

**ANNUAL GENERAL MEETING  
OF  
FOUR COUNTIES HEALTH SERVICES CORPORATION  
AND  
STRATHROY MIDDLESEX GENERAL HOSPITAL CORPORATION**

**JUNE 10, 2014  
AUDITORIUM, STRATHROY MIDDLESEX GENERAL HOSPITAL  
1730 HOURS**

<b>Present:</b>	<b>Guests:</b>
K. Williams (Chair)	J. Sawyer, BDO Canada LLP
F. Ellett (Vice Chair)	SMGH Foundation Members
D. Butler	
R. Coe	<b>Regrets:</b>
N. MacLean	J. Dreyer
B. Montgomery	N. Furtado
B. Twyford	R. McRae
N. VanderGulik	C. Osborne
C. Waters	
Ex-Officio	
P. Ferner	
P. Long	
N. Maltby	
T. Stepanuik	C. Swan, Recorder

**1. Call to Order**

Chair K. Williams called the meeting to order at 1730h and welcomed members and guests. A special thank you was extended to Catherine Osborne, who is vacating her director position to pursue career opportunities. The Board's appreciation and gratitude was extended to Dr. Paul Ferner who has completed 7 years as Chief of Staff at SMGH and the Middlesex Hospital Alliance. Dr. Ferner showed exemplary leadership in bringing the medical staff at SMGH and FCHS together to form the MHA Medical Staff. A special thank you was also extended to Todd Stepanuik for his leadership and insight over the past year as we work together to position MHA to continue to provide the healthcare we would expect for our own families. Members were reminded that immediately following the Annual General Meetings of SMGH and FCHS and the SMGH Foundation, MHA Board of Directors would hold a brief Special Meeting of the Board.

**2. Notice of Meeting**

Secretary T. Stepanuik confirmed that Notice of the Annual General Meeting of the Corporations of Four Counties Health Services and Strathroy Middlesex General Hospital was provided in accordance with the Bylaws of the Middlesex Hospital Alliance.

**3.**  
**MOTION**  
**AGM 1/14**

**Approval of Previous Minutes**

It was moved and seconded, be it resolved that:

**The Minutes of the Annual General Meeting for the Corporations of Four Counties Health Services and Strathroy Middlesex General Hospital of June 4, 2013 be approved as presented.**

**Carried**

**4. Presentation of Reports:**

The following reports were presented in written form to all present:

**4.1 Report of the Board Chair – K. Williams**

It is my privilege to serve as the Chair of the Middlesex Hospital Alliance. I continue to be impressed with the hard work and dedication of all of our volunteers, staff, physicians, management and Board of Directors. The complexity and challenges facing Ontario's healthcare sector are great yet our strong team continues to ensure that the MHA excels in providing quality healthcare for our patients. We should all be proud of what we have achieved in the past and excited about what we are going to achieve in the future.

**Strategic Planning**

MHA is currently embarking on a renewed strategic planning process. With the three-year timeframe of the current Strategic Plan expiring, together with the recent appointment of a new President & CEO, MHA is ready to develop a new plan that builds on its strong mission and tradition of caring while developing concrete strategies to achieve our ambitious vision and capitalize on opportunities for the future.

Internal and external stakeholders will be consulted as we take a snapshot of the current healthcare landscape and develop strategic initiatives to achieve our priorities. Alignment with Ministry and LHIN plans will ensure that we all work together to provide an ever increasing quality of care for our patients. We look forward to working together to develop a plan that will guide us over the next three to five years.

**Generative Discussion**

During the year, our Board of Directors adopted "Generative Discussion" as a standing agenda item whereby we set aside time at each meeting to engage in deeper discussions and inquiry relating to top issues facing us over the next few years. We looked at root causes, values, options and ideas to handle these challenges and opportunities. The input from the board was impressive and we look forward to continuing these discussions over the next year.

**Building Condition Assessment**

Nicholson Sheffield recently conducted a thorough review of both SMGH and FCHS and provided a Building Condition Assessment Report for the Board. The overall purpose of the assessment was to develop a critical understanding of the two facilities in order to enable an early planning process for capital improvements. The report assessed the physical condition of the buildings and their systems, identified the lifecycle of systems,

functionality and regulatory compliance, building infrastructure renewal needs and the capabilities of the facilities to accommodate changing program requirements. This is the first step in the prescribed Capital Planning process from the Ministry of Health to set the stage for capital improvements, assist with strategic planning and provide a solid foundation for future planning.

