Mississippi River Health Alliance

BOARDS OF DIRECTORS POLICIES

MRHA
Mississippi River Health Alliance

Almonte General Hospital
Carleton Place & District Memorial Hospital
Fairview Manor
Lanark County Paramedic Service

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TITLE:	Strategic Planning		
Manual/Policy#:	MRHA Board of Directors # I-1	Division:	AGH/ CPDMH
Original Issue:	AGH: September 2017 CPDMH:	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Revised	September 2019	Approved by:	Allied Boards of Directors
Last Date Reviewed:	November 2021	Cross Reference(s):	AGH/CPDMH Alliance Agreement Allied Boards Governance & Nominating Committee Terms of Reference

1. POLICY STATEMENT:

Article 4.12(g) of the MRHA Common Administrative By-laws provides that the Allied Boards is responsible for establishing the mission, objectives and strategic plan of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation (“the Corporations).

The vision, mission and values of the Corporations provide the foundation upon which strategic directions are developed. The strategic plan will incorporate specific, focused and measurable strategic directions to be pursued over the course of the plan, as well as longer term directional priorities.

2. SCOPE:

This policy guides the Allied Boards, management, staff and medical staff who are involved in the strategic planning process.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

<u>Allied Boards Responsibilities</u>
The Allied Boards will:

- consider key stakeholders and health care needs and ensure appropriate engagement with the community, the Champlain LHIN and other health service providers when developing plans and setting priorities for the delivery of hospital-based health care as required under the *Local Health System Integration Act, 2006*

- establish and periodically review and update the vision, mission and values of the Corporations;
- contribute to the development of and approve the strategic plan of the Corporations, ensuring that it is aligned with community needs, Ministry policy and the Champlain LHIN integrated health services plan;
- conduct a review of the strategic plan bi-annually, or more frequently as circumstances require, and assess the need to refine the strategic directions as the environment dictates;
- approve the measures and targets related to each strategic direction in the form of a work plan and direct management to report on a regular basis the progress that is being made consistent with the strategic directions and the overall plan;
- in approving the annual hospital operating plan, ensure that the operating plan enables the attainment of the strategic plan and directions over time; and
- monitor and measure corporate performance regularly consistent with strategic and operating plans and performance measures and targets approved by the Allied Boards

Strategic Planning Process

The CEO is responsible to the Allied Boards for establishing the strategic planning process, for Allied Boards approval. The Allied Boards will engage with the CEO and senior management team in developing the strategic plan and monitoring it on an on-going basis.

Once the strategic plan has been developed, the decision-making processes of the Corporations will include an assessment of whether or not a recommended action advances achievement of the strategic plan.

The annual operating plan of the Corporations will support advancement of the strategic plan through the allocation of human, physical and/or financial resources to achieve the measures and targets in the strategic plan work plan on the timeline contemplated in the work plan.

Bi-annually the Allied Boards will review the strategic plan and the progress being made to advance its achievement. Consultation with the Committee to ensure alignment and coordination will form part of the review. As necessary, the Allied Boards will direct the CEO and senior management team to augment/revise/update the strategic plan and/or the workplan to ensure they continue to support the achievement of the vision, mission and values of the Corporations.

The CEO and senior management team will provide monitoring and progress reports to the Allied Boards in November and May of each year.

6. REFERENCES:

Strategic Planning Policy, Kingston General Hospital October 2014
Strategic Planning Policy, Trillium Health Partners November 2013

7. APPENDICES:

N/A

Evaluation: This policy will be reviewed every two years

TITLE:	Community Engagement		
Manual/Policy#:	MRHA Boards of Directors # I-2	**Entity:**	AGH / CPDMH
Original Issue:	AGH: April 2017 CPDMH: May 2020	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: April 2019 CPDMH: May 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	April 2023	**Cross Reference(s):**	

1. POLICY STATEMENT

The community will be actively engaged through intentional methods for the purpose of sharing information and exchanging ideas when developing plans and setting priorities. It is essential that the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") communicate regularly to the community about their operations and future directions. The process and scope for community engagement will vary depending on the issue and will be recommended to the Allied Boards of Directors ("the Allied Boards") by the Chief Executive Officer ("CEO") as required.

2. SCOPE

This policy guides the Allied Boards and CEO in the approach to all circumstances where community engagement is desired by the Allied Boards or mandated by an external authority.

3. GUIDING PRINCIPLES

Implementation of this policy will be guided by the following principles:

- Maintaining a strong positive relationship with the community helps the Corporations to be successful in achieving their mission and vision
- Community engagement provides stakeholders with the information they need to participate in the Corporations in a meaningful way
- Input and feedback requested from the community will be explicitly considered by the Allied Boards in relevant decision making

4. DEFINITIONS

N/A

5. PROCEDURE

Recognizing the breadth of the community, including external stakeholders such as Ontario Health East, Lanark Leeds Grenville Ontario Health Team and other health system providers, Board mechanisms for community engagement may include but are not limited to:

- Posting highlights of Allied Boards meetings on the Corporations websites

- Periodic articles in the media on matters of interest to the community placed by the Corporations
- Media releases on major announcements and other items deemed newsworthy by the CEO
- Semi-annual publication of a Community Newsletter
- Publication of an Annual Report to the Community
- Advertisement of the Corporations Annual General Meetings on the websites and in the local media
- Periodic town hall meetings or open forums to provide an opportunity for broader community engagement
- Program or issue specific community engagement as may be recommended to the Allied Boards by the CEO from time to time
- Meetings between the CEO with/without the Allied Boards Chair and local or regional municipal councils to present on the Corporations strategic plan or annual reports

A communications plan for the Corporations will be developed annually and will include community engagement activity as one of its elements.

