

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

**JUNE 16, 2015  
AUDITORIUM, STRATHROY MIDDLESEX GENERAL HOSPITAL  
1730 HOURS**

Present:	Guests:
K. Williams (Chair)	S. Ouellet
J. Barnett	R. Shea
D. Butler	J. Sawyer, BDO Canada LLP
B. Montgomery	SMGH Foundation Members
B. Twyford	Regrets:
N. VanderGulik	V. Dalal
C. Waters	N. MacLean
Ex-Officio	N. Maltby
J. Dreyer	R. McRae
G. Perkin	
A. Smith	
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 Ralph Coe who is leaving the Board following completion of 9 years as a Director. During this time, Mr. Coe has served on many Committees and even served as Board Chair. The Board's appreciation and gratitude was extended to Dr. Vikram Dalal, who sat on the Board as the President of the MHA Medical Staff. I would also like to personally thank Mr. Doug Miller, who has sat on the MHA Finance and Governance Committees for the past 7 years. We truly value and appreciate the knowledge and wisdom shared by Doug during his time on the Board. We wish Doug well as he retires from the OHA. Recognition was also given to Todd Stepanuik, President & CEO of the MHA, for his continued exemplary guidance and leadership of MHA. 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 1/15**

**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 10, 2014 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 has been a privilege and an honour for me to have served as the Board Chair of the Middlesex Hospital Alliance for the past two years. The sense of pride in our organization is evident by the continuous hard work and dedication of our many volunteers, staff, physicians, the management team and the Board of Directors. Healthcare is a highly complex system with the only constant being change. We continue to be challenged to maintain fiscal responsibility while providing healthcare for our patients that is second to none. I have every confidence that as a team, we will succeed and exceed all expectations.

**Strategic Planning:**

MHA issued an invitational RFP in February 2014 requesting qualified firms to submit a proposal to work in partnership with the hospital leadership to develop a strategic plan for 2015-2018. The successful firm was Jim Whaley, Whaley and Company.

The Board of Directors kicked off the Strategic Planning Process with a workshop in September to discuss MHA Visioning for the Future. Consultation sessions were held with staff, physicians, volunteers and community partners to obtain their thoughts about MHA moving forward. A subsequent board workshop was held to discuss and establish the Mission, Vision and Pillars for the MHA Strategic Plan and goals for each. This information was then shared with the MHA Managers and also reviewed during a second round of stakeholder consultations.

The draft Strategic Plan was reviewed by the Planning Committee and feedback provided to the Consultant. The final draft plan was distributed to the MHA Board of Directors in May to review and comment. The Planning Committee will bring forth the finalized Strategic Plan 2015-18 for approval in June.

**FCHS Visioning**

As you will recall, the FCHS – A Vision for the Future – document was released in May 2014. FCHS had engaged the services of Coulson & Associates, Health Services Consultants, to conduct a fulsome review of Four Counties in order to assist the MHA Board and the CEO and Senior Leadership Team to develop a new focus for FCHS based on changing health care needs of the residents served by the Hospital. Consultations with staff, physicians, volunteers and community partners were conducted to obtain input and suggestions for FCHS moving forward. Ten recommendations were presented in the final report for consideration by the MHA Board.

- Ongoing development and expansion of primary care services
- Focus on development of a comprehensive range of services for seniors
- Examine the feasibility of expanding the scope of seniors housing
- Expand rehab services
- Expand palliative care services
- Decant some of its current day surgical and diagnostic services from SMGH to FCHS
- Develop a broader range of mental health services
- Develop a series of satellite health and wellness clinics
- Develop a Rural Health Research Institute
- Develop a volunteer “patient navigator” program

As a result of these recommendations, FCHS has prioritized the recommendations and has been working towards implementing the recommendations.

I am very pleased to announce that the FCHS Palliative Care Suite was officially opened on April 7, 2015. This suite was designed to provide comfort to seriously ill patients and their families. The home-like suite will help improve quality of life for patients and features a private washroom, a small kitchen area, an entertainment centre and a sofa bed for family members.

FCHS has also recently introduced a “Memory Clinic” in collaboration with the Four Counties Family Health Team and the Alzheimer’s Society of Ontario. This is an exciting, new collaborative relationship between the two organizations aimed at improving the care for patients with memory difficulties.

#### **Quality:**

The MHA Board and the Quality Committee is very supportive of the improvement plan efforts of leadership and the health care providers. The Board receives quarterly progress reports, provides guidance and requests detailed information of change ideas, challenges and plans moving forward to address priority indicator opportunities for improvement.