### **FCHS Visioning**

During the year, the MHA Board, management and staff started looking at an enhanced role for FCHS within the MHA family. The people who work at FCHS, the large number of programs and services provided and the strong community support were major areas of strength identified by all stakeholders who participated in an assessment commissioned by the MHA. This assessment identified strengths and potential opportunities for FCHS to continue to grow and function as a key element of the MHA in meeting the changing health care needs and expectations of the residents served by the hospital, new models of rural health delivery in Ontario and changes that have taken place in other rural communities across Ontario

The Board will review the report and identify three or four key strategies to focus on and pursue as we move forward.

### **Quality**

Quality improvement is an ongoing priority for MHA and we continually strive to find new and better ways of doing things to enhance patient care, increase satisfaction and continue to achieve better clinical outcomes.

Through a Quality Improvement Plan (QIP), every hospital in Ontario is required to set targets aimed at making improvements in the areas of Safety, Effectiveness, Access and Patient-Centred. The Plan is focused on creating a positive patient experience while delivering high quality health care. Hospitals are accountable for achieving these targets and reporting to the public on their performance and plans for improvement.

The MHA Plan provides a meaningful way for the MHA to clearly articulate accountability to our community, our patients and our staff and can be accessed on our web site.

<http://www.mhalliance.on.ca/wp-content/uploads/2014/04/MHA-Quality-Improvement-Plan-Narrative-2014-15.pdf>

### **Accreditation**

MHA hosted an Accreditation Review in October, 2013. An extensive evaluation was completed, including meetings with the board of directors, staff, physicians and volunteers throughout the hospital. Patients, families and community healthcare partners were also interviewed in order to evaluate the quality and effectiveness of the organization and the programs and services we provide.

I am very proud of MHA for receiving the **highest possible award of Exemplary Standing** from Accreditation Canada. This truly reflects the excellence and dedication of our team in providing the healthcare we would expect for our own families.

In closing, I offer my sincere appreciation to the Board of Directors and the Community Committee members who selflessly devote their time and talents to the governance and direction of the Middlesex Hospital Alliance. To our hundreds of volunteers, our board extends their appreciation. We would not be able to function without you. To our dedicated and talented physicians and staff, we say thank you on behalf of the thousands of patients who visit us annually. Finally, I would like to thank Todd Stepanuik, Nancy Maltby, Paul Long, Dr. Paul Ferner, Dr. Jon Dreyer and Cathy Swan for all their help and support over the past year.

I look forward to the next year as we build the future for the Middlesex Hospital Alliance.

#### **4.2 Report of Chief Executive Officer – T. Stepanuik**

Good afternoon, ladies and gentleman, it is a distinct pleasure and honour for me to be with you this afternoon and present my CEO address.

Check the news these days and you will likely see a headline, front and centre, on healthcare. The topics most certainly will be funding challenges, emerging viruses or bed shortages. Against a backdrop of increasing demand for services and a world economy in financial upheaval, the MHA continued to move forward and show achievement.

This afternoon, I will summarize for you many of the positive happenings and accomplishments that have transpired at the MHA during the 2013/14 fiscal year. Prior to doing so, I wish to express my profound gratitude for the people who drive our culture and make our successes possible – our staff, physicians, volunteers, board members and members of the management team. Their dedication to service is exemplary and the hospital's achievements are due to their extraordinary efforts.

There are numerous accomplishments that we should acknowledge as they give evidence to the teamwork at MHA as a cornerstone of our success. Suffice it to say that MHA has exhibited the characteristics of an organization that is “playing to win”, as compared to many who play not to lose.

#### **Patient Safety**

Patient safety initiatives continue to be a primary focus for the organization. Components of the Patient Safety Plan are monitored and managed by dedicated and knowledgeable staff.

During the 2013/14 fiscal year the MHA implemented the modules of the “Safer Healthcare Now” campaign to improve patient care by reducing adverse events. We continue to maintain some of the lowest rates in the Province for C-difficile, MRSA and VRE.

#### **HIRF**

Again this past year we were fortunate to receive Hospital Infrastructure Renewal Funding (HIRF). Our allocation equated to approximately \$567,700 for SMGH and \$236,700 for FCHS.