6. REFERENCES

Community Engagement Policy, Kingston General Hospital October 2014
Community Engagement Policy, Northumberland Hills Hospital June 2014
Community Engagement Policy, Trillium Health Partners November 2013

7. APPENDICES

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	Succession Planning for the President & CEO and Chiefs of Staff		
Manual/Policy#:	MRHA Boards of Directors # II-1	Entity:	AGH / CPDMH
Original Issue:	AGH: April 2012 CPDMH: November 2017	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	September 2020	Approved by:	Allied Boards of Directors
Last Date Reviewed:	December 2022	Cross Reference(s):	

1. POLICY

The departure of the Integrated President & Chief Executive Officer (CEO) and/or Chiefs of Staff (COS's) represents a significant business risk to the Almonte General hospital Corporation and Carleton Place & District Memorial Hospital Corporation ("the Corporations"). As part of its responsibility of ensuring excellent management, the Allied Boards are responsible for ensuring that provision is made for succession planning for its three employees.

2. SCOPE

This policy documents the Allied Boards' process for succession should - the CEO or COS's positions become vacant, for any reason, or in the event that any or all of the incumbents require an extended leave of absence.

3. GUIDING PRINCIPLES: N/A

4. DEFINITIONS: N/A

5. PROCEDURES

To the extent possible in a small hospital, the CEO and COS's are expected to cultivate potential successors through internal succession planning and to report on this annually during the evaluation process.

5.1 Planned absence

It is expected that there will be times when the CEO and COS's will be unavailable for short periods due to vacation or other planned absences. In advance of departure, the CEO and/or COS's will:

- Identify a qualified individual to provide coverage as the Acting CEO/Acting COS
- Brief the individual regarding ongoing or emerging issues
- Communicate the name, coverage timeframe and duties to the Leadership Team and to the Allied Boards

5.2 Unplanned or sudden absence indefinitely or for an uncertain period of time

The CEO will designate to the Allied Boards Chair, in writing annually in June, which member of the Hospital's Senior Management Team is recommended to fill the role of interim CEO in the event of sudden or unexpected loss of the CEO. The CEO will update such designation from time to time should circumstances warrant.

If required, the Allied Boards Executive Committee will recommend a candidate for the role of Interim CEO to the Allied Boards for approval in accordance with the terms of the CEO Purchase of Service Agreement with Carleton Place & District Memorial Hospital. The Allied Boards may choose to appoint an interim CEO from outside the Corporations if circumstances are such that an external appointment will best serve the needs of AGH and CPDMH. The interim CEO will exercise all authority resting in the CEO position subject only to such reporting and monitoring requirements as the Allied Boards may wish to adjust for the duration of the interim appointment.

If required, the Allied Boards Executive Committee will recommend a candidate for the role of Interim COS to the Allied Boards for approval. The COS's will each identify to the Allied Boards Chair and CEO, in writing annually in June, which member of the Medical Advisory Committee is recommended to fill the role of interim COS in the event of sudden or unexpected loss of the COS. The COS's will update such designation from time to time should circumstances warrant. The appointment of an interim COS at either Corporations will be subject to approval by the Allied Boards. The Allied Boards may choose to appoint an interim COS from outside the Corporations if circumstances are such that an external appointment will best serve the needs of the Corporations. The interim COS will exercise all authority resting in the COS position subject only to such reporting and monitoring requirements as the Allied Boards may wish to adjust for the duration of the interim appointment.

The Allied Boards Chair provides confirmation to Directors of the Allied Boards annually in June that the designations for interim appointments have been made. Barring exceptional circumstances, the identity of the designates will be kept in confidence by the Allied Boards Chair.

5.3 Long-term appointment

For a CEO search, the Allied Boards will establish a search committee in accordance with the terms of the CEO Purchase of Service Agreement. A search firm or consultant may be retained to assist the search committee in its work. The preferred candidate will be recommended to the Allied Boards for approval.

For a COS search, the Allied Boards Executive Committee, excluding the incumbent COS, will act as the search committee. The search committee will be chaired by the Allied Boards Chair or his/her designate and will make a recommendation of a preferred candidate to the Allied Boards for approval.

In the event that a new CEO or COS has not been appointed prior to the departure of the incumbent, the Allied Boards will make an interim appointment in accordance with the immediately preceding section of this policy.

6. **REFERENCES:** N/A

7. **APPENDICES:** N/A

Evaluation: This policy will be reviewed annually.

TITLE:	Delegation of Authority to the President & Chief Executive Officer		
Manual/Policy#:	MRHA Boards of Directors # II-2	Entity:	AGH / CPDMH
Original Issue:	AGH: January 2012 CPDMH: March 1994	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: September 2020 CPDMH: November 2019	Approved by:	Allied Boards of Directors
Last Date Reviewed:	December 2022	Cross Reference(s):	

1. POLICY

The Integrated President & Chief Executive Officer (CEO) is accountable to the Allied Boards of Directors ("the Allied Boards") and the Allied Boards sole official connection to the operations of the Mississippi River Health Alliance will be through the CEO.