2014/15 Achievements include:

- Achievement of C.Difficile target of zero cases at FCHS, near target achievement at SMGH
- Breast Assessment Program development complete with final requirement for submission in March 2015
- Greater than 90% compliance of hand washing maintained both before and after patient contact
- Achievement of a balanced or better total margin
- ED Knowledge Transfer project implementation of equipment, tools and resources
- Improved ED admitted Length of Stay
- Quality Workplace Award- Silver Award
- MORE OB Program completion of Module 2
- Home First Program Implementation
- HUGO Electronic Provider Order Entry Launch February 2014

- Dissemination of HSFR and QBP funding understanding and impacts following thorough review of MOHLTC Clinical Guidelines, clinical review of case volumes, outcomes, costs and readmissions.
- SWLHIN Regional working group collaborating on quality outcomes achievement of provincial Total Joint Replacement indicators, Regional Information Decision Support (RIDS).

**Integration:**

An Agreement to share the services of the MHA President & CEO with South Huron Hospital Association was finalized in February of this year. The shared integration arrangement has been a positive experience for both MHA and SHHA. Since February, several other opportunities for shared services have been identified and are being explored. These integration strategies are a win-win for both organizations.

In closing, I wish to express my sincere thanks and appreciation to the MHA Board of Directors and Community Committee members, MHA staff, volunteers and physicians. You are all a dedicated group of individuals working together towards the common goal of our mission; “To provide the healthcare we would expect for our own families”. I would also like to extend my appreciation and gratitude to the Senior Leadership Team; Todd Stepanuik, Paul Long, who has recently retired, Alasdair Smith, Nancy Maltby, Steph Ouellet, Dr. Gary Perkin and Dr. Jon Dreyer – MHA would not be able to function and prosper without your leadership and guidance. I would also like to acknowledge Cathy Swan for her ongoing organization and assistance as Board Coordinator. Thank you for everything.

As I pass the gavel over to Dawn Butler, the incoming MHA Board Chair, I am confident that MHA will continue to grow and prosper.

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

Good afternoon ladies and gentlemen. It is indeed a pleasure for me to present my CEO address to the Annual General Meeting of Strathroy Middlesex General Hospital and Four Counties Health Services for 2014/15.

Our greatest resource is our people – our staff, physicians and volunteers. Together, we have accomplished great things! Our people are the pillars of MHA. To honour and recognize these individuals and teams, we have celebrated their accomplishments at Hats Off, Service Awards, Volunteer Recognition and Appreciation Barbecues, to name a few. These events provide a formal opportunity for us to say thank you to each and every member of the MHA family for all they do.

The MHA Board of Directors is the foundation of our great organization. It is a privilege for me to work with such a talented and committed group of people who so graciously volunteer their time and knowledge to ensure the success of MHA in providing healthcare for our patients.

**Strategic Planning Process:**

The Board of Directors attended planning sessions over the past year to discuss and provide input for the development of the MHA Strategic Plan 2015-18. The Board held planning sessions as well as ongoing discussions about the current services MHA provides and what MHA should focus on moving forward. This information, together with input received from stakeholders has resulted in the development of a new MHA Strategic Plan, 2015-18.

The MHA has a new Vision – “Exceptional Care by Exceptional People”

This statement resonates with me as I see firsthand every day the exceptional care that the MHA family provides to our patients.

The Mission for MHA remains the same – “To provide the Healthcare We would expect for our Own Families”

This is a very powerful statement and speaks to the dedication and commitment of our staff, physicians and volunteers who provide care to our patients that is second to none.

Our strategic directions are defined by pillars and enablers. Our strategic pillars are the foundation of our new strategic plan and represent broad areas of intended corporate achievement. The five pillars are: people, quality care, relationships, resources, innovation.

Our strategic enablers, technology and communications, are key tools to help us to achieve success across all our pillars.

Goals have been developed for each pillar to represent what we hope to accomplish over the next few years. Objectives or measurable action steps that describe how we intend to accomplish our goals have also been established.

The Board has had the opportunity to review the proposed plan to provide comments and feedback. It is anticipated that the Strategic Plan will be accepted by the Board at the June meeting.

I look forward to working with MHA as we strive to achieve our goals of the Strategic Plan 2015-18.

**MHA/South Huron Hospital Association (SHHA) Shared President & CEO Position:**

I have been the President & CEO of both MHA and SHHA since February 2015. This shared position came about when the SHHA Board approached the MHA board to discuss opportunities for a shared position. Both Boards agreed that this was a great opportunity to pursue this integrated position.

I am blessed to lead these two amazing organizations and I look forward to identifying opportunities with the leaders of MHA and SHHA for further integration and sharing in order to provide care and services for our patients that is second-to-none and providing a strong rural voice in the SW LHIN.

**Quality:**

MHA is committed to quality care for our patients. For the past two years, MHA has made submissions to the Ontario Hospital Association (OHA) that reinforces and demonstrates our commitment to a quality organization. The OHA Quality Healthcare Award recognizes employer and staff efforts in fostering and establishing healthy workplaces, and commitment from senior leaders to improve healthcare workplaces in ways that contribute to quality of work life and the quality of care and services delivered.

