



MUSKOKA ALGONQUIN
HEALTHCARE

Annual General Meeting 2010

Legend:

♦ = information attached to this package

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|---|---|
| 1. <u>Welcome</u> | Mr. Michael Provan |
| 2. <u>Call to Order</u> | Mr. Michael Provan |
| 3. <u>Approval of the Agenda</u> | Mr. Michael Provan |
| 4. <u>Approval of the Previous Minutes</u>
i) Annual General Meeting – June 22, 2009♦ | Mr. Michael Provan |
| 5. <u>Report of the Board Chair</u> ♦ | Mr. Michael Provan |
| 6. <u>Introduction of the MAHC Board of Directors</u> ♦ | Mr. Michael Provan |
| 7. <u>Report of the Interim President & CEO</u> | Mr. Barry Monaghan |
| 8. <u>Strategic Planning & Quality Assurance Committee Report</u> ♦ | Mrs. Shelly van den Heuvel |
| 9. <u>Resources & Accountability Committee Report</u> ♦ | Mr. Sven Miglin |
| 10. <u>Governance & Community Relations Committee Report</u> ♦
i) Nominations Report | Mr. Larry Saunders |
| 11. <u>Affiliated Organization Remarks</u>
i) South Muskoka Memorial Hospital Auxiliary♦
ii) Huntsville District Memorial Hospital Auxiliary♦
iii) Huntsville District Memorial Hospital Foundation♦
iv) South Muskoka Hospital Foundation♦ | Mrs. Sharon Pattison
<i>Report attached</i>
Mrs. Debi Davis
<i>Report attached</i> |
| 12. <u>Auditor's Report</u> | Mr. Dan Vigna, KPMG |
| 13. <u>Report of the Audit Committee</u> ♦
i) Appointment of Auditors for 2009/10 Fiscal Year | Mr. Tim Withey
Mr. Tim Withey |
| 14. <u>Recognition of Departing Directors</u> | Mr. Larry Saunders |
| 15. <u>Board Award of Excellence</u> ♦ | Mr. Michael Provan
& Ms. Gayle Mackay |
| 16. <u>Adjournment</u> | Mr. Michael Provan |

Save The Date!

MAHC Annual General Meeting 2011
Monday, June 20, 2011 at 7:00pm
Location To Be Announced

MINUTES – JUNE 22, 2009

**MINUTES OF THE ANNUAL GENERAL MEETING
MEMBERS OF THE CORPORATION,
MUSKOKA ALGONQUIN HEALTHCARE
MONDAY, JUNE 22, 2009, 7:00 P.M.
*Burk's Falls Community Centre and Arena, Burk's Falls Ontario***
Approval Pending

Mr. Michael Provan, Chair of the Board of Directors called the 4th annual meeting of the Corporation of Muskoka Algonquin Healthcare to order at 7:02 pm and declared the meeting duly constituted with a quorum present for the transaction of business.

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

1. Previous Minutes

The minutes of the previous annual meeting were provided to all in attendance along with the Annual Report. Copies of the Annual Report are available from Administration. 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 16, 2008 ANNUAL GENERAL MEETING OF THE CORPORATION OF MUSKOKA ALGONQUIN HEALTHCARE BE ADOPTED AS CIRCULATED.**

2. Report of the Board Chair and Chief Executive Officer

The Chair introduced the Annual Report and highlighted portions of the written report of the Board Chair and Chief Executive Officer. The changes to the healthcare environment were noted and the Chair thanked the wonderful, talented staff at Muskoka Algonquin Healthcare for continuing to provide the excellent service in the changing times.

B. Lockhart spoke about the challenges that the organization faces and noted that every major area of service delivery has experienced an increase in volume from the previous year. These issues along with many others escalates the need for the organization to work smarter and capitalize on partnerships wherever possible. Administration and the Board will continue to work with the North Simcoe Muskoka Local Health Integration Network among others to ensure that the highest quality of healthcare continues to be available for the communities that Muskoka Algonquin Healthcare serves.

It was moved, seconded and carried **THAT THE REPORT OF THE BOARD CHAIR AND CHIEF EXECUTIVE OFFICER BE RECEIVED.**

Mr. Provan welcomed Dr. David Mathies, Chief of Staff to speak to the Report of the Chief of Staff.

3. Report of the Chief of Staff

Dr. Mathies provided an outline of the report included in the Annual Report. Appreciation was noted in terms of the Board of Directors willingness to embrace the development of the Family Health Teams in MAHC communities. Special thanks was extended to the members

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of the Medical Advisory Committee for their dedication and support. Specific note was given to Dr. Andrew MacMillan and Dr. Rob Sansom for providing an exemplary level of thought and commitment in their positions as President and Vice-President of the Medical Staff.

It was moved seconded and carried **THAT THE REPORT OF THE CHIEF OF STAFF BE RECEIVED.**

4. Board Committee Reports

Brief reports were provided by the Chairs of the Strategic Planning & Quality Assurance, Governance and Community Relations, Resources and Accountability and Audit Committee. The reports were included in the Annual Report.