These funds will be used for projects including the replacement of domestic water distribution piping and replacement of air handling units just to name a few.

### **Leadership Charter**

Strong organizational leadership requires a clear and compelling vision, mission and objectives and a shared and agreed purpose amongst the formal leaders. Leaders provide clearly defined, agreed upon measurable outcomes and observable behaviours. They have a shared commitment and accountability to the standards and to one another. In addition to the best-practice leadership attributes, human values play a significant rôle in how leaders establish trusting, respectful and mutually valuable relations.

Our Leadership Team has had the opportunity to create and model the way. A framework has been created for setting, living up to and modelling leadership. In essence, what they expect of themselves, each other and what the MHA family should expect from them forms the basis for the Charter which has been created and embraced by the entire Management Team.

### **Accreditation:**

MHA hosted an Accreditation Canada review team for five days in October. The two person review team conducted an extensive evaluation, including meetings with the board of directors, staff, physicians and volunteers from across the hospital as well as interviewing patients, families and community healthcare partners to evaluate the quality and effectiveness of the organization and its programs and services.

MHA received an award of Exemplary Standing by Accreditation Canada, the highest honour possible. This award reflects the excellence and dedication of our board, staff, physicians and volunteers. It is indeed a pleasure for me to be part of this amazing organization.

### **OHA Healthy Workplace Award:**

The Ontario Hospital Association (OHA) in partnership with the Ministry of Health and Long-Term Care's (MOHLTC) HealthForceOntario (HFO) launched the Quality Healthcare Workplace Awards in 2010.

The Quality Healthcare Workplace Awards recognize healthcare workplaces that take a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work/job design conditions that maximize the health and wellbeing of its healthcare providers, while ensuring quality patient outcomes and organizational performance.

This year for the first time the MHA submitted an application for the awards. The application process is comprehensive and considers many aspects of the workplace including: organizational commitment to ongoing staff wellbeing, communication, safety, infection control, systems and processes, equipment and resources, recognition, and training. Those applying were challenged to showcase the strategies they employ to create a healthy workplace and how success is measured in each area. In all 52 hospitals applied.

The submissions were reviewed and scored by an adjudication panel, consisting of partner representatives, and other experts. This year there were 59 submissions for the awards,

which is a 33% increase from last year. The MHA is pleased to have participated in the award process, and receive a bronze award.

**Breast Assessment program (BAP):**

The MHA is introducing the Breast Assessment Program (BAP), an extension of an already successful breast screening program at SMGH and will be implemented using a phased-in approach over the next two years.

The program at SMGH will **increase local access**, help **reduce growing wait times** to facilitate earlier diagnosis and subsequent treatment. There is a direct correlation between decreasing wait times and improving mortality rates.

SMGH will continue to maintain its solid working relationship with the St. Joseph's Health Care Breast Care centre in London and will continue to refer cases requiring complex care. The goal, however, will be for the majority of cases to be handled by SMGH, thus relieving volumes in London and improving overall access in the region. It will be a "win-win" model for both facilities and our community.

**Funding Challenges**

Funding issues continue to be at the forefront of challenges plaguing us. The stark economic reality for us and the majority of hospitals in the province of Ontario is that funding simply has not kept pace with costs. Based upon our analysis, we have impressed on the LHIN that our fiscal woes are not related to being inefficient, but rather a result of being chronically underfunded. SMGH continues to be one of the more efficient hospitals in the Province and the most efficient hospital in the SWLHIN.

As a hospital, we have a great deal of reliance on the South West LHIN as 80% of our funding is allocated to us by the LHIN. To provide some context as to our ability, inability, to generate revenue the next major revenue stream for us is parking revenue. The majority of cost drivers are those which are beyond our control such as:

- volume of ALC patients;
- mandated yet unfunded programs;
- increasing reporting requirements;
- energy rates;
- insurance costs;
- fixed costs associated with operating a multi-site;
- pandemic supplies;
- heightened infection control requirements;
- high occupancy rates; and
- Cost of new drugs.