MHA applied for the prestigious award in 2014 for the first time and earned a bronze-level award. I am pleased to share with you that the MHA has been awarded a Silver category award this year. This is a significant achievement for our commitment to ensuring a quality healthcare workplace. Our goal for 2015 will be to secure a Gold award.

**Business Development/Partnerships:**

MHA has been diligently exploring opportunities to secure tenants for the fourth floor at the SMGH site as well as enter into ventures that would involve new builds on the SMGH site. Two such ventures have been diligently explored and pursued: establishment of a professional services building at SMGH site and a new Middlesex County EMS base for Strathroy at the SMGH site. MHA has been working in close collaboration with Schulich, the Thames Valley FHT and the Dr. Vandewalle Group.

SMGH has engaged in very preliminary discussions with LHSC regarding the use of fourth floor to build capacity and alleviate flow issues being experienced at LHSC. We have also had discussions with other partners to ascertain their interest in occupying the fourth floor at MHA.

**Energy Performance & Infrastructure Renewal Partnership – Trane Canada:**

With the increasing financial pressures being felt by hospitals to maintain a balanced budget, although no increased funding is forthcoming, it is imperative that we proactively look at opportunities for cost savings non-clinically in order to maintain clinical services. MHA contracted Trane Canada to conduct a review of both SMGH and FCHS and provide recommendations for the hospitals to improve their energy performance and thus become more cost effective.

Some of the benefits to proceeding with the project include:

- Improved temperature control
- More consistent and controllable lighting levels
- Continued savings in energy mitigating future electricity cost increases
- Increased reliability of heating plant at SMGH
- Increased steam capacity at SMGH
- Increased monitoring of energy consumption – fueling culture of sustainability “what gets measured gets done”
- Improved monitoring and control of building systems.

Financial Benefits:

- Trane guarantees the energy savings, verifies using recognized protocols, and makes up any shortfall within 90 days of anniversary date.
- Excess savings in any year are MHA’s, however if a subsequent year has a shortfall the excess savings will be applied against the shortfall without penalty to Trane.

Trane has an excellent record of meeting or exceeding guaranteed energy savings in their projects.

The preliminary assessment provided by Trane Canada estimated significant savings could be realized by both SMGH and FCHS. Trane Canada was then authorized to proceed to Phase 2 of the Project, a Detailed Energy Report and the resulting commitments. If the detailed energy report shows less than 80% of the savings, and costs that are 20% higher than the figures in the Preliminary Assessment (Phase 1), MHA may discontinue the project at no cost. If the targets are accomplished, the hospital moves forward with the guaranteed savings investment or reimburses Trane for their work. This report is expected to be received by the end of June.

**Health Infrastructure Renewal Funding:**

The Health Infrastructure Renewal Fund (HIRF) was established in 1999 to assist public hospitals renew their healthcare facilities. Changes to the program were introduced in 2004 and again in 2007 with the establishment of the Local Health Integration Networks (LHINs). HIRF Grants are designed to supplement hospitals' existing renewal programs and helps hospitals to address these needs on a priority basis.

The funding model has changed and as a result SMGH received \$1,600,693 for 2014/15 and will receive \$800,346 for 2015/16. The funds received for 2014/15 were used for medical air compressors, hospital vacuum pumps, floor finishes, water distribution completion and exterior wall cladding. FCHS received \$282,488 for 2014/15 and will receive \$141,244 for 2015/16. FCHS used its funds for hospital vacuum pumps, exterior windows, water distribution completion and water heaters with the remainder put towards an air handling unit.

**2014/15 Fiscal Year End:**

MHA is committed to a transparent, collaborative approach to developing, implementing and monitoring our financial plan supporting the delivery of quality programs and services. As trusted stewards of public funds, we will focus on leveraging technology as well as championing innovation and continuous improvement to maximize the value of our resources. As a fiscally responsible organization I am pleased to share with you that the financial results for the year ending March 31, 2015 show a surplus of \$318,039 for the SMGH site and for the FCHS site a surplus of \$342,885.

As a result of our operating surplus and our ongoing attention to fiscal responsibility, MHA continues to proactively invest in our organization, our clinical programs, patient equipment and safety.

I wish to acknowledge and thank our staff and physicians for their valuable suggestions and unwavering support. We couldn't have done it without you!

**Augmented RT Services:**

A need has been identified to further augment pulmonary function testing services as well as acute care respiratory services at MHA. Currently 2.5 days per week are available at SMGH. A demonstrable investment is being made to better ensure a more stable and high quality service. Details and deliverables are still being worked through.

**Mental Health Initiative with Bluewater Health:**

Meetings have been held with Bluewater Health to discuss opportunities for MHA to transfer Form 1 Patients to their facility for assessment and treatment. Preliminary discussions have been very positive. We continue to work together to develop a strategy for transfer and care for mental health patients from MHA.