It was moved seconded and carried **THAT THE COMMITTEE REPORTS BE RECEIVED.**

5. Bylaw revisions.

Mr. John Sinclair presented the proposed revisions as outlined in the Annual Report that included the following changes as underlined below:

Article 13.01 (*deletion of (viii) Senior*)

The following change reflects the decision to replace the Senior category with a 'Hospital Succession Planning' model (outlined below). This model will aid in the planning process as physicians approach retirement. Article 13.01 is proposed to read as follows:

Professional Staff Categories

- (a) The Professional Staff shall consist of the following categories:
 - (i) Active;
 - (ii) Associate;
 - (iii) Courtesy;
 - (iv) Regional Affiliate;
 - (v) Locum Tenens;
 - (vi) Temporary; and
 - (vii) Honourary.

Article 13.02

The following addition reflects the decision to replace the Senior category with a 'Hospital Succession Planning' model. This model will aid in the planning process as physicians approach retirement:

Hospital Succession Planning

Beginning in September of the year in which an applicant turns sixty-three (63) and annually thereafter, the applicant will be approached by the Chief of Staff to prepare a retirement report outlining his proposed plan for retirement, if any, so as to provide the Hospital an opportunity to do succession planning. The retirement report must be

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submitted to the Chief of Staff. The report will be expected by the end of September in each applicable year, and a meeting shall be convened within two (2) months of its receipt in the event that the Medical Staff member proposes a retirement plan, to finalize the retirement plan. The retirement plan will be developed by the applicant in consultation with the Chief of Staff, and shall be submitted by him/her to the Medical Advisory Committee for consideration and approval.

Article 13.03 *(deletion of (f))*

The following change reflects the decision to replace the Senior category with a 'Hospital Succession Planning' model. This model will aid in the planning process as physicians approach retirement:

- (f) *The retirement age from the Active Staff category will be the thirty-first (31st) day of December following the member's attainment of the age of sixty-five (65). Upon reaching the age of retirement from Active Staff, the member may retire or apply to the Senior Staff.*

Article 13.05 *(deletion of (f))*

The following change reflects the decision to replace the Senior category with a 'Hospital Succession Planning' model. This model will aid in the planning process as physicians approach retirement:

- (f) *The retirement age from the Active Staff category will be the thirty-first (31st) day of December following the member's attainment of the age of sixty-five (65). Upon reaching the age of retirement from Active Staff, the member may retire or apply to the Senior Staff.*

Article 13.06

The following change will ensure that certain designated specialists can fully participate in regional programs throughout the hospitals within the NSM LHIN:

Regional Affiliate

- (a) The Medical Advisory Committee may recommend an applicant to the Board for appointment to the Regional Affiliate Staff if the applicant meets the following requirements:
 - (i) the applicant has privileges in good standing at another hospital and requires privileges at MAHC so as to fully participate in an approved regional program;
 - (ii) the applicant provides an outline of the extent of his privileges at the other hospital and any restrictions;
- (b) The Chief of Staff will undertake a search of the College of Physicians and Surgeons of Ontario's website to verify whether the Physician has a license to practice medicine in the Province of Ontario and whether there are any past findings, current referrals or terms and conditions against the Physician;

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- (c) If there are no past findings, current referrals or terms and conditions against the Physician, the Board may grant privileges to the physician;
- (d) If there is an outstanding complaint or adverse findings against the Physician, then the Physician will be required to comply with the Hospital's standard application process.
- (e) A member of the Regional Affiliate Staff will
 - (i) Undertake such duties in respect to patient care as may be specified by the Chief of Staff to which the member has been assigned, and this may include outpatient services including operative procedures, and consultation to inpatients and assisting in the Operating Room where required, and
 - (ii) Will assume on-call responsibilities as determined by the Department to which the member has been assigned.

Article 13.08 *(deletion of (d))*

The following change reflects the decision to replace the Senior category with a 'Hospital Succession Planning' model. This model will aid in the planning process as physicians approach retirement:

- (f) *The retirement age from the Active Staff category will be the thirty-first (31st) day of December following the member's attainment of the age of sixty-five (65). Upon reaching the age of retirement from Active Staff, the member may retire or apply to the Senior Staff.*

Article 13.10

NEW:

Enhanced Peer Review System

All members of the Professional Staff will be subject to an annual enhanced peer review system following the member's attainment of the age of seventy (70). The enhanced peer review system shall be developed by the Chief of Staff with the approval of the Medical Advisory Committee with the express objective of ensuring ongoing competency of the Medical Staff members. The Medical Advisory Committee may choose to require all members to be subject to an enhanced peer review system prior to attainment of the age of seventy (70). The agreed upon system for this shall be set out in the Rules and Regulations of the Medical Staff.

