no shame, no blame" culture as well as compliments that are received.
- With the advent of the pandemic in the spring of 2020, provincial directives were issued to reduce surgeries and outpatient appointments to only those that were urgent or emergent; this direction was in place for nearly five months. As a result, hospitals across Ontario implemented strategies to address any resulting backlogs. As such, the Committee received a report from Management with an overview of services that continued to experience a backlog of appointments and the associated action plans.
- 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 credentialed staff, staff and patients.
- The Organ and Tissue Donation Committee provided a written report of its activities after each meeting throughout the year inclusive of the data monitored through the Organ and Tissue Performance Dashboard, successes specific to MAHC and any relevant next steps and planning underway by the Committee.
- The Quality Council ensured that the Committee remained up-to-date with its activities throughout the year with written reports and updated work plans after each meeting.
- The framework for the Quality & Patient Safety Plan 2021-2024 developed utilizing the Canadian Quality & Patient Safety Framework for Health Services was recommended to the Board of Directors for approval.
- The Committee continued diligent oversight to ensure regular review of board policies related to their mandate. The following five policies were reviewed by the Committee: Quality of Care Reviews (QCIPA), Definition of Quality, Support Person, Accessibility Standards for Customer and Patient Services, and Service Animals

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

- A work plan for the committee was approved in September 2020 based on the Terms of Reference.
- Although some modifications were made to the work plan and timing of deliverables throughout the year due to the impact of the pandemic, as of the end of April 2021, all deliverables 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 and minor revisions were made.
- Recommendations for consideration in the coming year include:
 - With Accreditation scheduled for the fall of 2022, the Committee will need to ensure this remains a primary focus.
 - A detailed review of the data related to workplace violence incidents, falls and patient relations.
 - Finalization of the review of the Support Person, Accessibility Standards for Customer and Patient Services and Service Animals policies

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 specific risks through the Committee's work.
- COVID related risks will need to be continued to be monitored by the Board from operating and capital budget perspective, policy and procedure perspective and long-term impact.

V. Quality & Patient Safety Committee Work Plan

Deliverable	TOR Link	MRP	Occurrence	Aug 27	Oct 29	Jan 28	Feb 25	Apr 29
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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	1a	F. Dewsbury	Quarterly	✓	✓	✓		✓
– Planning Update for 2021-2022	1a	F. Dewsbury	Annual			✓		
– Recommend Approval to Board of Directors	1a	F. Dewsbury	Annual				✓	
Quality and Patient Safety Report	2a & c	F. Dewsbury	Quarterly	✓		✓		✓
-Infection control report	2a							
-Patient Satisfaction Survey Report and Results	2c							
-Patient Relations Report	2c							
-Critical Incident & QCIPA Report	2b							
-Incident Reports * <i>accreditation</i>	1b							
-Leader Rounding Summary * <i>accreditation</i>	NA					X		
Professional Staff Recruitment								
– Recruitment Update	NA	K. Abdel-Razek	Quarterly	✓		✓		✓
– Credentialing Process review	2b,c	K. Abdel-Razek	Annually		✓			
– Clinical Services Resources Plan (Recommend Approval)	2b,c	K. Abdel-Razek	Annually			✓		
Trillium Gift of Life Network Reports	2e	J. Raine	Quarterly	✓		✓		
Patient Safety Plan	2d	F. Dewsbury	Every 3 Years					✓

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

Patient Stories	NA	F. Dewsbury	Every meeting	✓	✓	✓	✓	✓
Quality Council Updates & Work Plan	1,2	F. Dewsbury	Every meeting		✓	✓	✓	✓
Ethics Program Update	2	J. Raine	Quarterly		✗	✓		✓
Clinical Research Report	NA	N. Bubela	Annually				✓	
Accreditation Planning & Preparation	5	R. Alldred-Hughes	Every 4 years		✓		✓	
Patient and Family Centered Care Philosophy Update	3	J. Raine			✗	✓		

Patient and Family Advisory Council	3	J. Raine	Bi – Monthly		✘	✓		✓
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The following reports are brought forward as per MAHC's Board Effectiveness responsibilities.