The Allied Boards provide direction to the CEO in accordance with policies established by the Allied Boards. The Allied Boards hereby delegate to the CEO authority to manage and direct the business and affairs of the Corporations, except such matters and duties as must be transacted or performed by the Allied Boards by law or by the provisions of the MRHA Common Administrative By-laws and further to employ and discharge such agents and employees of the Corporations as the CEO may from time to time decide.

2. SCOPE

In order to discharge its responsibility to provide for excellent management, the Allied Boards select and appoint the CEO and delegate responsibility and authority to the CEO for the management and operation of the Corporations. This policy sets out key parameters of that authority.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURES

The CEO shall:

- Ensure that the operations of the Corporations are conducted and that care to patients and residents is provided in the Corporations in accordance with the MRHA Common Administrative By-laws, policies established by the Allied Boards and applicable legislation including the Public Hospitals Act, the Long-Term Care Homes Act and the Ambulance Act and their respective regulations.

- Ensure that the Corporations' practices, activities and decisions are undertaken prudently, lawfully and in an equitable and reasonable manner congruent with commonly accepted business practices and professional ethics
- ensure that the assets of the Corporations are protected, adequately maintained and not unnecessarily placed at risk
- ensure that Board-approved priorities are reflected in the allocation of resources
- ensure that budgeting is based on generally accepted financial planning practices that balance expenditures in any fiscal year against expected revenues
- promote a healthy work environment for staff, medical staff and volunteers that is consistent with the values of the Corporations
- represent the Corporations externally to the community, government and media and other organizations and agencies in ways that enhance the public image and credibility of the Corporations

The CEO shall provide leadership support to the Allied Boards in the discharge of its responsibilities and ensure that the Allied Boards are informed and supported in its work.

6. REFERENCES

N/A

7. APPENDICES

N/A

Evaluation:

This policy will be reviewed every two years.

TITLE:	**Significant Payments to the Chief Executive Officer**		
Manual/Policy#:	MRHA Boards of Directors # II-3	**Entity:**	AGH / CPDMH
Original Issue:	AGH: March 2011 CPDMH: December 2022	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: September 2020 CPDMH: N/A	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	December 2022	**Cross Reference(s):**	

1. POLICY STATEMENT

Payments to the Integrated President & Chief Executive Officer (CEO) that are large or unusual in nature will be approved by the Allied Boards of Directors ("the Allied Boards") prior to payment being issued.

2. SCOPE

This policy applies to payments from the Almonte General Hospital (AGH) to the CEO that are large or unusual in nature. The procedures will respect existing approval processes embodied in other policies and/or in accordance with the terms of the contract between the two hospitals.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURE

Allied Boards approval will be sought, prior to payment, for the following:

- Payments greater than $7,500 and not already approved in principle through the employment contract or through existing approval requirements of by-law, policy or procedure
- Payment of more than 10 days' earned but unused vacation entitlement which is not being carried over into subsequent years, subject to the employment contract requirement that it is paid on December 31st

Approval will be granted by resolution of the Allied Boards, which will be recorded in the minutes of the Allied Boards meeting. Following the Allied Boards approval, the signature of the Allied Boards Chair (or individual chairing the Allied Boards meeting at which the payment was approved) on the cheque requisition will be sufficient evidence of approval to allow payment to be issued to the CEO. The cheque requisition will be accompanied by appropriate documentation to support the payment.

The Allied Boards meeting minutes will be approved and retained as required by legislation and the Common Administrative By-laws of the Corporations.

Where delayed approval due to the scheduling of Allied Boards meeting will cause undue financial hardship to the CEO, approval by two Allied Board Directors, one of whom must be a member of the Executive Committee, will be sufficient authority and retrospective approval of the payment will be sought at the next meeting of the Allied Boards.

No payment will be made directly by Carleton Place & District Memorial Hospital to the CEO without the approval of the Allied Boards.

6. REFERENCES

N/A

7. APPENDICES

N/A

Evaluation:

This policy will be reviewed annually.

TITLE:	**CEO Performance Evaluation**		
Manual/Policy #:	MRHA Boards of Directors # II-4	**Division:**	AGH / CPDMH
Original Issue:	March 2013	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed	AGH: March 2021 CPDMH: November 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	November 2022	**Cross References:**	N/A

1. POLICY STATEMENT:

The regular evaluation of the Integrated President and Chief Executive Officer (CEO) is one of the most important responsibilities of the Allied Boards of Directors ("the Allied Boards").

Although the CEO is an employee of Almonte General Hospital (AGH), the CEOs services are shared by AGH and Carleton Place District Memorial Hospital (CPDMH). As such, the evaluation will be led by the AGH Board and both Boards will participate in the evaluation process. The Allied Boards Governance Committee ("the Committee") will act as the coordinating body for the process to ensure fairness for the hospitals and for the CEO.

2. SCOPE:

This policy documents the process of the Allied Boards for evaluating the CEO and provides a formal opportunity for the Allied Boards and CEO to have a constructive discussion regarding the organizations' performance and the CEO's leadership (of the organizations).