**SMGH Breast Assessment Program (BAP):**

SMGH Foundation has undertaken a major fundraising campaign for the Breast Assessment Program. The BAP is a natural transition from the Ontario Breast Screening Program (OBSP) in place at SMGH. Implementing the BAP at SMGH will reduce wait times, is more convenient for our patients and will refer to the local surgeons. Cancer Care Ontario (CCO) states there is a need. The campaign is well underway and is providing a much needed and appreciated service.

I extend my sincere thanks and appreciation to the SMGH Foundation and the SMGH Foundation Boards and staff for their commitment to these programs.

**FCHS Capital Campaign – Diagnostic Suite:**

The \$700,000 campaign which begun in January of this year has to date (as of April 30, 2015) raised \$540,000 including cash and pledges. The Campaign involves the purchase of a new portable x-ray unit as well as a new digital DI unit and renovations to the DI department. I understand the timeline is to have the new units on site and fully operational by December 31, 2015. The commitment of the staff and volunteers and the support of the FCHS community are evident by the early success of this campaign.

To the FCHS Foundation Board of Directors and Foundation Staff, please accept my sincere thanks and appreciation for leading this campaign.

**HUGO:**

HUGO (Hospitals Undergoing Optimization) is a regional clinical transformation initiative involving the London Health Sciences Centre, St. Joseph's Health Care hospitals, Listowel Wingham Alliance, St. Thomas Elgin General Hospital, Woodstock Hospital, Alexandra Hospital, Middlesex Hospital Alliance (MHA), and Tillsonburg District Memorial Hospital. It is the intent to leverage MHA's investment in Cerner building on the vision for patient care by utilizing CPOE (Computerized Physician order entry). MHA was on-boarded to HUGO in February of 2014.

Since the introduction of the HUGO computer physician order entry system in February of 2014, it has been recognized that there are a number of inefficiencies within the system. In spite of improvements in the system, it remains a time consuming and often frustrating system for physicians managing inpatient care. To that end, the longstanding "physicians order sheet" was reintroduced with plans to discontinue the paper orders as at March 31, 2015. Following the recommendation from the March 2015 MAC meeting, the Senior Leadership Team and HUGO Steering Committee reviewed whether or not to continue with written orders or cease the practice. It was agreed that paper orders may be continued



for difficult orders. Statistically, since the summer of 2014, written paper orders have accounted for approximately 1.6% of total orders. The opportunity to utilize paper orders for difficult orders has been well received by the physicians.

**Chief of Staff:**

As you are aware, Dr. Gary Perkin was appointed Chief of Staff for MHA effective June 1, 2014. Dr. Perkin is very familiar with the duties and obligations as Chief of Staff, having served in this role previously.

Dr. Perkin is a true ambassador for MHA, working tirelessly to promote MHA as we continue to recruit for a hospitalist for the inpatients at SMGH as well as an OB/Gyn to lead and grow the current obstetrical program.

Over the past year, Dr. Perkin has provided strong leadership and guidance to the medical staff with the introduction of HUGO and the related challenges that presented as a result. He is the voice of reason and a true facilitator for both the physicians and patients.

I am very grateful for the guidance and leadership shown by Dr. Perkin as Chief of Staff and I look forward to working with him as we continue to provide medical resources and manpower to the patients we serve.

**Bill 45 – Making Healthier Choices Act:**

Bill 45, *Making Healthier Choices Act*, is currently proceeding through the legislative process. One component of this bill would allow the government to enact regulations banning smoking at specific institutions. The government is considering draft regulations that would ban smoking on hospital premises generally, while providing hospital boards with the discretion to designate specific outdoor smoking areas within certain parameters.

The current policy of the Middlesex Hospital Alliance restricts smoking to designated areas outside of the hospital only. The Alliance has had a smoking policy in place for a great many years whereby smoking is banned within nine metres of any hospital entrance or exit. In the latter part of 2014 MHA rendered a decision to pursue smoke free on the premises. The intent is to have our facilities and properties become smoke-free whereby smoking would no longer be permitted anywhere on the hospital's property – inside or out – for all staff, patients and visitors effective by the spring of 2016.

The Smoke-Free Ontario Act came into force on May 31, 2006. The Act prohibits smoking in enclosed workplaces and enclosed public places as well as in vehicles in Ontario. Smoking is also prohibited within a nine (9) metre radius of any entrance or exit of a hospital as defined in the Public Hospitals Act.

**Facts About Tobacco Use:**

- Tobacco-related diseases have been estimated to account for \$1.6 billion in direct healthcare costs and 500,000 hospital days annually.
- Tobacco kills approximately 13,000 Ontarians (36 per day) and 37,000 Canadians each year.
- Diseases caused by second hand smoke include:

- heart disease;
- lung cancer;
- nasal/sinus cancer;
- respiratory disease.
- 300 non-smokers will die of lung cancer and at least 700 non-smokers will die of coronary heart disease caused by exposure to second hand smoke.
- Tobacco is the leading cause of preventable death and illness in Ontario.
- Tobacco is responsible for 80-90% of all COPD.
- Each year, more than 1,000 non-smoking Canadians die from second hand smoke.
- Breathing in second hand smoke can also trigger asthma attacks and increase your chances of getting bronchitis and pneumonia.
- Toronto Public Health has concluded that Smoking costs the Ontario economy \$2.6 billion in productivity losses each year.
- On any given day in Canada, over 23,000 hospital beds are being occupied by current smokers.
- In 2009, Prince Edward Island set a Canadian precedent by becoming the first province to prohibit smoking on hospital property.