Committee Orientation	6	Chair	Annually	✓				
Review 2019/20 Annual Committee Report	6	Chair	Annually	✓				
Committee Terms of Reference	6	Chair	Annually	✓				
Committee Work Plan	6	Chair	Monthly	✓				
Policy Review:								
– Quality of Care Reviews (QCIPA)	1	F. Dewsbury	Every 3 years		✓			
– Definition of Quality	1	F. Dewsbury	Every 3 years			✓		
– Support Person	NA	R. Alldred-Hughes	Every 3 years					✓
– Accessibility Standards for Customer and Patient Services	NA	R. Alldred-Hughes	Every 3 years					✓
– Service Animals	NA	R. Alldred-Hughes	Every 3 years					✓
Complete Committee Self-Evaluation	6	Chair	Annually					✓
Review Annual Committee Report	6	Chair	Annually					✓
Chair to plan for knowledge transfer to incoming Chair	6	Chair	Annually					✓

**ANNUAL REPORT OF THE
RESOURCES & AUDIT COMMITTEE
2020-2021**

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Dave Uffelmann, Treasurer/Resources & Audit Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities and accomplishments of the Resources & Audit Committee during the 2020-2021 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 meeting of the Committee took place in September, November, January, February, March and May.

I. Summary list of key accomplishments this year:

- The year began with a careful review of the Committee work plan taking into consideration any impact on staff and agreed to add a regular meeting in August and February to assist with workload distribution throughout the Board cycle and enable more opportunity for the Committee to have deeper dives into agenda topics when required.
- In follow up to a report received from KPMG with comments and observations concerning certain risk exposures, Management provided the Committee with a review and assessment of the information. Also based on that report, the Committee requested the Governance Committee review the Board's Conflict of Interest policy.
- In discharging its duties to oversee and provide direction for the Corporation's financial affairs, the Committee reviewed and discussed the financial results at each of its meeting. Discussions included a focus on COVID related expenses and reimbursement as well as the impact to activity and Quality Based Procedures as a result of the pandemic and the pausing of services.
- The Human Resources Report was presented to the Committee in November, March and May. The following performance metrics were reviewed and as a result of discussions benchmark data was added to the report, the Committee garnered a better understanding of recruitment challenges as well as employee stay and exit data.
 - Lost Time Injuries
 - Total WSIB Lost Time Hours
 - Annual Management Turnover
 - Employee Engagement
 - Vacancy Rates by Month
 - Organization Voluntary Turnover
- Updates regarding Information Technology were provided in September and November outlining the successful migration to a remotely hosted solution for the Cerner for the electronic medical record infrastructure along with the feedback from staff and credentialed staff. In addition, updates on key projects in the area of Information Technology, outlining the risks associated and mitigation being actively worked on to address the risk were provided.
- In terms of the 2021/22 Operating Budget, Management presented its initial assumptions in November along with a step-wise process that would be utilized to better understand the impact of the pandemic and realistic operations within the new environment. Subsequently, the Ministry of Health announced that they would be cancelling the typical Hospital Annual Planning Submission process for fiscal 2021/2022; organizations will need to await further direction from the Ministry prior to seeking budget approval.

- The MOH subsequently announced a number of funding changes that impacted operations in both 2020/21 and future years, as well as funding to strengthen the balance sheet. As a result the budget has continued to evolve.
- The Committee reviewed the proposed capital spend plan and received an overview of the internal priority ranking process along with the itemized list of equipment. The budget recommended to the Board of Directors included confirmation of the commitment from both the Foundations to fund the total \$6.6 million spend in 2021/2022.
- Given the current situation as it pertains to occupancy and COVID response, the Committee considered and approved a revised timeline for the Board Award of Excellence process for 2021. The Board Award of Excellence announcement will be incorporated into the Long Service Award ceremony in the Fall of 2021.
- Reviewed the Board and Senior Leadership Team expense reports and Consultant Use reports prior to public posting on the organization’s public website.
- Completed the three-year review cycle for each of the following policies: Parking, Banking Guidelines, Insurance and Asset Protection, Perquisites, Whistleblowing and Supply Chain Code of Ethics. The review of the Management of Donations and Corporate Records policies were initiated and will be completed in the 2021/2022 Board cycle. With a view to streamline policies and procedures when appropriate, two policies were recommended to be repealed: Amortization and Capital Assets and Capitalization.