3. GUIDING PRINCIPLES:

Evaluation of the CEO will include consideration of achievement against Allied Boards-approved Goals and Objectives, results of qualitative feedback received through surveys and other accomplishments of the CEO during the year.

The evaluation period is usually aligned to the hospital's fiscal year to enable alignment with other key metric reporting – financial, strategic, etc. An evaluation will be undertaken annually to ensure that expectations and performance are reviewed and appropriate expectations are set. A 360 degree assessment will be undertaken every two years.

The review takes place with assessment against the following benchmarks:

- A written statement of the CEO's Goals and Objectives for the year under review. These goals have been agreed to by the CEO and the Allied Boards at the beginning of the year under review.
- The expectations set out in the job description for the position
- The performance of each Organization against the:
    - strategic plan
    - quality improvement plan
    - operating plan / budget
    - capital plan / budget, and

      any other plans approved by the boards from time to time

- The Allied Boards approved President & CEO Annual Performance Review and the associated Professional Development Plan, if any.

4. DEFINITIONS:

Goals and Objectives: Specific, measureable, attainable, relevant and time bound outcomes aligned to the vision and strategy of the organizations that are determined and measured annually by the Allied Boards with input from the CEO

Professional Development Plan: a list of actionable steps intended to achieve professional growth for the CEO and/or to address qualitative opportunities for improvement identified through the evaluation survey process.

5. PROCEDURE:

5.1 Goals & Objectives

The CEO Goals and Objectives will be provided annually to the Committee for review and recommendation to the Allied Boards for approval at the March Allied Boards meeting.

5.1.1 Goals & Objectives Mid-Year Discussion

(a) The Allied Boards Chair leads the mid-year CEO Goals & Objectives discussion.

(b) The Allied Boards Chair will solicit input from the Allied Boards, through discussions held without the CEO after an Allied Boards meeting.

(c) The Allied Boards Chair will review and summarize the feedback and advice.

(d) The CEO will meet with the Allied Boards Chair to discuss the mid-year feedback. The Allied Boards Chair will invite one other Director to participate in the discussion.

(e) The Allied Boards Chair will update the Allied Boards on the discussion during the in camera portion of the next regularly scheduled Allied Boards meeting after the discussion with the CEO.

(f) Any issues arising through this process that fall within the purview of the Committee will be discussed at the next regularly scheduled Committee meeting after the discussion with the CEO.

5.1.2 Goals & Objectives Year End Review

The CEO presents the results of the Goals and Objectives to the Allied Boards.

5.2 Performance Evaluation Year-End Review

(a) The Allied Boards will lead and implement the CEO’s year-end review, which will be completed by the June Allied Boards meeting each year.

(b) In order to ensure efficient and consistent process and timing, administrative support for the year-end review process in both organizations will be provided by the Integrated Executive Assistant.

(c) The Allied Boards and CEO's Direct Reports will be the participants invited to complete the survey annually. Boards will complete its own survey and results will be tabulated separately.

(d) In addition to the annual survey, every two years a 360 degree survey that includes Leadership/Management Team members, medical staff and external stakeholders will be conducted.

(e) The Allied Boards Executive Committee will receive and discuss the results of the survey.

(f) The results of the survey will be sent to the CEO.

(g) The CEO will, after receiving the evaluation report, complete a self-appraisal in written form and send a copy to the Allied Boards Chair.

(h) The CEO will meet with the Allied Boards Chair to discuss the results. The Allied Boards Chair will invite one other Director to participate in the discussion. During this meeting a Professional Development Plan for the coming year may be created but is not a required annual outcome of the process.

(i) The Allied Boards Chair will update the Allied Boards on the discussion during the In Camera portion of the June Allied Boards meeting after the discussion with the CEO.

(j) Any issues arising through this process that fall within the purview of the Committee will be discussed at the next regularly scheduled Committee meeting after the discussion with the CEO.

Evaluation:

This policy will be reviewed annually.

Timing and Responsibilities for Approval of the CEO Goals & Objectives

Activity	Who	When
1) The CEO develops a draft set of Corporate Goals and Objectives for each organization that are reviewed by the Governance Committee and approved by the Allied Boards and additional personal goals, if required	CEO Governance Committee Allied Boards	Approved by the Allied Boards in March each year
Year End		
(a) The CEO presents the results of the Goals and Objectives to the Allied Boards	CEO	May Allied Boards meeting

Mid-Year		
(a) The Allied Boards Chair will gather information from the Allied Boards of Directors	Allied Boards Chair	
(b) Allied Boards Chair and one Director will meet with the CEO to discuss any issues or concerns any party has with respect to achieving the goals for the year	CEO Allied Boards Chair	Early to mid-November
(c) The Allied Boards Chair will update the Allied Boards on the discussion	Board Chairs	November Board meeting
(d) Issues, if any, within the purview of the Allied Boards Governance Committee will be discussed at a Governance Committee meeting	Allied Boards Governance Committee	December meeting and as required