As a not-for-profit business, we have a responsibility to operate within our means and balance at the bottom line if we are to optimize our overall financial health and keep pace with the government's new healthcare funding model. MHA continues to face significant challenges in terms of financing service growth and accounting for capital expenditures, all within a shrinking operational budget. As an organization, we are continually striving

to restore our working capital position, improve cash flow and current ratio, and to optimize our financial health overall.

In order to meet this challenge we have spent a great deal of time comparing our costs at SMGH to deliver patient care with the Province's most efficiently run hospitals. Considerable work has already been undertaken to assess and improve our clinical and financial outcomes as per the HSFR formula.

While we celebrate our accomplishments, we cannot become complacent as there is pressure to assist in the transformation of the health care system. The MHA is blessed with the skills, leadership, commitment and engagement of everyone throughout the hospital to ensure that we will continue to be recognized as a compassionate, innovative and collaborative organization.

All of our work cannot be done in isolation. With an emphasis on establishing new partnerships and reconnecting and re-looking at existing partnerships we will continue to build these partnerships to ensure that our residents receive the best possible care now and for the future. We continue our collaborative efforts with the SWLHIN and other partners.

My message would not be complete without taking the opportunity to celebrate the diverse gifts and talents involved in service at the MHA. Special recognition must be given to the Board of Directors for their ongoing dedication and outstanding contributions to MHA. Thank you for the commitment and courage you have shown in the face of challenges and continuous uncertainty because of the political nature of healthcare. I would also like to thank Cheryl Waters and Ken Williams, who have been a steady hand and a sharp mind over the course of this past year. A special thanks to both of these individuals who have lent the board of directors their considerable skills as a relationship builder, spokesperson, statesman and community leader over the course of the past year as they have served in the role of Chair. I would like to express my profound gratitude to Ken for his leadership during this past year.

To the members of the management team, who I feel that I am blessed for having the opportunity to work with each and every day, I thank them for their insight, dedication and support. To the Senior leadership Team; Dr. Ferner (Paul) for his leadership this past year and to Paul and Nancy. You are one of the most experienced, dedicated and talented senior teams on the planet. Thanks for making me look good every day. Paul, you have been a guiding force on the MHA team for many, many years and we will all miss working with you on a daily basis.

To members of our hospital staff and all medical staff; your individual commitment on a daily basis to our patients is the reason why MHA is indeed a jewel in the crown of Ontario's high performing hospitals. All of you deliver outstanding service to our clients by personalizing, humanizing and demystifying the hospital experience. This is both an exciting and a challenging time in healthcare and I cannot imagine a more able and ready leadership team with which to meet these challenges head on.

Instrumental to our ongoing success is the unwavering support of the SMGH and FCHS Foundations, and the SMGH and FCHS Auxiliaries. I would like to commend each of the

Foundation's trustees and staff for their selfless devotion over the past year to enhancing patient care at our hospital. Equally important is the inspiring and tireless efforts of the auxiliaries. Their contribution has been integral to our success. The hospital is indebted to all four organizations.

I indeed feel privileged to work along side such dedicated caring people.

Finally, I would also like to acknowledge the efforts of Cathy Swan, my executive assistant. Her work can be arduous. If nothing else simply balancing my schedule is a nightmare. I offer you my heartfelt gratitude.

As you have heard tonight, it has certainly been a busy year at MHA. I close out this year feeling excited and believe passionately that as we continue to build on these successes, we will cement our position as a high-reliability organization and undoubtedly lead the future of healthcare in this Province.

#### **4.3 Report of Auditors:**

J. Sawyer from the firm BDO Canada LLP presented the audited financial statements for the Corporations of Four Counties Health Services (FCHS) and Strathroy Middlesex General Hospital (SMGH). Changes to the Independent Auditor's Report due to the transition to Public Sector Accounting Standards were reviewed. Financial Statements for both FCHS and SMGH were discussed. The opinion presented was that the financial statements for both corporations present fairly, in all material respects, the financial positions and the results of the operations and cash flows for the year ended March 31, 2014, in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

**MOTION:**  
**AGM 2/14**

It was moved and seconded, be it resolved that:

**The audited financial statements for the Corporations of Four Counties Health Services and Strathroy Middlesex General Hospital Corporation for the year ended March 31, 2014 be accepted as presented by BDO Canada LLP.**

**Carried**

#### **4.4 Report of Chief of Staff of the Middlesex Hospital Alliance**

This Annual Report outlines the main work done by the Medical Advisory Committee over the past year from June of 2013 to May of 2014.