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:

- Given the impact of the pandemic, certain work plan items were deferred to the Fall of 2021 including the HIROC Claims Audit Report, Enterprise Risk Management Report and the review of three Policies (Signing Authority, Signing Authority, Bank Cheques and Political Activities)

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
				Sept 25	Nov 27	Jan 22	*Feb 26*	Mar 26	May 28
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		✓	✓		✓	✓
<i>ONA Local agreement bargaining expected to occur in 2020/2021</i>									
Ensure Program Quality & Effectiveness									
Enterprise Risk Management Program	4h	T. Shields	Annually					✗	
HIROC Claims Audit Report	4g	T. Shields	Annually					✗	
Information Technology Updates	4j	T. Shields	Bi-monthly		✓	✓		✗	✓
Partnerships with Education Institutions Report		R. Alldred-Hughes	Annually						✓
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	✓	✓	✓	✗	✗	

Scaled Down Operating Statement							✓	✓	
Compliance Report *	1	T. Shields	Monthly	✓	✓	✓	✓	✓	
Receive Expense Reports*	5	N. Bubela	Every other meeting		✓			✓	
Receive Consultant Use Report *	5	N. Bubela	Every other meeting	✓		✓			✓
Audit Subcommittee Membership Appointment/Confirmation	15	Chair	Annually	✓					
Audit Subcommittee Report	15	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 2019/20 Annual Committee Report	12	Chair	Annually	✓					
Committee Terms of Reference	8	Chair	Annually	✓					
Committee Work Plan Check Ins	2	Chair	Monthly	✓	✓	✓	✓	✓	✓
Policy Review:	22								
– Whistleblowing Policy Review	9	R. Alldred-Hughes	Every 3 years	✓					✓
– Parking Policy	9	N. Bubela	Annually	✓					
– Amortization	9	T. Shields	Every 3 years	✓					
– Banking Guidelines	9	T. Shields	Every 3 years		✓	✓			
– Insurance and Asset Protection	9	T. Shields	Annually		✓	✓			
– Management of Donations	10	T. Shields	Every 3 years		✓			✗	
– Perquisites	9	T. Shields	Every 3 years		✓				
– Supply Chain Code of Ethics	9	T. Shields	Every 3 years			✓			
– Capital Assets and Capitalization	9	T. Shields	Every 3 years			✓			
– Corporate Records	10	T. Shields	Annually			✗			
– Enterprise Risk Management	9	T. Shields	Every 3 years				✗		
– Financial Planning	9	T. Shields	Every 3 years				✗		
– Financial Statements and Returns	9	T. Shields	Every 3 years				✗		
– Signing Authority	9	T. Shields	Every 3 years					✗	
– Signing Authority, Bank Cheques	9	T. Shields	Every 3 years					✗	
– Political Activities	9	T. Shields	Every 3 years					✗	
– Trust and Specific Purpose Funds	10	T. Shields	Annually						✗
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						✓

**ANNUAL REPORT OF THE
GOVERNANCE COMMITTEE
2020-2021**

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 2020-2021 board year and to identify recommendations for consideration in next year's committee work plan. There was one special meeting and five regular meetings of the Governance Committee this year; as per work plan projections the regular meetings of the Committee took place September, November, January, March and May.

I. Summary list of key accomplishments this year:

- Given the onset of the pandemic and the subsequent delay in hosting the Annual General Meeting, the Committee met in June to conclude the planning for the 2020 Annual General Meeting in August and to initiate planning for the orientation of new Directors. The Committee also enacted a new virtual process to ensure completion of the Director Annual Declarations.
- The annual Board Governance Improvement goal was developed and presented to the Board of Directors for approval in October 2020: "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 2020 Board Orientation evaluation, the Committee identified program improvements with respect to the format and content of the presentation approach and in particular the number of slides utilized.
- The Committee initiated a review of the Board's Skills and Knowledge Matrix with respect to the approach as well as the appropriate attributes and competencies that should be utilized. Completion of the review was paused given the Board enacted a Diversity and Inclusion Working Group and the outcome of this work is anticipated to have impact on the Skills and Knowledge Matrix.
- A process improvement was approved relative to the Annual Director Information update. A more formal process will occur whereby Directors will be requested annually to attest that they continue to meet all eligibility criteria to be a Director and to provide any contact information updates.
- 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 annual education plan was developed early in year based on feedback from Directors as well as the results of the annual Board Self-Assessment. Board meeting education topics included Hospital Physician Relationships, Good Governance of Quality & Patient Safety, Credentialing Process, MAOHT Status Update & Health Care in Ontario, Succession Planning at MAHC, Board Evaluation Process Review, Critical Incident Management at MAHC and a Patient & Family Centred Care Update.
- A By-Law review was initiated in March with the support of Borden Ladner Gervais LLP. The purpose of the review was to identify areas that do not comply with applicable legislation or do not align with best practices and to make recommendations in respect of how the By-laws could be simplified or improved. This included a separation of the corporate portion from the credentialed staff by-laws into two

separate by-laws to align with best practice and the Ontario Hospital Association prototype By-Law. Additionally, the Committee recommended revisions to the Letters Patent.