Timing and Responsibilities for the CEO Performance Evaluation

Activity	*Who*	*When*
1. Survey on CEO performance will be distributed to Directors and Senior Team or 360 as appropriate and completed	Allied Boards Executive Committee	After the May Allied Boards meeting
Year End		
2. The Allied Boards Executive Committee reviews the survey results and sends to the CEO	Allied Boards Executive Committee	First week of June
3. The CEO will, after receiving the evaluation, prepare a response to the evaluation and send it to the Allied Boards Chair	CEO Allied Boards Chair	Second Week of June
4.		
5. The Allied Boards Chair and one other Director meet with the CEO to discuss the evaluation. Professional Development Plans for the coming year will be agreed upon if required.	Allied Boards Chair & one Director CEO	Second/Third week of June
6. The Allied Boards Chair will prepare a summary of the assessment process, including, for completeness, achievement against the Goals and Objectives, to discuss with the Allied Boards	Allied Boards Chair	June Allied Boards Meeting
7. The Allied Boards of Directors will discuss any recommendation for compensation changes	Allied Boards Allied Boards Executive Committee	June Allied Boards meeting
8. Issues, if any, within the purview of the Allied Boards Governance Committee will be discussed at a Governance Committee meeting	Allied Boards Governance Committee	June Allied Boards meeting and as required

TITLE:	**Chief of Staff Performance Evaluation**		
Manual/Policy#:	MRHA Boards of Directors # II-5	**Entity:**	AGH / CPDMH
Original Issue:	AGH: May 2013 CPDMH: May 2000	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: May 2021 CPDMH: November 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	November 2022	**Cross Reference(s):**	

1. POLICY STATEMENT:

The regular evaluation of the Chief of Staff (COS) is one of the most important responsibilities of the Allied Boards of Directors ("the Allied Boards"). The evaluation process provides a formal opportunity for the Allied Boards and COS to have a constructive discussion regarding clinical care at Almonte General Hospital and Carleton Place & District Memorial Hospital and the COS's leadership of the medical staff.

The Allied Boards Executive Committee (the Committee) is charged with leading and implementing the COS evaluation process. The Allied Boards is involved in approving the COS's objectives, giving input into the annual evaluation process and reviewing the information that contributes to the final evaluation. The evaluation period is usually aligned to the hospital's fiscal year to enable alignment with other key metric reporting – Quality Improvement Plan, etc. An evaluation will be undertaken annually to ensure that expectations and performance are reviewed and appropriate expectations are set. A 360 degree assessment will be undertaken in their second year and every subsequent second year. In lieu of a performance evaluation in the COS's last year, an exit interview will be conducted. A mid-year discussion between the Allied Boards Chair and COS is undertaken to advise on progress and provide feedback.

Benchmarks

The review takes place with assessment against the following benchmarks:

- A written statement of the COS's objectives for the year under review. These goals have been agreed to by the COS and the Allied Boards at the beginning of the year under review.
- The expectations set out in the job description for the position
- The Allied Boards approved COS Annual Performance Review

2. SCOPE:

This policy applies to the Directors of the Allied Boards while evaluating the Chief of Staff of the Almonte General Hospital and the Chief of Staff of the Carleton Place & District Memorial Hospital.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

5.1 Goals & Objectives

The COS Goals and Objectives will be provided annually to the Allied Boards Executive Committee for review and recommendation to the Allied Boards

Objectives Mid-Year Discussion

1. The Allied Boards Chair leads the mid-year Goals & Objectives discussion for each COS.
2. The Allied Boards Chair will solicit input from the Allied Boards, through discussions held without the COS after an Allied Boards meeting or through other means as determined by the Committee.
3. The Allied Boards Chair will review and summarize the feedback and advice.
4. The Allied Boards Chair will meet individually with each COS to discuss the mid-year feedback. The Allied Boards Chair will invite at least one other Director to participate in the discussion.
5. The Allied Boards Chair will update the Allied Boards on the discussion during the in camera portion of the next regularly scheduled Allied Boards meeting after the discussion with each COS.

5.1.2 Goals & Objectives Year-End Review

Each COS presents the results of the COS Goals and Objectives to the Allied Boards.

5.2 COS Performance Evaluation Year-End Review

1. The Committee will lead and implement the COS's year-end review, which will be completed by the June Allied Boards meeting each year.
2. Allied Boards of Directors and Senior Team will be the participants invited to complete the survey annually.
3. A 360 degree survey that includes Directors, Senior and Leadership Team members, all Medical Staff and external stakeholders will be conducted every two years.
4. The Committee will receive and discuss the survey results.
5. The results of the individual surveys will be sent to each COS.
6. Each COS will after receiving the evaluation results, complete a self-appraisal in written form and send a copy to the Allied Boards Chair
7. The Committee will receive and discuss each COS's self-appraisal and the results of each survey. Each assessment is then consolidated by the Allied Boards Chair into reports from the Allied Boards to each COS.

8. The Allied Boards Chair discusses the summaries with the Allied Boards of Directors before meeting with each COS.
9. The Allied Boards Chair meets with each COS to discuss the results. The Allied Boards Chair will invite at least one other Director to participate in the discussion. During this meeting a Professional Development Plan for the coming year may be created but is not a required annual outcome of the process.
10. Summaries of the discussions are provided by the Allied Boards Chair at the In-Camera session of the June Allied Boards meeting.
11. Any issues arising through this process will be discussed at an Allied Boards Executive Committee meeting after the discussion with the COS.

6. REFERENCES:

N/A

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years.