It was moved seconded and carried **THAT THE MEMBERS OF THE CORPORATION APPROVE THE REVISED BYLAWS DATED JUNE 22, 2009.**

6. Nominations Report

Mr. John Sinclair presented the report as outlined in the Annual Report noting the loss of Mr. Guy Burry, Ms. Beth Ward and Mr. Chris Everingham. These individuals were thanked for their significant contributions to the Board of Directors during their terms.

MINUTES – JUNE 22, 2009

It was moved seconded and carried **THAT THE MEMBERS OF THE CORPORATION APPROVE THE FOLLOWING SLATE OF DIRECTORS, WITH LENGTHS OF TERMS AS NOTED:**

Mike Provan for a three year term ending 2012;
Shelly van den Heuvel for a three year term ending 2012;
Dee Allott for a three year term ending 2012;
Wayne Twaits for a three year term ending 2012;
Leigh Fettes for a one year term ending 2010.

7. Affiliated Organization Remarks

The Chair welcomed the representatives from the MAHC Foundations and Auxiliaries and extended appreciation for their continued hard work and support of Muskoka Algonquin Healthcare. Mr. Colin Miller, Mrs. Debi Davis, Mrs. Diane McAffery and Mrs. Arvina Bennett all spoke to their respective organization reports as provided in the Annual Report.

8. Auditor's Report

Mr. Dan Vigna presented the Auditor's Report on behalf of KPMG for the fiscal year ending March 31, 2009. Mr. Vigna outlined the audit process, audit findings and noted satisfaction in terms of the results of the testing conducted. No difficulties were encountered during the execution phase of the process and no significant weaknesses were discovered. Mr. Chris Everingham, Chair of the Audit Committee commented on the smooth transition that took place over the past year with the new corporate auditors and thanked both staff and KPMG for this. From the perspective of the Audit Committee the year was a great success in terms of the audit process.

It was moved seconded and carried **THAT THE MEMBERS OF THE CORPORATION RECEIVE THE REPORT OF THE AUDITOR AND THE AUDITED FINANCIAL STATEMENTS FOR THE PERIOD ENDING MARCH 31, 2009.**

9. Appointment of the Corporate Auditor for the Fiscal Year 2008/09

It was moved seconded and carried **THAT THE MEMBERS OF THE CORPORATION APPOINT KPMG AS THE CORPORATE AUDITORS FOR THE FISCAL YEAR 2009-2010.**

10. Board Award of Excellence

Mr. Mike Provan and Mrs. Gayle Mackay presented the 2008 Board Award of Excellence to the following individuals:

Maurice Leblond, Charge Technologist
Jeannette Earl, Transcriptionist and Health Records Technician
Don Mueller, Physiotherapist
Jeanne Dempsey, Dietary Aide

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All nominees were thanked and noted for their terrific contribution and support to the organization:

Sharon Carlaw, Purchasing Clerk
Terry Sansbury-Rice, RN
Virginia Reid, CSD Technician
Janine Lynch, RN
HDMH Imaging Department
Irene Murray, Manager, Rehab Services
Karen Moore, Nurse Manager
Dr. Bill Hemens, Physician
MAHC Rehab Team
Pam Gray, RN
Jeannie Brooks, RPN
HDMH Rehab Department

11. Adjournment

The Annual General Meeting of the Corporation of Muskoka Algonquin Healthcare meeting was concluded at 8:29 pm.

**A JOINT MESSAGE FROM THE
BOARD CHAIR, CEO AND CHIEF OF STAFF**

June 2010

Our message today begins with a simple ‘thank you’ - to the communities we serve for your continued support, to our partners throughout the health care system, and to the staff, physicians and volunteers who demonstrate an outstanding commitment to our patients and families every day, particularly throughout an extremely challenging year. The passion and dedication of the Muskoka Algonquin Healthcare team drives innovation in our organization and provides quality care with excellent outcomes.

Throughout this time, our mission and vision at Muskoka Algonquin remains clear: to proudly serve our communities through quality healthcare. Our strategies this year have been developed to achieve our Vision that ‘People are the centre of our healthcare network, participating as informed partners.’

A strong healthcare system, based on partnerships, is the heart of a community and Muskoka Algonquin Healthcare is a critical component of that system. Now more than ever it is essential to work together to build a system that brings many partners in the community together to deliver seamless and integrated care, from hospitals and long-term care homes, to physician practices and home care services. The role of the community in delivering our health services is far reaching. Our many partners from our own volunteers and physicians to the Community Care Access Centre and Family Health Teams (just to name a few) all contribute to the health of our community.

This past year represented a year of hard work and planning for Muskoka Algonquin Healthcare as the Board of Directors – a group of dedicated volunteers – and our management team have worked together to tackle the realities of a difficult financial situation and an ongoing deficit. Working closely with the North Simcoe Muskoka Local Health Integration Network (LHIN) – the organization responsible for the planning, integrating and funding of local health services in our communities --, we underwent an Operational Audit in November 2009 and submitted a revised Deficit Recovery Plan in January 2010. The Plan aims to ensure residents continue to receive safe, high quality healthcare while working towards a sustainable balanced financial situation into the future. Both the Operational Audit and the Deficit Recovery Plan are posted on our website.