When it comes to the effects of smoking, no organization should be more aware of the perils associated with second hand smoke than the Middlesex Hospital Alliance. In the spirit of the “Smoke-Free Ontario” legislation, we, as an organization, continue to improve the health of our constituents by intending to become smoke-free in our buildings and on our properties.

Going smoke-free sends a clear message to our communities that prevention is as important as treatment of illness and that, we, at the Middlesex Hospital Alliance, are committed to providing a safe and healthy environment. This action clearly demonstrates our commitment to health promotion and disease prevention.

A Planning Committee at MHA is in the process reviewing the legislation and looking at current practices at MHA. Once the review is completed, a recommendation as to how to implement a smoke free environment at MHA will be forthcoming. Further information will be provided as available.

#### **WIFI:**

A new guest and patient wireless Internet service was introduced at Strathroy Middlesex General Hospital and Four Counties Health Services for use by patients, visitors and families. The introduction of the guest network will make free WIFI access available in all areas where wireless coverage exists. People accessing the hospitals will be able to use their own laptops, iPads, mobile devices, etc., to surf the internet, send and receive emails, Facebook and Skype. Communication via the internet is something that most of us take for granted but if you are in the hospital and you suddenly don't have that facility on your own device, it can be quite frustrating. We made the decision to offer free WIFI to give visitors and family members more flexibility and control over the way they communicate while they are at the hospitals.

#### **Code Gold:**

MHA has been working on the development of a Code Gold (tornado preparedness plan) as it was apparent that the Code Grey did not address immediate weather situations which have a sudden onset.

April to September provides the greatest window of opportunity for tornados to strike in our area. As a matter of fact, a watch has already been issued this year in our area. In order to address these situations which are unpredictable and occur with little warning, Code Gold has been generated. Training will be provided for our staff so that they are prepared to care for our patients and keep them safe in the event a tornado watch or warning is received.

#### **South West LHIN:**

The SouthWest LHIN continues to lead healthcare providers in our region to plan for the future needs of our patients in order to ensure a seamless continuum of high quality care for health care consumers and their families.

Some of these initiatives include:

- **Vision Care Project:** The mandate of the project is to review cataract surgery and ophthalmologist-based eye care services in the region in order to plan for the future needs of patients.
- **Stroke Strategy:** The SW LHIN has been working toward a regional approach for stroke care. The direction is to centralize the management of stroke care to achieve better outcomes. The intent of the regional plan is to ensure the implementation of best practice guidelines, complete a robust capacity and readiness assessment and identify opportunities for realignment of services and developing bypass procedures to speed stroke patients to the most appropriate regional centre (LHSC in our case). There are many things to consider prior to total implementation of this project.
- **Endoscopy:** The SW LHIN is working together with the SW Regional Cancer Program and 28 hospital sites in the region to identify evaluate and improve the way outpatient endoscopy services and follow-up care is delivered across the south west. The aim of the project is to decrease the variation of wait times and volumes and implement best practices in the GI Endoscopy services delivered in the SW LHIN by 2016.
- **Mental Health Access:** Emergency Departments across the SW LHIN have identified the movement of Form 1 Mental Health patients from regional emergency departments to Schedule 1 facilities as a challenge, especially for child and adolescent cases. A working group was established with the goal to have all Form 1 patients referred to a Schedule 1 facility and disposition made within 12 hours. Mental health patients will be included in the CritiCall/One Number process in the near future.
- **CCC/Rehab:** As a continuation of the SW LHIN Access to Care Initiative, a steering committee has been established across the SW LHIN to review the current bed complement across the SW LHIN and recommend realignment of these beds to better meet the needs of the patients in the LHIN.

#### **MHA Leadership:**

Over the past year, MHA has had a change in the senior leadership due to the retirements of Catherine Kirk, FCHS Site Director and Paul Long, CFO.

Steph Ouellet joined the MHA family as the VP Strategic Partnerships/FCHS Site Director in February of this year. In this role, Steph is responsible for the overall operation at FCHS as well as driving strategic partnerships for MHA.

After a national search, MHA is fortunate to have recruited Alasdair Smith to join the MHA family as the VP Finance/CFO. Alasdair is a dedicated, client centred, collaborative and results focused executive with a vast array of healthcare leadership experience both in Canada and abroad.