Timing and Responsibilities for Approval of the COS Goals & Objectives

Activity	*Who*	*When*
1) The COS develops a draft set of Goals and Objectives that are reviewed by the Allied Boards Executive Committee and approved by the Allied Boards of Directors	COS Allied Boards Executive Committee Allied Boards of Directors	Approved by the Allied Boards in March each year
Year End		
(a) The COS presents the results of the Goals and Objectives to the Allied Boards of Directors	COS Allied Boards of Directors	May Allied Boards meeting

Mid-Year		
(a) The Allied Boards Chair the will gather information from the Allied Boards of Directors	Allied Boards Chair	
(b) The Allied Boards Chair and one other Director will meet with each COS individually to discuss any issues or concerns any party has with respect to achieving the Goals for the year	COS Allied Boards Chair and one other Director	Early to mid-November
(c) The Allied Boards Chair will update the Allied Boards of Directors on the discussion	Allied Boards Chair	November Allied Boards meeting
(d) Issues, if any, will be discussed at an Allied Boards Executive Committee meeting	Allied Boards Executive Committee	December Allied Boards meeting and as required

Timing and Responsibilities for the COS Performance Evaluation

Activity	***Who***	***When***
1. Survey on COS performance will be distributed to Directors and Senior Team or 360 as appropriate and completed	Allied Boards Executive Committee	After the May Allied Boards meeting
Year End		
2. The Allied Board Executive Committee reviews the individual survey results and sends to each COS	Allied Boards Executive Committee	First week of June
3. Each COS will, after receiving the evaluation, prepare a response to the evaluation and send it to the Allied Boards Chair	COS Allied Boards Chair	Second Week of June
4. The Allied Boards Chair and one other Director meet with each COS to discuss the evaluation. Professional Development Plans for the coming year will be agreed upon if required.	Allied Boards Chair COS	Second/Third week of June
5. The Allied Boards Chair will prepare a summary of the assessment process, including, for completeness, achievement against the goals and objectives, to discuss with the Allied Boards of Directors.	Allied Boards Chair	June Allied Boards Meeting
6. The Allied Boards of Directors will discuss any recommendation for compensation changes for each COS	Allied Boards of Directors	June Allied Boards meeting
7. Issues, if any, will be discussed at an Allied Boards Executive Committee meeting	Executive Committee	June Allied Board meeting and as required

TITLE:	Chief Executive Officer Expense Reimbursement and Travel		
Manual/Policy#:	MRHA Boards of Directors # II-7	**Entity:**	AGH / CPDMH
Original Issue:	AGH: April 2014 CPDMH: December 2022	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: November 2020 CPDMH: N/A	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	December 2022	**Cross Reference(s):**	

1. POLICY STATEMENT

The Integrated Chief Executive Officer (CEO) will be reimbursed for reasonable expenses incurred while carrying out duties and travelling for the Almonte General Hospital (AGH). Such reimbursement will be in accordance with applicable legislation and corporate policies.

2. SCOPE

This policy applies to expenses incurred on behalf of the AGH by the CEO. Expenses incurred on behalf of Carleton Place & District Memorial Hospital will be reimbursed in accordance with the terms of the contract between the two hospitals.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURE

The responsibilities of the CEO include duties that require attendance at meetings and events for and on behalf of AGH. The CEO will be compensated for reasonable expenses incurred while carrying out such duties and while travelling on AGH-related business. All out of country travel paid for by the Corporation is to be approved in writing by the Allied Boards Chair (or designate) prior to any trip taking place.

Reimbursed expenses of the CEO should be consistent with the expense and travel policies and practices for other employees of AGH. Exception may be permitted at the discretion of the Allied Boards Chair. In the event that the terms and conditions of the CEO's employment and the policies for other employee groups within AGH conflict, the terms and conditions of employment will prevail.

The Allied Boards Chair (or designate) will approve allowable expenses and travel claims and may consult the Integrated Vice President, Diagnostic Service, Performance, and CFO if required.

CEO expenses will be publicly posted as required by the *Broader Public Sector Accountability Act 2010*, and elsewhere posted or reported as required by other applicable legislation.

6. REFERENCES

N/A

7. APPENDICES

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	**Chief of Staff Expense Reimbursement and Travel**		
Manual/Policy#:	MRHA Boards of Directors # II-8	**Entity:**	AGH / CPDMH
Original Issue:	AGH: April 2014 CPDMH: December 2022	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous	AGH: October 2018 CPDMH: N/A	**Approved by:**	Allied Boards of Directors
Date Reviewed:	December 2022	**Cross Reference(s):**	

1. POLICY STATEMENT

This Chiefs of Staff (COS's) of the Almonte General Hospital and the Carleton Place & District Memorial Hospital ("the Corporations") will be reimbursed for reasonable expenses incurred while carrying out duties and travelling for the Corporations. Such reimbursement will be in accordance with applicable legislation and organizational policy.

2. SCOPE

This policy applies to expenses incurred by the COS's.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURE

The responsibilities of the COS's include duties that require attendance at meetings and events for and on behalf of the Corporations. The COS's will be compensated for reasonable expenses incurred while carrying out such duties and while travelling on business related to one or both of the Corporations All out of country travel paid for by the Corporations is to be approved in writing by the Allied Boards Chair (or designate) prior to any trip taking place.