In the end, the Deficit Recovery Plan does not result in a balanced financial position for the organization and indicates that our financial base has a structural deficit. This situation has been presented to the LHIN with a request for additional funding. The LHIN in turn made representation to the Ministry of Health and Long-Term Care on our behalf. We are waiting for a response for assistance in addressing this structural deficit.

At the governance level, our Board has continued to work hard and has made significant strides in strengthening our governance role in the organization. The Board has made noteworthy progress in re-focussing on the quality aspect of governance and is in the process of identifying new performance measures for the organization in the coming year. This work has placed us in a good position to meet the requirements in the 'Excellent Care For All' bill recently unveiled by the Minister of Health and Long-Term Care. Although many of these requirements are already in place at Muskoka Algonquin Healthcare some work will need to be done. Hospitals across Ontario will be legislated to develop and post annual quality improvement plans; create quality committees to report to each hospital board on quality-related issues, including the public annual quality improvement plans; link executive compensation to achievement of quality plan performance improvement targets; implement patient and employee satisfaction surveys and a patient complaints process; as well as prepare a patient declaration of values.

The current economic environment has forced hospitals to challenge the status quo and consider new and creative ways to deliver patient care. Change for many is uncomfortable. However there are so many possibilities to maximize the potential to do things not only differently but better. This reality has forced us over the last year to keep our eyes and minds open to new ideas and different approaches. This has been demonstrated with our initiative to consider outsourcing the management of MAHC to a larger hospital. This creative solution also means that we will be in a better position to keep our focus where it should be – on our patients.

This has also been a year in which we begin to transition towards a new model of medical leadership that will allow us to strengthen our ability to move towards our vision. Building on a recommendation received in the Operational Audit, recruitment for a new medical leadership model will take place over the summer months. Hospitals are more complex today than ever. Physicians, although not employees of the hospital, through appointment and privileges are an integral component to effective utilization of resources. Physicians are part of the fabric of the healthcare system and being able to meet accountability requirements for a modern hospital – and how it can work better.

We recognize that in order to continue to provide high-quality, safe patient care we must continually look at what we do to find innovative and creative solutions. We are confident that with the support of our Board of Directors, the entire MAHC team and our community we will continue to move forward. We would like to take this opportunity to thank our staff, physicians and volunteers for your incredible patience, support and trust. .

It is also important to continue to appreciate and support our Foundations and Auxiliaries. Through your donations to these organizations MAHC is able to provide for much needed equipment in order for us to maintain our excellent services.

Likewise, we feel privileged to have worked with all members of the Board over the past year. The Directors and Physicians on the Board are a group of tireless volunteers and

we have been impressed and grateful for hours devoted to hard work, leadership and perseverance over the last year.

2009/10 BOARD OF DIRECTORS

Executive
Mr. Mike Provan, Chair Mrs. Gayle Mackay, Vice-Chair Mr. Sven Miglin, Treasurer
Directors
Mrs. Evelyn Brown Mr. Wayne Twaits Mr. Harry Braun Mr. Tim Withey Mr. Larry Saunders Mr. John Sinclair Ms. Shelly van den Heuvel Ms. Leigh Fettes
Ex-Officio
Mr. Barry Monaghan, Interim Chief Executive Officer, Board Secretary Dr. David Mathies, Chief of Staff Dr. Megan Stephenson, President, Medical Staff Dr. Tina Kappos, Vice-President, Medical Staff

Report of the Strategic Planning and Quality Assurance Committee

June 2010

At Muskoka Algonquin Healthcare, excellence in patient care is a priority.

We are proud that patients and their families are at the centre of all we do and have worked hard to ensure that quality is embedded in everything we do, every day.

The Strategic Planning & Quality Assurance Committee is a standing committee of the board of directors whose purpose is to review strategic planning and quality assurance issues. I have had the privilege of leading the following members for this committee for the 2009-2010 fiscal year:

Leigh Fettes

Dr. Megan Stephenson

Dr. David Mathies

Barry Monaghan

MAHC has been measuring quality by collecting and reporting available data to help us to understand where we are, where we are going and how far we are from certain goals. In order to do this, we look at areas such as patient satisfaction and wait times to determine if we are on target for that segment of care. Indicators represent a snapshot in time and are helpful in providing clues as to what is happening in the hospital and they are valuable to us if only to ensure that we are constantly improving in all areas of the essential services we deliver.

In recent years, the MAHC board has been preoccupied with financial recovery issues, rightfully so given the financial situation. However, in this past year the Board made a strong commitment to refocus its attention to the broader questions of service delivery and quality of care. To that end, the Board spent two days in February with an experienced individual from the Centre for Healthcare Quality Improvement. During this time, we learned that quality improvement is a continuing journey over a significant time period. Following this session, the Board was enthusiastic and has been working hard on developing a quality agenda, improving processes and refocusing on the reason we are all here – to ensure that our communities receive safe, high quality healthcare.