- The Annual Board Evaluation process was completed in May; future action items as a result will focus on a review of the CEO and Chief of Staff succession planning and annual goal identification processes.
- The Governance Committee reviewed 27 policies this past year. The following were reviewed and no revisions were made.
 - Delegations to the Board
 - Application To Serve On The Board of Directors
 - Board Recruitment and Election Process
 - Recognition of Board Service
 - Confidentiality, Board of Directors
- Revisions were recommended to the Board of Directors for each of the following policies:
 - Orientation, Board of Directors
 - Open and In-Camera Board Meetings
 - Minute Taking Standards
 - Education, Board of Directors
 - Director Selection Guidelines
 - Evaluation Process, Board of Directors
 - Rules of Procedure
 - Conflict of Interest, Board of Directors
- Conclusion of the review of the following policies were paused pending the conclusion of the By-Law review process or the Director and Advisory member nominations process:
 - Role Description, Board Chair
 - Role Description, Board Committee Chair
 - Role Description, Board Secretary
 - Role Description, Board Treasurer
 - Role Description, Board Vice-Chair
 - Resignation and/or Removal of a Director
 - Director Selection Guidelines
 - Selection Process, Board Officers
 - Selection Process, Committee Chairs and Membership
 - Guidelines for the Nominations Committee

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

- 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.

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 any risks noted through the Committee’s work.

IV. Committee Work Plan

Deliverable	TOR Link	MRP	Occurrence	Q2	Q3	Q4	Q1
				Sept 23	Nov 25	Jan 13	Mar 29
Ensure Board Effectiveness							
Review 2019/20 Annual Committee Report	B	Chair	Annually	✓			
Committee Terms of Reference	B	Board Liaison	Annually	✓			
Committee Work Plan	B	Board Liaison	Each Meeting	✓	✓	✓	✓
Exit Interview Responses	B	Board Liaison	Annually	✓			
Recommend appointment of Nominations Committee Membership	B	Chair	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 & Agenda Development	Ee	Board Liaison	Annually	✓				✓
Board Skills & Knowledge Matrix	Ed	Board Liaison	Every 3 Years		✓		✗	✓
Board Meeting Evaluation Results	Ef	Board Liaison	Each Meeting		✓	✓	✓	✓
Meeting Attendance Review	H	Board Liaison	Each Meeting		✓	✓	✓	✓
Bylaw Revisions	Eg	Board Liaison	Every 5 years				✓	✓
Board Work Plan	C	Board Liaison	Bi-Monthly		✓	✓	✓	✓
Annual Board Evaluation	Ef	Board Liaison	Annually			✓		✓
Board Officer, Committee Chair, Committee Membership	G	Board Liaison	Annually					
– Timeline Review	G	Board Liaison	Annually		✓			
– Results Review	G	Board Liaison	Annually			✓		
– Recommendation of final slate	G	Chair	Annually				✗	✓
Annual General Meeting	Eg	Board Liaison	Annually					
– Planning discussion	Eg	Board Liaison	Annually				✓	
Conflict of Interest review vs KPMG Value-Add Report		All	One-Time		✓	✓		
MAOHT Alliance Board Representative		All	One-Time				✓	
Annual Director Information Update		All	One-Time				✓	
Policy Review:		Board Liaison	Annually					
– 2020/21 Policy Review Schedule	Ed	Board Liaison	Every 3 years	✓				
– Orientation, Board of Directors	Ed	Board Liaison	Every 3 years	✓				
– Delegations to the Board	Ed	Board Liaison	Every 3 years	✓				
– Open and In-Camera Board Meetings	Ed	Board Liaison	Every 3 years	✓				
– Minute Taking Standards	Ed	Board Liaison	Every 3 years	✓				
– Education, Board of Directors	Ed	Board Liaison	Every 3 years	✓				
– Director Selection Guidelines	Ed	Board Liaison	Every 3 years		✓	✗		✓
– Application To Serve On The Board of Directors	Ed	Board Liaison	Every 3 years		✓			
– Evaluation Process, Board of Directors	Ed	Board Liaison	Every 3 years		✓		✗	
– Board Recruitment and Election Process	Ed	Board Liaison	Every 3 years		✓			
– Recognition of Board Service	Ed	Board Liaison	Every 3 years		✓			
– Rules of Procedure	Ed	Board Liaison	Every 3 years				✓	
– Police Criminal Record Checks for Board Applicants	Ed	Board Liaison	Every 3 years				✗	
– Resignation and/or Removal of a Director	Ed	Board Liaison	Every 3 years				✗	
– Confidentiality, Board of Directors	Ed	Board Liaison	Every 3 years				✗	
– Conflict of Interest, Board of Directors	Ed	Board Liaison	Every 3 years			✓		
– Mentorship Program, Board of Directors	Ed	Board Liaison	Every 3 years					✗
– Meetings without Management	Ed	Board Liaison	Every 3 years					✓
– Electronic Mail Communications, Board of Directors	Ed	Board Liaison	Every 3 years					✓
– Electronic Meetings, 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					✓