Reimbursed expenses of the COS should be consistent with the expense and travel policies and practices for employees of the Corporations. Exception may be permitted at the discretion of the Allied Boards Chair. In the event that the terms and conditions of the COS's appointment and the policies for employee groups within the Corporations conflict, the terms and conditions of the appointment will prevail.

The Allied Boards Chair (or designate) will approve allowable expenses and travel claims and may consult the Vice President, Diagnostic Services, Performance and CFO if required.

The COS's expenses will be publicly posted as required by the *Broader Public Sector Accountability Act 2010*, and elsewhere posted or reported as required by other applicable legislation.

6. <u>REFERENCES</u>

N/A

7. <u>APPENDIXES</u>

N/A

Evaluation:
This policy will be reviewed every two years.

TITLE:	Whistleblower		
Manual/Policy#:	MRHA Boards of Directors # II-10	Entity:	AGH / CPDMH
Original Issue:	AGH: October 2016 CPDMH: January 2009	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: December 2022 CPDMH: March 2020	Approved by:	Allied Boards of Directors
Last Date Reviewed:	December 2022	Cross Reference(s):	

1. POLICY STATEMENT:

The Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") do not tolerate wrongdoing. Individuals within the Corporations have a responsibility to disclose incidents of wrongdoing that they are aware of. They should feel safe reporting a concern in good faith, confident that it will be followed up in a timely and fair manner and assured that retaliation will also not be tolerated.

2. SCOPE:

This policy applies to employees, members of the medical staff, volunteers (including members of the Allied Boards), students, contractors and individuals funded/employed through a third party who are working for or with the Corporations.

It applies to concerns in respect of:

- Quality of care, services and conditions (including working conditions) at the Corporations
- Accounting, internal accounting controls or auditing matters
- Violation of the By-laws, rules or policies of the Corporations including, without limitation, the MRHA Common Administrative By-laws and policies related to code of conduct
- The commission of a criminal or regulatory offence
- Violations of relevant statutes and regulations that govern the provision of health care and long term care to the patients and residents of the Corporations

that are not the subject of existing reporting practices, policies and procedures (for example grievances under the terms of a collective agreement; quality of care provided in the Corporations by members of the Corporations medical staffs; workplace safety, harassment and discrimination; or occupational health and safety concerns) except where the foregoing did not result in an outcome acceptable to the individual or the individual chooses to use this method for raising the concern.

3. GUIDING PRINCIPLES:

Implementation of this policy will be guided by the following principles:

- The Corporations comply with all relevant laws and legislation

- The Corporations maintain high standards of business and ethical conduct and applies these standards to all matters of its business
- The Corporations' values of:
  - Individual integrity respect and dignity
  - Transparency and accountability
  - Trustworthiness, consistency, justice and fairness

4. DEFINITIONS:

Anonymous – submitted without the name of the complainant and without information that might lead to identification of the complainant.

Complainant – person or persons reporting wrongdoing including retaliation after submission of a report

Good Faith – honestly and without deception. Good faith is evident when the report is not made maliciously or in pursuit of personal or financial gain and there is a reasonable basis to believe the report is true; however a report does not have to be proven to be true to be in good faith. Good faith is lacking when the report is known to be malicious or false.

Kickback - something of value, including money, services or material goods, given to a recipients compensation or reward for providing favorable treatment to another party

Respondent – person or persons alleged by the complainant to have committed one or more acts of wrongdoing.

Retaliation – any action taken against a Whistleblower as punishment solely for his or her good faith report. It is the connection between the adverse consequence and the Whistleblower's good faith report that gives rise to retaliation, not the fact of the adverse consequence itself.

Vexatious – an act taken by a person(s) with the aim to embarrass, annoy or aggravate another person.

Whistleblower – an individual who discloses information in good faith and reasonably believes is evidence of wrongdoing

Workplace – all permanent locations owned or rented by the Corporations or on behalf of the Corporations for the purpose of conducting the Corporations business including adjacent parking areas, extended Corporation property, vehicles owned or operated by the Corporations, work assignments that occur off the Corporations' property, off site work-related social events and functions, work-related seminars, conferences, travel and training and all other locations where work-related responsibilities are carried out. Phone calls, faxes, electronic mail, texts and other remote communications that are related to workplace activity are considered an extension of the workplace.

Wrongdoing – a departure from acceptable ethical, clinical, safety or administrative expectations, behaviours and procedures including but not limited to:

- An unlawful act whether civil or criminal

- Breach of the Corporations' Code of Conduct for employees, Medical Staff and/or Board Directors
- Breach of or failure to implement or comply with any approved policy of the Corporations
- Breach of patient, resident or employee confidentiality
- Knowingly breaching federal or provincial laws or regulations
- Unprofessional conduct or conduct that is below recognized, established standards of practice
- Fraud or questionable accounting, auditing or reporting practices
- Demanding or receiving kickbacks
- Dangerous practice likely to cause physical harm or damage to any person or property other than danger that is inherent in the performance of the duties or functions of a person to whom this policy applies
- Failure to rectify or take reasonable steps to report a matter likely to give rise to a significant and avoidable cost or loss to the Corporations
- Abuse of power or authority for any unauthorized or ulterior purpose
- Directing a subordinate to participate in an act or omission that would constitute wrongdoing
- Unfair discrimination in the course of the employment or provision of services

Any action to disguise or cover up and/or failure to report something which falls within this definition is also considered wrongdoing. Judgement calls that result from a balanced and informed decision-making process are not considered wrongdoing in the scope of this policy.