MAHC's strategic directions were developed in 2006. In this February 2010 planning session discussion ensued as to whether it was time for a new strategic plan. Strategic plans are, by definition, high-level and enduring. They answer fundamental questions such as: Who are we? What do we believe in? What do we want to look like in the future? And, what do we need to do to get there? A strategic plan gives an organization its sense of purpose and helps everyone in the organization focus their energies appropriately. It provides the direction for action planning. The coming year will be an exciting year for MAHC when we begin significant task of developing a new strategic plan.

I would like to take this opportunity to thank all of my fellow Board members and staff for a terrific year.

Respectfully submitted,

Shelly van den Heuvel, Chair – Strategic Planning and Quality Assurance

Report of the Resources & Accountability Committee

June 2010

One of the major responsibilities for a Board is to make sure that the hospital meets the health care needs of the community within the resources that are available to provide services. Managing these scarce resources efficiently is crucial to achieving the organization's vision, mission, values and goals. And planning for future investments in equipment and facilities as well as human resources is also key to these achievements.

The Resources & Accountability Committee works closely with management making recommendations to the Board of Directors as they relate to both financial and human resources regarding a number of initiatives such as:

- financial viability for the organization
- appropriate legal, insurance, capital and land use planning
- policy development
- accountability agreements
- human resources planning and objectives
- annual evaluation of the Chief Executive Officer and Chief of Staff
- Board Award of Excellence program.

MAHC ended fiscal year 2009-2010 with a \$3.8 million deficit. This year has continued to be a very challenging year financially at MAHC – a year of belt-tightening and change. The organization continued to look for efficiencies to minimize any impact on direct patient care. And as you know, a three-year Deficit Recovery Plan was developed and included the 51 recommendations from the Operational Audit conducted in November 2009. In the end, when all of those initiatives are implemented, MAHC does not end in a balanced position due to a structural deficit.

In the summer of 2009, MAHC implemented a robust and vigorous budgeting process for the 2009-10 fiscal year. During this past winter, Managers once again built zero-based budgets for the 2010-11 fiscal year that included all Deficit Recovery Plan initiatives and any related costs. The projected approved budget for the coming year ends with a deficit of \$3.9 million.

Looking forward to the coming year, many of the same issues will continue to be significant challenges without assistance from our funder the North Simcoe Muskoka Local Health Integration Network. However, MAHC is committed to working with its partners to find solutions to meet expectations and obligations while at the same time ensuring that quality healthcare is delivered to patients and our communities.

With over 700 employees and more than 70 physicians, we recognize people are our most valuable asset. Faced with a worldwide shortage of doctors, nurses and other health care professionals, we are working hard to create an environment where people want to live and work. The Board's focus is on developing strategies that will help to create a healthy workforce that attracts and retains talent.

I would like to take this opportunity to thank to my fellow committee members and the staff for their hard work and dedication throughout the past year.

Respectfully submitted,
Sven Miglin, Chair – Resources & Accountability Committee

**Report of the
Governance and Community Relations Committee
and
Nominations Report
June 2010**

The Governance and Community Relations Committee is a standing committee of the MAHC Board of Directors comprised of five members that in addition to myself as Chair include:

Harry Braun	John Sinclair
Evelyn Brown	Wayne Twaits
Barry Monaghan	

It is my pleasure to present to you the Governance and Community Relations Annual Report on behalf of these members.

Our Committee met seven times through the year to address its two-pronged responsibilities:

1. Governance: Policy Manual revisions and additions; by-law revisions; planning the Annual General Meeting; interviewing new Board candidates and guiding the Board on Governance topics.

2. Community Relations: assisting staff to develop positive, continuing relations with community persons and other stakeholders.

The self-evaluation process for the Board and Committees was conducted in the Spring to assess the effectiveness of the Board and its members - and to point out any perceived weaknesses of governance matters. This is the fourth year for this process providing comparative assessments. In most measured attributes, the Board scored well overall however areas for improvement became apparent and will be addressed in the coming year. Ongoing evaluation is important for any group and we as a Board are proud of the process and its outcome that works to ensure we are performing to the best of our ability.

New candidates to fill Board vacancies were solicited and interviewed; leading to a Nominations Report being submitted to the Board at the June meeting for ratification by the Members of the Corporation.

It has been a busy and productive year for the Committee. Sincere thanks are due to all staff and Board members who contributed substantially to the Committee deliberations.

Nominations

One of the duties of the Governance and Community Relations Committee is to conduct

the process for succession - interviewing and recommending eligible candidates for the Board of Directors.

The slate has been prepared with consideration of the Corporation Bylaw in these respects:

Article 4.01 (b) - potential candidates will be identified throughout the year, including at least one advertisement placed in local newspapers.

Article 4.13 (e) - 'shall annually identify specific characteristics that should be sought in recruitment'

Article 4.13 (f) - 'shall consider the mentioned characteristics while balancing the need of ensuring ongoing expertise on the Board'.