**ANNUAL REPORT OF THE
NOMINATIONS COMMITTEE
2020-2021**

SUBMITTED TO: Members of the Corporation

SUBMITTED BY: Moreen Miller, Nominations Committee Chair

FOR RECEIPT

The purpose of this report is to summarize the activities of the Nominations Committee during the 2020-2021 board year to arrive at the recommend slate of Directors.

- The Nominations Committee is accountable, on behalf of the Board of Directors, for identifying vacancy requirements for the coming year based on the current Board Skills and Knowledge Matrix, conducting the recruitment process and recommending the best qualified candidates.
- The Committee convened in January 2021, and following review of its responsibilities made a recommendation to the Board for an enhancement to the recruitment process. The revised approach involved including additional data and processes in the evaluation of incumbent Directors along with all applicants. This approach further demonstrates the Board's ongoing commitment to continuous improvement, transparency and fairness in the recruitment process.
- An advertising campaign was initiated in March for the Board information session and for the formal recruitment process with print advertisements in local print media, along with information posted digitally through the website, social media platforms as well as a News Release. The communications included reference to both the need for Directors and Advisory Members.
- As of the application deadline, 17 applications were received including one application for an Advisory Member position. One incumbent Director chose not to re-apply and another Director resigned in April thus the Nominations Committee was working towards filling five Director positions.
- The Nominations Committee reviewed all of the applications cross-referencing with the Board Skills & Knowledge Matrix. The applications were short listed and eight candidates were interviewed on April 19 and 20, 2021.
- The Committee was blessed with incredibly strong candidates making their task of selecting the best possible candidates, which included weighing the MAHC experience and accomplishments of the incumbents, that much more challenging.
- Reference checks for each of the recommended candidates have been completed and in all cases the responses from the references reinforced the Committee's selection.
- Two candidates were recommended for Advisory Member positions; these appointments were approved by the Board of Directors in May. We are pleased to welcome Emanuela Heyninck to the Governance Committee and Line Villeneuve to the Resources & Audit Committee.
- In addition to recommending current Director, Cameron Renwick, there are four nominees for new Directors that collectively provide significant skills in several areas that will enhance the Board's matrix as well as add some new skills not necessarily defined in the matrix but of key importance to the Board. The following provides a brief summary of the key skills and experience for each Director nominee:
 1. Sally Ashton
 - A resident of Bracebridge, Sally comes with a legal background with significant experience with the Ontario Ministry of the Attorney General who was recognized six times for outstanding achievement as a provincial government employee.

- Will add to the MAHC matrix in the areas of quality and performance and community relationship building. Sally will also bring additional political expertise at a provincial level and indigenous relations experience.
2. Evelyn Bailey
 - A resident of Port Carling and has a professional career in business transformation and sales. Evelyn has broad governance and community experience including being the Vice-Chair for the Markham Stouffville Hospital Foundation Board previously.
 - Will add to the MAHC matrix in the areas of Enterprise Risk Management, Innovation and Transformation.
 3. Marsha Barnes
 - Marsha has deep local roots having been born in Bracebridge and retired to Gravenhurst, and brings a detailed career as a Health Care Executive with substantial experience at the provincial level of government.
 - Will add to the MAHC matrix in the areas of quality and performance, transformation, innovation (specific to Ontario health care) and community relationship building. She will also bring her political expertise.
 4. Carla Clarkson-Ladd
 - A resident of Township of Muskoka Lakes (Minett) with a municipal government background as a Chief Administrative Officer as well as international development experience.
 - Will add to the MAHC matrix in the areas of transformation, governance and community relationship building as well as municipal political expertise.