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 personally thank Ken Williams - Board Chair who has been a steady hand and a sharp mind over the course of these past two years. A special thanks to you as you have lent the board of directors your considerable skills as a relationship builder, spokesperson, statesman and community leader over the course of these past two years as you have served in the role of Chair. I look forward to working with him again in 2015 in his role as a trustee.

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 members of our hospital staff and all medical staff; your individual commitment on a daily basis to our patients is the reason why MHA has such a stellar reputation. 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.

Finally, I would also like to acknowledge the efforts of Cathy Swan, my executive assistant. She is, without question, a true gem. Her work can be arduous. If nothing else, simply balancing my schedule is a nightmare. I offer her my heartfelt gratitude for her loyalty, support and patience.

#### **4.3 Report of Auditors: Jeff Sawyer**

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, 2015, in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

**MOTION:**  
**AGM 2/15**

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, 2015 be accepted as presented by BDO Canada LLP.**

**Carried**

**4.4 Report of Chief of Staff of the Middlesex Hospital Alliance – Dr. Gary Perkin**

This annual report outlines the work done by the Medical Advisory Committee for the past year from June 2014 to May 2015.

**Human Resources**

There have been some changes to the medical staff over the past year as follows:

**Surgery**

Dr. Cathy Blokker has retired from her office practice, after many years of providing orthopedic services to our Hospital in a ground breaking role as our first orthopedic surgeon. For many years she provided specialized foot, ankle and knee care as well as tending to a wide variety of orthopedic fractures. Dr. Blokker continues to work in the Hospital providing assistance during joint arthroplasty to Dr. Rajgopal and Dr. Chant as well as doing some surgical assisting on an on call basis.

Over the past year Dr. Elgamal has continued to provide the bulk of caesarean section coverage supplemented by Dr. Di Cecco and Dr. Bedi, providing almost complete caesarean section coverage to support the department of Obstetrics. The Hospital is actively seeking the services of an obstetrician/gynecologist to supplement the four dedicated physicians, Drs. Vandewalle, Puente, Marcou and Hull who continue to run the family practice/obstetrics program at SMGH.

**Department of Medicine**

The implementation of HUGO at SMGH developed a crisis with our internal medicine coverage and I am grateful to Dr. Gomes for the work he did during this difficult time.

We were successfully able to recruit a third internist, Dr. Samy Soliman, who joined the staff of SMGH December 1, 2014, and is able to assist in providing us with near complete internal medicine coverage. I appreciate the support physicians have accorded Dr. Soliman in his new role here.

At SMGH, in late April, an extended class Nurse Practitioner was hired to assist in the management of orphan inpatients as well as post op arthroplasty patients. She has extensive internal medicine and orthopedic experience of which she gained in London. I have had the pleasure of working with Maureen Loft in this new position here, orienting her to the Hospital and hopefully will provide some additional assistance to those physicians covering orphan patients.

**Medical Staff Executive**

The following positions have been nominated and approved at the Medical Staff AGM of May 29, 2015, for the medical staff executive for 2015/16:

President: Dr. Vai Rajgopal

Vice President: Dr. Sara Puente  
Secretary: Dr. Vipin Jain  
Treasurer: Dr. Phil Vandewalle

### **Policies and Procedures**

A large number of policies, procedures and medical directives were reviewed, revised and passed at MAC over the following year including the following:

1. Asthma
2. Atropine
3. Chest pain protocol
4. Defibrillation
5. Electrocardiogram
6. Epinephrine IM injection
7. Fever
8. Hypoglycemia
9. IV initiation access
10. Nitroglycerin sublingual administration for angina
11. Orthopedic injury suspected 14 years
12. Tetanus immunization
13. Urinary retention/inability to void
14. Preoperative glucometer testing for diabetic patients have cataract surgery
15. Preoperative home medication management
16. Preoperative medication restrictions
17. Preoperative management of prednisone
18. Preoperative procedures anesthesia
19. Preoperative ventolin administration
20. Preoperative voiding difficulties
21. Epidural Catheter insertion
22. Epidural catheter removal
23. Hypertension in pregnancy, management of
24. Post partum hemorrhage
25. Post partum hemorrhage bakri temponade balloon catheter
26. Induction/augmentation oxytocin
27. Disruptive professional staff behavior policy

I would like to thank Dr. Paul Ferner for his invaluable assistance in preparing and editing a number of these policies. At this time, I would also like to take this time to thank Dr. Ferner, who served behind the scenes, to assist me over the last year and served on the HUGO steering committee. Dr. Ferner has indicated to Administration that he will not be continuing these duties beyond this year and his support and behind the scenes leadership has been much appreciated by me over the last year.

### **Future Developments**

#### **HUGO**

This topic has made its way onto the agenda of almost every meeting held within the last year and continues to be a major struggle for the physicians working in almost every department of the Hospital. A number of changes and initiatives have been identified across the Thames Valley Region, a number of them involving a great deal of expense and

prolonged introduction time and hopefully if the system is modified we can learn to tolerate it. I would like to thank all of the physicians who have struggled with this over the last year and the dedicated efforts, even with its encumbrance, to provide high quality health care to the patient of the Middlesex Hospital Alliance.