##### **4.4.1 Human Resources**

There have been some changes to the Medical Staff and their roles over the past year:

**Surgery** – Dr. Chackungal has joined the MHA to provide weekend on call General Surgery Coverage over the past year. This has expanded our on-call coverage and is greatly appreciated.

After more than 28 years, Dr. Ian Ferguson is no longer providing Cesarean section coverage for the hospital. I would like to thank Dr. Ferguson for his support to the



hospital. Dr. Elgamil currently is providing the bulk of the C section coverage and we are extremely grateful for the work that he is doing in that area. Dr. DiCecco continues to support the service as he is able.

**Emergency Department** – Three physicians have joined the emergency department over the last year. Dr. Candace Rivest, Dr. David Lam and Dr. Monica Sharma have all joined the MHA on a contract basis to supply services in the ED at Strathroy Middlesex General Hospital.

Currently there is adequate coverage but we continue to cultivate relationships with new candidates as their names come forward.

**Department of Medicine** – Dr. Tom Wolder and Dr. Mohammed Mithoowani have retired from hospital work after many years of service. They both continue on with their office-based practices in Strathroy. I would like to thank them for the many years of service they provided and wish them all the best in the future.

At the SMGH site, Dr. Nancy Naylor and Dr. Padum Gunasingham have provided orphan patient care as well as surgical assisting coverage this past year. Dr. Gunasingham left the MHA in May of 2014 to pursue a private practice work opportunity in London. She is going to continue to help us cover call for the hospitalist system. We wish her all the best in the future.

At Four Counties Health Services, Dr. Robert Parnell had taken on the role of managing the orphan patients in 2012, working in conjunction with the two Nurse Practitioners who are working at the Four Counties site. One of the Nurse Practitioners left FCHS in the fall of 2013. Because of that, the unattached patient coverage system is currently undergoing a transformation where the work will be more evenly distributed between physicians and another Nurse Practitioner is being recruited.

**Internal Medicine** - Weekend call coverage has been supported over the year by having three physicians available to cover after hours call, those being Drs. Gryn, Teriyaki and Acedillo. Four new Fellows have been recruited for this coming year. We are currently in negotiations with a General Internist who has an interest in coming to the MHA. We are hoping that we will be able to secure his services by the fall of 2014.

With the implementation of HUGO, Dr. David Sanders has elected to stop doing his inpatient General Internal medicine practice. He continues to work through the Amatory Care Unit and in his private office. He does manage his own inpatients from time to time.

#### **4.1.2 Credentials**

No application for privileges was rejected for any reason through the year covering this report.

#### **4.1.3 Medical Staff Executive**

The following physicians were nominated to the Medical Staff Executive for 2013-14:

President: Dr. Vikram Dalal

Vice President: Dr. Vai Rajgopal  
Secretary: Dr. Sara Puente  
Treasurer: Dr. Phil Vandewalle

I would like to thank Dr. Furtado for the work that he has performed as President of the Medical staff for this past year and for the valuable input that he has provided through out the year on the issues that the hospital was facing.

#### **4.1.4 Policies and Procedures**

The following policies, processes and procedures were reviewed and/or passed at MAC over the past year:

- HUGO
- New OR scheduling and tracking system was implemented in the summer of 2013
- Venous Thromboembolism Prophylaxis Policy
- Post Operative Procedure for Managing Antihypertensives
- The MHA Laboratory completed the OLA accreditation and did extremely well.
- The process for managing patients on a heparin drip at FCHS was discussed and clarified.
- A Courtesy Privileges Policy was passed which better clarifies the various roles being performed by physicians at the MHA who have this classification of privileges.
- Medical Students Elective Policy
- Medical Student and Physician Assistant Training Policy
- Acceptability for Elective Surgery Policy
- Pediatric Age Criteria for General Surgery
- Pre-anesthetic Clinic Patient Referral Policy
- Preoperative Lab Testing Policy
- Home First – this is a program to maximize CCAC services in the home upon discharge from the hospital. The goal is to decrease Length of Stay by improving the services received at home.
- Drug shortages were experienced through 2013-14, but it had no impact on patient care.
- The Breast Assessment Program trial was implemented and we will be looking to formally partner with CCO later in 2014 to fully implement this program.
- ED Knowledge Transfer Project was undertaken to look at improving efficiencies and decreasing wait times in the ED. A review of CTAS scoring was undertaken.
- Revised C. diff Policy
- Preoperative Fasting Policy
- New Consent Forms were developed to capture concerns raised by the Department of Surgery around intraoperative advanced care planning. These were implemented for use over the past year.
- A Violent Patient Behaviour Alert was added to Power Chart to track any patient that had demonstrated violent behaviors towards staff or other patients while in the ED or hospital.
- Chlorhexidine bathing project on One South was implemented. It led to a 75% reduction in MRSA transmission.
- The Medication Reconciliation Policy was updated.