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

- Cameron Renwick for a 1 year term ending June 2022
- Sally Ashton for a 2 year term ending June 2023
- Evelyn Bailey for a 3 year term ending June 2024
- Marsha Barnes for a 3 year term ending June 2024
- Carla Clarkson-Ladd for a 3 year term ending June 2024

**ANNUAL REPORT OF THE
MAHC MAOHT COMMITTEE
2020-2021**

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 MAHC Muskoka & Area Ontario Health Team (MAOHT) Committee during the 2020-2021 board year and to identify recommendations for consideration in next year's committee work plan.

I. Summary list of key accomplishments this year:

- MAHC agreed in late 2019 to seek designation as an Ontario Health Team together with many other Health Care Service Providers in the Muskoka Area (the "MAOHT") to achieve their shared vision of providing a continuum of integrated health care and support services to their patients and clients. One of the preconditions to obtaining that designation from the Minister of Health under the *Connecting Health Care Act, 2019* is that the proposed members enter into an agreement setting out how they will work together both before and, more importantly, after obtaining that designation.
- Since that time, the MAOHT has been led by the interim Steering Committee (SC) with representatives from each of the proposed members. Natalie Bubela, supported by Terry Shields is the MAHC voting representative on the SC.
- The law firm BLG prepared templates under the auspices of the Ministry of Health to assist prospective partners in developing the appropriate arrangements for their future activities. The SC has worked with the template in crafting the Alliance Agreement.
- To provide oversight from MAHC's perspective on the development of the MAOHT generally, the Board struck the MAHC MAOHT Committee with Brenda Gefucia as Chair. The Committee has met monthly since September, 2020.
- The SC decided to seek input from the respective Boards of Directors or Governing Bodies in the final development of the Alliance Agreement. They struck a Committee called the Governance Advisory Working Group (GAWG) with a representative of each Board or Body. Roy Stewart has been the MAHC Board representative on the GAWG. The GAWG has met monthly since October, 2020 providing input to the SC on the various Articles and Schedules to the Agreement.
- The major focus of the MAHC MAOHT Committee to date has been on the provisions of the Alliance Agreement and providing input for Roy Stewart to take to meetings of the GAWG on issues that members of the Committee had with the drafts.
- Even when designated, the MAOHT will not be a separate legal entity. It is more like a joint venture operating among a group of members. Each member is autonomous and retains all of its current rights, obligations and, perhaps most importantly, its government funding arrangements. At some future time, the members may all be integrated into a single corporate entity.
- Limited funding is being provided to the MAOHT by the Ministry of Health under the terms of a Transfer Payment Agreement. Resources for most of the activities of the MAOHT will have to come from the Partners. MAHC is the fundholder for the MAOHT.
- Under the draft Alliance Agreement, the Alliance Council acts like a board of directors providing oversight of the Collaboration Steering Committee (CSC). The Council will consist of one representative from each of the Partners and one of the two Co-Chairs from each of the Patient/Client, Family and Caregiver Partners Advisory Committee (PFPCAC) and Clinical Partners

Advisory Committee (CPAC). These two advisory committees are required under the Connecting Care Act, 2019 and provide advice to both the Council and the CSC.

- The specific activities and initiatives of the MAOHT will be set out in Project Agreements. The Partners and Participants, if any, will agree on the terms and conditions of the Project including budgets, financial and resource or in-kind contributions, and ownership of assets obtained through the Project at conclusion of the Project.
- In April 2021, upon the recommendation of the MAHC MAOHT Committee, the MAHC Board of Directors approved the Alliance Agreement.

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 MAHC MAOHT Committee has followed and met the deliverables outlined in their Terms of Reference.
- Moving forward as the governance of MAOHT is implemented and its strategies, plans and projects evolve, the Committee will develop a work plan to support MAHC'S delegate to the Alliance Council and provide the Board with periodic updates on the work, risks and issues of the MAOHT.
- As well the Committee will make recommendations to the Board related to MAOHT'S governance, planning and decision making with a dual focus of overall MAOHT success and MAHC'S contribution, benefits and risks as a partner in MAOHT'S achievement of its vision, mission and values.

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.