### **Stabilizing the Hospitalist System**

With the announced retirement of Dr. Nancy Naylor at the end of June, 2015 we will need additional assistance in managing our orphan patients. A local clinic is in the early negotiation phases with a recent medical graduate who has interest in hospital care and it is hoped that this will help relieve the pressure on the dedicated group of family physicians who continue to provide high quality care for our orphan patients. I would like to thank the core group of physicians, in spite of HUGO, and the gradually reducing number of physicians providing this service for the dedication to this often thankless job. The addition of the nurse practitioner has personally, to myself, been a great benefit and I would encourage yourself to utilize her resources. To this end, I would also like to thank Dr. Nancy Naylor for the years that she has spent at SMGH after retiring from her Ilderton practice. Her patience, dedication and gentle way with patients has been a great asset to our institution and she will be missed.

In addition, Dr. Ted Osmun will also be retiring from his office practice and will also cease Hospital inpatient work. Dr. Osmun has provided orphan patient coverage, worked in our Emergency Department for many years and has also been a preceptor to countless residents and medical students. His knowledge and dedication will be greatly missed.

### **Thank you**

First of all to Dr. Jon Dreyer, Deputy Chief of Staff and the work he is doing at FCCHS. I have had the opportunity of working with Dr. Dreyer in the past, and appreciate his wisdom and opinions.

Dr. Dreyer and I would like to thank the now retired, Catherine Kirk, FCCHS Site Director, Jackie Herdman, FCCHS Administrative Assistant and Nancy Maltby, who helped keep the FCCHS ship running until Steph Ouellet was hired as the new FCCHS site Director and VP of Strategic Planning.

As Chief of Medicine, Dr. John Marcou and Chief of Surgery, Dr. Marc Raymond both worked very hard over the past year and they have made tremendous contributions on the Medical Advisory Committee and their respective departments. Dr. Raymond's term as Chief of Surgery is complete and I am pleased to announce that Dr. Mike Rogelstad has taken on the position of Chief of Surgery. I look forward to working with Dr. Rogelstad in his new position and feel he can successfully lead the department in the coming years.

In January of 2015, Dr. Kierasiewicz took over as the Head of Anesthesia and has also served as a member at large on the Medical Advisory Committee. I would like to thank Dr. Tilsworth for his many years of leadership as the Head of Anesthesia and feel that Dr. Kierasiewicz, with her experience and knowledge, will make a capable leader.

A lot of physicians have lead roles in their departments who advise, support and provide input through numerous committees to the Medical Advisory Committee. These consist of Dr. Vandewalle for Perinatal, Dr. Dalal for the Emergency Department, and Dr. Gomes for

his tireless work in Pharmacy and Therapeutics, Dr. Naylor for the medical records committee, Dr. Chant for Ambulatory Care, Dr. Dawson for Diagnostic Imaging as well as the valued input from our infectious disease coordinator, Yvonne Richardson.

Working with the senior administration team of Todd Stepanuik, Nancy Maltby and Paul Long (until his retirement) and now replaced by Alasdair Smith, make the job as Chief of Staff at times almost a pleasure and do appreciate their support to me over the last year.

Ken Williams and his work as Chairman of the Board, has been a pleasure to work with. These skilled, dedicated, unpaid volunteers have consistently shown their passion and compassion towards Health Care at the Middlesex Hospital Alliance and have been a pleasure to work with.

It is a pleasant surprise that in my third go around as Chief of Staff to have Kimberly Dale as my administrative assistant, which makes my job much easier. She actually knows how to run a computer, cut and paste skills I am yet to capably master, that made this last year much easier for me. In their support roles, Cathy Swan and Heather Dobbin, in helping to master the confusing RL solutions program and their administrative support has been extremely helpful.

Once again, I appreciate Dr. Ferner's behind the scenes assistance in both the HUGO end as well as developing a large number of policies brought forward to MAC to keep our Hospital current. His encouragement and support have been much appreciated and he will be a loss to our Hospital.

#### **4.5 Hospital Auxiliaries**

##### **4.5.1 Four Counties Health Services – Ellen Robson**

I am pleased to present the FCHS Auxiliary Report to the Annual General Meeting of the Middlesex Hospital Alliance.

Since catering its first event at the turning of the sod ceremony in October 1964, the FCHS Auxiliary has been fund raising and volunteering for our hospital for 50 years. For the fiscal year April 2014 to March 2015, \$17,200 was donated to the FCHS Foundation. Monies were raised by the Auxiliary through spring and fall bazaars with deli lunches, a plant sale, 2 raffles, Nevada ticket sales, and bookstore and gift shop sales.