- The Allergies Policy was updated.
- The consent for administration of contrast for CT scans was revised and approved.
- The Medical Directive for Preoperative procedures was revised and approved.
- The process for mailing ECGs to physician's offices was examined and the Lab is continue to be developed.
- Change of Diet Policy and Medical Directive for SLP staff.
- Occupational Health and Safety Training is mandatory and to occur by July 1, 2014.

#### **4.1.5 Looking Ahead**

##### **HUGO**

HUGO was implemented in February of 2014, and as we all are aware it has led to many challenges for the staff at the MHA. Ongoing efforts are being made by the HUGO support staff, both at the MHA and London to mitigate and solve problems.

##### **Securing a New Internist**

This is a priority for the hospital, and hopefully will be completed by September of 2014.

##### **Stabilizing the Hospitalist System**

For a variety of reasons - (HUGO inefficiency, increased orphan patient numbers and individual physician's work loads outside of the hospital, etc.), the current Hospitalist system is under strain. The hospital is working diligently to recruit more physician human resources to help with this and resolve the stress this is causing. The same is true at FCHS, where the unattached patient system is currently being modified to meet the needs of the patients and physicians there.

##### **Thank You**

I would like to thank Dr. Jon Dreyer as the Deputy Chief of Staff for the work he is doing at the Four Counties Health Services in Newbury. I am very grateful for the leadership he has shown working with the medical and administrative staff there to manage issues as they arise and advocate for the interests of the patients and medical staff there. Both Dr. Dreyer and I would like to thank Catherine Kirk, the Four Counties Site Director, and Jackie Herdman, the Four Counties Administrative Assistant, for their tireless work in keeping Four Counties on track.

I would like to thank my Chief of Medicine, Dr. John Marcou and my Chief of Surgery, Dr. Marc Raymond, for the work that they have done over the past year. I very much appreciated their advice to me and their contributions both on the Medical Advisory Committee and to the functioning of their respective departments.

I would like to thank Dr. Kieraszewicz for joining the MAC as a member at large from the Department of Surgery. She brings a wealth of experience and knowledge to the table and I appreciate the contribution she has made to MAC.

I would like to thank all of the physicians that take leads in their various departments and committees and who advise, support and encourage me in my role. I would like to especially thank Dr. Vandewalle for OB, Dr. Dalal for ED, Dr. Gomes for P and T, Dr.

Rajgopal and Jain for Ambulatory Care, Dr. Tilsworth for Anesthesia and Dr. Dawson for Diagnostic Imaging.

I would like to thank the Senior Administration Team of Todd Stepanuik, Nancy Maltby and Paul Long for their support to me over the last year.

I would like to thank Ken Williams for his work as Board Chair, and all of the members of the Board who give their time so selflessly in support of the MHA.

I would like to thank Kimberly Dale as my administrative assistant for the work that she has done over the year supporting both myself as well as the medical staff. I also want to thank Cathy Swan and Heather Dobbin for their administrative support to me.

After 7 years as Chief of Staff it is time for me to move on from this position. It has been a very rewarding, and sometimes challenging, experience for me. I have learned a lot, both about myself personally, about the physicians and staff at the MHA as well as how the bigger health care system works. I wish the MHA, my physician colleagues and all the staff all the best going forward. I would

#### **4.5 Hospital Auxiliary**

##### **4.5.1 Four Counties Health Services – Jackie Herdman**

The Four Counties Health Services Auxiliary is happy to report another successful year.