Unfortunately four resignations were received this year from Mr. Peter McBirnie, Mr. Dee Allott, Mr. Harry Braun and Mrs. Shelly van den Heuvel.

In addressing Board resignations and subsequent vacancies, it was established that a nominations slate of four new Board members and two continuing Board members is required for the 2010-11 fiscal year.

In response to our advertising campaign, several applications were received and interviews were conducted through the month of May. It was gratifying to receive a high number of qualified applicants and, in fact, the largest challenge was to narrow the field down.

The proposed slate therefore consists of the following:

Sven Miglin for a 2nd three year term ending 2013

Larry Saunders for a 2nd three year ending 2013

Leigh Fettes for a three year term ending 2013

Evelyn Brown for a two year term ending 2012

Charlie Forrett for a one year term ending 2011

William Garriock for a two year ending 2012

Lyndsay Jeanes for a three year term ending 2013

The newly-proposed directors have all displayed a keen interest in joining the Board, have relevant skills and experience and strong community-service backgrounds.

Respectfully submitted,
Larry Saunders, Committee Chair

**Report of the
South Muskoka Memorial Hospital Auxiliary**
June 2010



Greetings from our new 2010-2011 Auxiliary Executive. From left, Sharon Pattinson President, Don Peterson Vice-President, Vicky West Treasurer, Diane McCaffery Past President, Flo Adams Secretary and Donna Green Member At Large.

Our Auxiliary is comprised of 219 wonderful people. These people are your volunteers at South Muskoka Memorial Hospital. They are a very dedicated group, whether volunteering on the front lines with patients and visitors, working as part of our amazing fund raising groups, seeing the public at our retail shops in the hospital or working behind the scenes doing clerical work or confirming appointments. They enjoy their hours spent at the hospital. They interact with hospital staff and have a feeling of being part of a wonderful team. Another part of the team is your personnel at SMMH site. We also have one more group that makes the visitors, patients and staff feel good about being at our hospital. That group is our Garden Committee. They have improved the appearance of all the flower beds at the hospital. Whether you are a staff member eating your lunch on the patio off the cafeteria or just entering the hospital, the flowers bring a smile to many faces.

I am pleased to announce that our volunteers contributed a total of 25,331 hours of service over the past year. This total is an increase of 800 hours over last year.

We have enjoyed a very successful year of fundraising enabling us to provide our community hospital with much needed equipment. The hospital equipment purchased and paid for by the South Muskoka Memorial Auxiliary for the fiscal year 2009-2010

totaled \$96,578.21. There are still approximately six outstanding items in the amount of \$97,501.31 to be ordered and paid for by our SMMH Auxiliary. The funds for these items have been approved. The Avance Anaesthetic Machine was a joint purchase between the South Muskoka Memorial Hospital Auxiliary and the South Muskoka Memorial Hospital Foundation. Our portion of this purchase was \$55,849.06.

Please don't forget our Fall Luncheon and Bazaar on October 20th. Our Christmas House Tour December 4, 2010, is a new fundraising event this year. It promises to be very successful. We will also have a booth at the Gravenhurst Farmer's Market for the months of July and August. This will allow us to have more exposure to sell raffle tickets for our Fall Luncheon and Bazaar and to promote our volunteer services for people interested in serving their communities as volunteers.

We look forward to attending the Annual Volunteer Appreciation Celebration on Tuesday, July 6th. It is an important event for our volunteers. It is so enjoyable to socialize with the staff of South Muskoka Memorial Hospital and is always a fun occasion.

Sadly, 2009-2010 marked the passing of two valued Auxiliary members. In June 2009, we said good-bye to Bob Harper. Bob had been a member of our Auxiliary since 1991. This past January we lost our dear member Les Dickout. Les had been a member since 1985 and a Provincial Life Member since 2001. These members made generous contributions both to our Auxiliary and to the community at large. We honour their memory.

We are most grateful for the ongoing support given to us by the hospital staff as we perform our duties in the hospital. Our volunteers regularly hear a sincere "thank you" for their efforts.

Respectfully submitted,

Sharon Pattinson
SMMH Auxiliary President

**Report of the
Huntsville Hospital Auxiliary
June 2010**

At our AGM in April 2010 it was reported that a grand total of 18287½ hours was volunteered working in various departments of the Huntsville hospital and in the fund-raising events, during the past year.

In April of 2009, 25 of our members attended the (HAAO) Region 3 Spring Conference in Bracebridge. 14 Auxiliaries from various hospitals attended. We held a Card Party in April at which \$814 profit was made, and in May we held a Fashion Show and a profit of \$2,945 was made.

In June 2009 the guest speaker at our General Meeting was Dawn Major, whose topic was "Hand Hygiene". At this meeting awards were given to our members who had served 5 years, 10 years and 15 years. Six of our members also received the Ontario Volunteer Service Awards for 30 years of service at a ceremony at the Algonquin Theatre. We also awarded two scholarships of \$500 each, one to a student graduating from Huntsville High School and one to a staff member of Huntsville Hospital, both of whom were pursuing further education in Health sciences.