In 2014 the Bookstore expanded into the Patient Lounge near the existing bookstore and all books in that room are \$1. During the fiscal year total sales from donated books in both rooms was \$4039.95, up from \$3661 the previous year. The Bookstore is staffed from 9:30 am to 2 pm, Monday to Friday but remains open on an honour system until 8:30 pm which has worked well. The Gift Shop continues to do very well as it provides new merchandise that is purchased regularly and includes such items as purses, scarves, jams, home decor items, candy, jewellery and all-occasion cards & items.

These accomplishments are due to the dedicated volunteers and Auxiliary members who during the calendar year 2014 gave 4204 hours to FCHS in many capacities. Auxiliary meetings are open to members and all hospital volunteers so that everyone can share



necessary information, reports and future plans. Our meetings are held in the Board Room at noon on the first non-holiday Monday of the month between September and June.

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

I am pleased to present the following report on behalf of the SMGH Auxiliary.

- On November 24, 2014, we had our pot luck dinner where \$36,000.00 was donated to the SMGH Foundation for the operating room LED lights. The fundraisers undertaken by the Auxiliary include:
    - HELPP TICKETS - \$1,000.00
    - JAVA HUT - \$15,400.00
    - GIFT SHOP - \$15,000.00
    - GENERAL ACCOUNT - \$4,000.00
    - RAFFLE ACCOUNT - \$ 600.00
  - On March 2, 2015, we started selling raffle tickets that included: 2 quilts, a crocheted table cloth, & \$500.00, which ran until drawing date of May 5th. Made \$2,001.75 minus the \$500.00= \$1,501.75
  - On April 2, 2015, we held an Easter bake sale & Penny auction. Bake sale \$1,446.50 & penny auction \$167.00.
  - On April 8, 4 members attended the Spring HAAO Conference in Wyoming.
  - On May 1, 2 and 3, 2015, we had E-Cycle drop off two bins in the parking lot for people to recycle their old electronics and good used clothing. The Strathroy Boy Scouts helped man the station & will be splitting the \$361.86 we made.
  - On May 24, 2015, the Strawberry Social was held and \$40,000.00 was donated to the SMGH Foundation which paid off the operating room lights and gives us \$25,000.00 to start on something new and exciting
    - HELPP TICKETS - \$3,000.00
    - JAVA HUT - \$17,500.00
    - GIFT SHOP - \$11,500.00
    - GENERAL ACCOUNT - \$6,000.00
    - RAFFLE ACCOUNT - \$2,000.00
  - On May 29, Tag Day was held in Strathroy making \$1,586.00
  - Funds are forthcoming from the Art Easel Program.
- The SMGH Auxiliary has a total of 198 members.

#### **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 Dr. Vikram Dalal, President of the SMGH Medical Staff for his commitment to the Middlesex Hospital Alliance and his service to the MHA Board over the past year in this capacity. I would also like to thank Ralph Coe for his commitment and dedication to the MHA Board over the past 9 years as a Director. Ralph has made many valuable contributions to the Board, having sat on most committees as well as serving as Board Chair during his tenure. I would also like to thank and acknowledge Frances Ellett who served as a Director for five years on the Board.

I would like to confirm the appointments of Sandy Whittall and Major Roland Shea to fill these vacancies.

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

**That Sandy Whittall and Roland Shea be appointed to the Board of Directors to fill the board vacancies.**

Two Board of Directors' terms are up for renewal for fiscal year 2015/16: Neil MacLean and Ken Williams, each for three years.

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

**That Neil MacLean and Ken Williams be reappointed to the Board of Directors, each for a 3-year term.**

Lisa Milligan, Jen Pasichnyk and Tracy Prince have agreed to remain as community committee representatives for 2015/16 on Board Committees.

I would like to thank and acknowledge Doug Miller, who has been a valued community committee representative on the Finance and Governance Committees of the Board for the past eight years. Mr. Miller brought many years of progressive experience in financial, marketing and administrative positions in public, private and not for profit sectors including healthcare, culture, entertainment, energy, and resources, aerospace, automotive and consumer electronics. He is scheduled to retire from his current position as Chief Financial Officer at the Ontario Hospital Association on June 30, 2015. We wish Doug all the best as he starts a new chapter in his life.

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

**That subject to confirmation of Board Committees for 2015/16, 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 Community Committee Representatives on the Middlesex Hospital Alliance Board of Directors.**

**Catherine Osborne, Joanne Vasevenant, Betty Ann MacKinnon, Al Robinson, Ellen Robson, Doug Reycraft, Melanie Stanley 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 Vasevenant, Betty Ann Mackinnon, Al Robinson, Ellen Robson, Doug Reycraft, Melanie Stanley 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 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 3/15**

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

**The Board of Directors approves the recommendations made by the Governance Committee for 2015/16 Board of Directors and Community Representatives.**

**Carried**

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

**MOTION:**

**AGM 4/15**

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**

**8. Adjournment:**

K. Williams adjourned the meeting at 1550 h.



K. Williams, Chair



Todd Stepanuik, Secretary