During the Fall of 2013, Ellen Robson became Chair of the Auxiliary Committee and Judy Peters retired from the MHA. In order to bring continuity in communication to all FCHS volunteers including Auxiliary, invitations were extended to all volunteers inviting them to attend monthly meetings. Meetings now provide an opportunity for MHA Human Resources Volunteer Representative, Meg Sattin a venue to provide education on safety, emergency codes, hand hygiene and other important items.

In the Spring of 2014, The Auxiliary & Volunteers held their annual Spring Bazaar/Deli Lunch on April 14<sup>th</sup> one week earlier as not to interfere with an early Easter. Sales were decreased slightly from the previous bazaar, however vendors were still pleased with their sales as was the Auxiliary.

In May 2014 the Auxiliary and Volunteers held a Mother's Day Plant Sale which profited \$238.85. This is a new Fundraiser initiative.

Tickets are now on sale for the Spring BBQ Raffle. The BBQ is set up in the FCHS ED waiting area. Raffle tickets will be sold until June 30<sup>th</sup> draw date.

The Gift Shop is open from 9:30 AM – 3:00 PM, Monday to Friday. New inventory continues to entice shoppers and sales continue to do very well.

In December of 2013, the Book Store expanded its current area to include the unused courtyard lounge. The room was set up beautifully and includes all types of books which are sold for only \$1.00 each. The room is open 24/7 and works on the honour system where

people wishing to purchase books in this room place money in a container and take their books. To date, the gently used bookstore concept has proven to be quite lucrative, with sales for 2010/2011 \$3,514.76; 2011/2012- \$3,205.50; 2012/2013 \$3365.60; and 2013-2014 \$3841.12. Total proceeds since opening in March 2010 - \$14253.58. The inventory is overflowing with new stock arriving weekly. The Book Store is operated by auxiliary members and volunteers all of which have a passion for books. The Book Store is open from 9:30 AM to 2:30 PM, Monday to Friday.

Nevada ticket sales sold at the Post Office in Newbury and outside the Gift Shop continue to be quite profitable.

The Auxiliary is a dedicated group of ladies and gentlemen who work very hard to raise funds for the Four Counties Health Services Foundation. During the past fiscal year, the Auxiliary donated another \$18,000; bringing total donations to the FCHS Foundation to \$ 292,295.00.

The Auxiliary & Volunteer meetings are held the first Monday of the month at noon in the hospital Board Room. We currently have 20 active members plus other volunteers and we are always scouting for new members.

#### **4.5.2 Strathroy Middlesex General Hospital – Pam Hillis**

The Strathroy Middlesex General Hospital Auxiliary continued their monthly meetings every fourth Monday at 7 pm in the hospital auditorium from September through April.

The Auxiliary held a bake sale and penny auction in October 2013 and April 2014. The Christmas Open House was held October 31, November 1 and 2. Tag day was held May 30, 2014. All events were very successful.

The Hospital Auxiliary Associations of Ontario (HAAO) Convention was held in Toronto in November. Two representatives from the SMGH Auxiliary attended the event. Three members of the auxiliary attended the spring conference held in Windsor in April.

The fundraising committee has been very successful with fundraising initiatives including the e-cycle initiative, anniversary cookbook, art sales, and raffle tickets.

The Auxiliary is pleased to announce that “EDDIE”, the automated dispensing cabinet was totally paid for in November 2013. The auxiliary continues to raise funds for surgical equipment for shoulder procedures.

The Auxiliary has been busy planning for its 100<sup>th</sup> anniversary celebration. Some members of the Auxiliary have put together a history book of the past 100 years. We will also have copies of our centennial cookbook for sale. The highlight of the celebration for the Auxiliary is the annual Strawberry Social which will be held on the front lawn of the hospital, as in years gone by. Members of the Auxiliary will be dressed in period costume for the event.

**5. Election of Directors – C. Waters, Chair, MHA Governance Committee**

The Middlesex Hospital Alliance is governed by a knowledge-based Board of Directors comprised of seventeen directors, 11 elected and 6 ex-officio members. Members of the Board are accountable to the Corporations of the Middlesex Hospital Alliance.

I would like to thank outgoing Board member Dr. Norm Furtado, President of the SMGH Medical Staff for his commitment to the Middlesex Hospital Alliance. I would also like to thank past board members Drew Peddie and Jon Aristone for their commitment to the MHA Board.