Also in June, MAHC held an Appreciation BBQ for all the volunteers which was much appreciated.

We held our Annual Tag Day in July and made a profit of \$5500, and in August held our final Dragonboat Festival. We had six years of wonderful volunteer participation and have had teams from all over Ontario participating, but with fewer sponsors and lower pledges, we decided that we would not participate in 2010.

At our October meeting, our guest speaker was Pharmacist Bill Coon who gave a very informative presentation about our health and medications. Also during October, two of our members attended the HAAO Region 3 Fall Conference in Kincardine. We were given a Lone Star Quilt for a raffle.

During November during the H1N1 scare, we provided a volunteer to be stationed in the lobby, reminding all visitors to use the hand sanitizer and provide masks where necessary. Our Director of Volunteers and myself attended the HAAO Convention in November, held in conjunction with the OHA Convention, so we were lucky to be able to attend their opening session, with Dr. Sanjay Gupta as the Speaker. We were also pleased that we won 1st prize in the fund-raising category of the HAAO Photo contest, a photo of two of our members filling trays with cookies at our Cookie Delight fund-raiser last year. The final speaker of our Convention was Michael "Pinball" Clemons.

In December we held our Christmas luncheon and were very pleased that CEO Barry Monaghan joined us for lunch and then spoke to us about health care in general and also about MAHC's

recommendations in the Deficit Reduction Plan. Barry also drew the winning ticket in our quilt raffle. Several members participated in decorating the hospital for Christmas and our annual Cookie Delight fund-raiser was held, making a profit of \$4,300. One baby was born at the Huntsville Hospital on Christmas Day and was brought to its Mother in a Christmas stocking made by one of our volunteers.

In January the speakers at our General Meeting were Calum Rankin OPP and Wendy Lane RCMP, who spoke to us about what we should expect regarding security during the G8 summit. In February, Dr. Andrea Moser spoke to us about "Memory Impairment & Dementia. In March we held our meeting at Chartwell Traditions who served refreshments and gave us a tour of the facilities.

In April 22 of our members joined with 22 of the Bracebridge Hospital volunteers and rented a bus to take us to the HAAO Region Spring Conference in Owen Sound. In May 2010 we sponsored jointly with the United Church, a concert by the Dofasco Male Chorus at the Algonquin Theatre.

We had pledged \$250,000 towards the Digital Mammography Suite and we are very pleased that we were able to give \$50,000 in May 2009 and another \$50,000 in February 2010.

We would like to invite the members of the MAHC to support us in our upcoming fund-raisers, Namely: Tag Day – July 2nd

Golf Classic – August 23rd - 4 person scramble at Deerhurst Highlands, banquet at Deerhurst, silent auction.

House Tour – September 26th – 6 houses on tour, refreshments at Chartwell Traditions.

Roger Abbott Concert – October 17th – Comedy & music show at Algonquin Theatre.

Cookie Delight – December 3rd.- Pre-order trays of cookies or squares.

The Huntsville Hospital Auxiliary will be celebrating its 55th Anniversary on November 17th with a Tea at Chartwell Traditions. To celebrate this occasion we invited the High School Graphics class to design a logo that we could use as a commemorative pin and also as a logo for our letterhead.

As well as our volunteer work in the Hospital, we try to educate our members by having speakers at our General Meetings and by attending Conferences put on by HAAO. Our mandate also requires us to raise money to purchase needed equipment for patient care at the Huntsville Hospital.

Respectively submitted.

Beryl Clayson, President of the Huntsville Hospital Auxiliary.

**Report of the
Huntsville District Memorial Hospital Foundation**
June 2010

It was my honour and pleasure to chair the Board of Directors of the Huntsville Hospital Foundation in this, our 25th anniversary year. Our Foundation has come a long way in its twenty five year history, and I am proud to be part of the team entrusted to charting its path into the future.

The 2009-2010 year has been a busy and productive time for the Foundation. The Executive Committee was given the task by the Board of completing a comprehensive review of job descriptions and salary levels fulltime staff. It was a difficult process for all parties and it is to everyone's credit that it has come to a mutually satisfactory conclusion.

The Board entrusted the Executive Committee to complete negotiations with Fairvern in order for the two organizations to disengage from our relationship. Again, this matter was finally resolved to the mutual satisfaction of both parties. We wish Fairvern Nursing Home all the best as it steps up its own fundraising efforts for that wonderful facility.

A new liaison was conceived and arranged with local media, allowing the Foundation a forum for our cause. This relationship will continue to bloom in the future.

It was my particular honour to be Chair of the Board when the Foundation received it's biggest ever donation, a bequest from an old Foundation friend whose generosity has inspired us all.

Fundraising efforts continue apace for the digital imaging department. Thanks to many volunteers and donors, the Foundation was able to transfer over \$900,000 for that project in 2009/2010. The Foundation is dedicated to sending even more to our hospital for this project in the coming year.

We are also excited to be partnering with Muskoka Algonquin Healthcare (MAHC) in the latest renovation at Huntsville Hospital. The enlarged and updated Dialysis Unit will allow MAHC to serve even more dialysis patients. We have already heard from the dialysis staff that they can hardly wait.

I would like to thank the many people who teamed up to make this past year a successful one. Thanks to all the Foundation Board and Committee members for their time and commitment over the year, and to our fantastic staff for keeping us all on the right track. Your Foundation is in good hands.

In particular I thank departing Board Members Dr. John Digby, Tracy Robinson and Jennifer Furtney. Passionate, dedicated Board Members are hard to find, and losing people with so many years of service between them, leaves a huge hole. They will never be far, as they will continue in committee work, and their past and future contribution is greatly appreciated.

Thank you for entrusting the Chair to me for the past year. I have and will continue to do my utmost to act in the best interests of Huntsville District Memorial Hospital and the Huntsville Hospital Foundation at all times.

Respectfully submitted,

Robert Payne
Chair

**Report of the
South Muskoka Hospital Foundation**
June 2010

As Chair of South Muskoka Hospital Foundation, I am pleased to report another exceptional year of success for the South Muskoka Hospital Foundation. The tremendous response during this challenging economic climate combined with the funding challenges for small Ontario hospitals speaks volumes about the support we are so fortunate to have from our community. Our last audited statement (June 30, 2009) showed we achieved the highest revenues ever in the history of the Foundation.

Since that audit, all of our fundraising programs continue to do well, including our annual spring appeal, which has actually exceeded last year's totals, despite the economy still slumping along. We've had a record number of third party special events over this past year – a whole host of golf tournaments, community raffles, a walkathon and various other special events arranged by others for the benefit of your community hospital. As a result of these increased efforts, revenues from special events have more than doubled from last year.

The second annual Thanksgiving Moose FM Radiothon, in the depth of the recession, raised even more funds than the inaugural one in 2008. This event is particularly poignant because of the way it draws people together and exemplifies the giving nature of our community. People came out in droves to tell their stories, show their support for the hospital and to relay how the hospital and its staff and volunteers have impacted their lives. It is an extremely heart-warming and encouraging day for our board, staff and volunteers.

The Foundation continues to have one of the lowest expense-to-revenue ratios in the industry at roughly 15 cents on the dollar (as of our last audited statement). When we compare ourselves to our fundraising peers, our Foundation has shown consistent and unfaltering growth over the past five years, while many of our colleagues are talking about the slump in their fundraising efforts.

This again points to the fact that our South Muskoka community really cares about the future of their healthcare and supports a hospital to ensure it is well equipped with the latest medical technology. Continuing to fundraise for a list of equipment and facilities needs has been the thrust of our efforts since the conclusion of *The Picture of Health* campaign. I ask that you continue to support your community hospital in the same way, with your resolute spirit, into the future.

In closing, I hope you have a safe and enjoyable summer.

J. Douglas Lamb, Chair
South Muskoka Hospital Foundation

Report of the Audit Committee

June 2010

The Audit Committee for fiscal year 2009-10 consisted of four members; two are members of the Board of Directors and two are independent community residents.

The basic function of the Committee is to assist the Board in overseeing the quality and integrity of financial information and reporting for Muskoka Algonquin Healthcare (MAHC).

The Committee, management and KPMG met in January 2009 to review the planning report for the audit which included their intended scope of their audit activities and an overview of any changes from the previous year. In addition, discussion took place regarding the preparation by management required for the auditor review of internal controls and business risks faced by the Corporation as well as confirming the time schedule for the audit and receipt of draft audited financial statements.

A post-audit meeting occurred in May 2010 at which time the draft annual financials were received and reviewed in great detail with the auditors and management. An unqualified draft Auditor's Report on the financial statements was also received.

At both of these meetings, the Committee met privately with KPMG and management to determine if there were any issues of concern that arose during the audit process that needed to be raised. At no time were issues raised and both parties felt that the audit process was one involving complete collaboration and cooperation.

Following our Committee review, approval of the financial statements was recommended to the Board for presentation at the Annual General Meeting. In addition, the Board has recommended that KPMG be re-appointed for the fiscal year ending March 31, 2010.

I would like to thank the Committee for their support during the year, as well as the support and hard work of Karen Berti, Acting Senior Director for Corporate Services, the Finance Team and KPMG.

Respectfully submitted,
Tim Withey, Chair – Audit Committee

BOARD AWARD OF EXCELLENCE

2010 Nominees List

Colleen White, Ward Clerk

Maurice Leblond, Charge Technologist

Angela Riness-Hunter, RN

Robert Hughes, Acting Chief Human Resources Officer

Susan Hughes, RPN

Dr. Nancy Bozek, Physician

Dr. David Johnstone, Physician

Rick Bremner, Lead Hand-Maintenance

Sara Tumber, RN - Emergency

Debbie Albert, Nurse Practitioner

Judy McRae, RT

Dr. David Mathies, Chief of Staff

Dr. Sanjay Jindal, Physician