I would like to confirm the appointments of Nicholas VanderGulik (October 30, 2013) and Ron McRae (November 27, 2013) to fill these vacancies.

**Therefore, on behalf of the Governance Committee, I move:**

**That Nicholas VanderGulik and Ron McRae be appointed to the Board of Directors to fill the board vacancies.**

I would like to thank Catherine Osborne for her dedication to the MHA Board of Directors over the past three years. I would also like to acknowledge Ineke Haan, a former board member, who served on the Governance Committee as a Community Committee member for her contributions to the MHA.

Three Board of Directors' terms are up for renewal for fiscal year 2014/15: Frances Ellett, Nicholas VanderGulik and Ron McRae, each for 3-year terms.

**Therefore, on behalf of the Governance Committee, I move:**

**That Frances Ellett, Nicholas VanderGulik and Ron McRae be reappointed to the Board of Directors, each for a 3-year term.**

The Board of Directors is actively recruiting for a candidate to fill the current Board vacancy.

Doug Miller, Lisa Milligan, Jen Pasichnyk and Tracy Prince have agreed to remain as community committee representatives.

**Therefore, on behalf of the Governance Committee, I move:**

**That Douglas Miller be reappointed to the Finance and Governance Committees and that Lisa Milligan be reappointed to the Quality Committee and that Jen Pasichnyk and Tracy Prince be reappointed to the Finance Committee, each appointment for a one-year term, as a Community Committee Representative on the Middlesex Hospital Alliance Board of Directors.**

Joanne Vansevenant, Betty Ann MacKinnon, Al Robinson, Ellen Robson and Don Weekes are Community Committee Representatives on the Four Counties Health Services Local Advisory Committee.

**Therefore, on behalf of the Governance Committee, I move:**

**That Joanne Vansevenant, Betty Ann Mackinnon, Ellen Robson and Don Weekes be reappointed members of the Four Counties Health Services Local Advisory Committee, subject to confirmation.**

**I further move:**

**That Catherine Osborne be appointed to the Four Counties Health Services Local Advisory Committee for a one-year term.**

Dr. Jonathan Dreyer is currently the Deputy Chief of Staff of the Middlesex Hospital Alliance Professional Staff.

**Therefore, on behalf of the Governance Committee, I move:**

**That Dr. Jonathan Dreyer be reappointed as Deputy Chief of Staff of the Middlesex Hospital Alliance Professional Staff.**

Dr. Gary Perkin is the incoming Chief of Staff of the Middlesex Hospital Alliance.

**Therefore, on behalf of the Governance Committee, I move:**

**That Dr. Gary Perkin be appointed as Chief of Staff of the Middlesex Hospital Alliance Professional Staff.**

**MOTION:**

**AGM 3/14**

It was therefore moved and seconded, be it resolved that:

**The Board of Directors approves the recommendations made by the Governance Committee for 2014/15 Board of Directors and Community Representatives.**

**Carried**

**6. Appointment of Auditors – K. Williams, Chair**

**MOTION:**

**AGM 4/14**

It was moved and seconded, be it resolved that:

**The firm of BDO Canada LLP be appointed as auditors for Four Counties Health Services and Strathroy Middlesex General Hospital until the next Annual Meeting of their Corporations.**

**Carried**

**7. Bylaw Amendments**

**7.1 MHA Bylaws – Articles 7.01(a) Committees of the Board and 7.08 Local Advisory Committees**

MHA has been non compliant with the Bylaws since 2005, specifically as it pertains to Article 7.01(a) Committees of the Board and 7.08 Local Advisory Committee.

The MHA Bylaws – Section 7.01(a) and 7.08 have been amended to reflect the following:

7.01 The board shall establish the following standing committees of the board:

1. Executive
2. Governance

3. Finance and Property
4. Quality
5. MAC
6. Such other committees as outlined in Board committee policy.

7.08 (a) Each hospital may create and maintain a Local Advisory Committee...

**MOTION:** It was moved and seconded, be it resolved that:  
**AGM 5/14** **Confirmation of amendment to the Middlesex Hospital Alliance Bylaws Article 7.01(a) and 7.08 be accepted as approved by the Board of Directors October 30, 2013.**  
**Carried**

8. **Adjournment:** K. Williams adjourned the meeting at 1755h.



K. Williams, Chair



Todd Stepanuik, Secretary