5. PROCEDURE:

5.1 Reporting Wrongdoing

Employees, members of the medical staff and members of the Allied Boards must report wrongdoing. Volunteers, patients, family members, visitors, caregivers, students, contractors and others may report wrongdoing but are under no obligation to do so.

For routine or less serious matters, it is expected that concerns will be reported through normal practices, policies and procedures. In most cases the employee's direct supervisor, the unit/department manager, the Integrated Vice President responsible for the unit/department or the Corporations' primary contact (if not an employee) is in the best position to address a concern.

More serious incidences may be reported to the Integrated Vice President of Human Resources, the Integrated President & CEO ("CEO"), the Chiefs of Staff or the Chair of the Finance, Resources & Audit Committee.

A matter involving a Chief of Staff, the CEO or an Allied Board Director must be reported to the Allied Boards Chair. A matter involving the Allied Boards Chair must be reported to the Chair of the Finance, Resources & Audit Committee (FRAC).

5.2 Submission of Complaints Regarding Wrongdoing

A report made under clause 5.1 should be in writing and must, in all cases, include the following information, if known:

i. A description of the wrongdoing. Facts, not speculative information, must be provided and should contain as much detail as possible to allow for proper assessment. In addition, the disclosure should contain sufficient corroborating information to support the initiation of an investigation.
ii. The name of the person or persons alleged to have committed or planning to commit the wrongdoing.
iii. The date(s) of the wrongdoing
iv. Whether the wrongdoing has already been disclosed to another representative of the Corporation and a response received.
v. The name of the person submitting the report. Anonymous reporting will not be permitted.

If the report involves personal information or confidential information, the complainant must take reasonable precautions to ensure that no more information is disclosed than is necessary to make the report.

A report directed to the Chair of FRAC should be delivered in a sealed envelope to the Integrated Executive Assistant (in the Office of the CEO) who will promptly forward the unopened envelope to the Chair of FRAC. Reports directed to the Chair of FRAC must include a means by which the Committee Chair can contact the complainant, such as telephone number, street address or e-mail address.

A report may also be submitted by confidential email to reporting@agh-fvm.com or reporting@cpdmh.ca respectively. These email accounts are accessible by the CEO and will be checked weekly.

The receiver must record the date received and issue a dated e-mail or letter of acknowledgement to the complainant.

5.3 Investigation of a Complaint

The receiver of the complaint may consult internal and/or external resources at any stage in the process as he/she deems necessary to fully assess the complaint, conduct an investigation and/or determine follow-up actions as a result of the assessment or investigation.

Following receipt of a complaint, the receiver will first ensure that employees, medical staff, volunteers, visitors, patients, residents, contractors and/or others within the Corporations are not at immediate risk and, if so, take immediate action to ensure safety such as calling a Code White or police.

Incidents that constitute criminal acts will be referred to the appropriate policing agency immediately.

Complaints of wrongdoing will be assessed promptly by the receiver to determine if an investigation will be undertaken. If the receiver determines that the investigation is warranted, they will determine the resources required to complete the investigation. The determination of an investigation and who will conduct the investigation will be communicated to the complainant by the receiver.

Investigation of complaints received directly by the Allied Boards Chair or Chair of FRAC will be coordinated with the CEO unless they are the subject of the complaint

Where there are more specific policies which govern such investigations, such as the Corporations' By-laws, the receiver will ensure that the more specific policy shall be followed.

The investigation will be conducted as expeditiously as possible. The receiver and investigator will maintain neutrality and confidentiality throughout the investigation. A written record of each step in the process will be completed.

If asked, employees, members of the medical staff, volunteers and members of the Allied Boards of Directors are expected to participate fully, honestly and in good faith in the investigation of a complaint.

5.4 Reporting and Records of a Complaint

When complete, a summary of the findings of the investigation will be provided to the CEO or designate containing findings and any recommendations about the complaint and wrongdoing. A summary of findings will also be provided to the Chair of FRAC.

FRAC will retain as part of the Committee's records any information and documentation pertaining to such reports for a period of not less than seven (7) years.

If the complaint is substantiated, the receiver will ensure that corrective action is taken immediately. The receiver will consult with the Integrated Vice President of Human Resources or other appropriate internal or external resources as applicable to determine whether discipline (up to and including termination) or removal of access and/or privileges are warranted.

A substantiated complaint will be reported to the respondent's professional college if applicable.

If the review concludes that the complaint cannot be substantiated, no further action will be taken. The receiver will discuss the conclusion verbally with the complainant and respondent to recognize that he/she acted in good faith and that the process was followed.

If the assessment or review conclude that the complaint was made in bad faith, the receiver will follow up with applicable parties for discipline and/or removal of access and/or privileges as applicable for the complainant. Any employee who makes statements or disclosures that are not in good faith may be subject to discipline which may include termination.

5.5 When Investigation is Not Required

A receiver may decline to pursue an investigation or may cease an investigation upon review of all available and relevant details if they determine that:

i. The complaint has not been made in good faith or does not deal with a sufficiently serious subject matter;
ii. So much time has elapsed between when the subject matter of the complaint occurred and the date when the complaint was made that investigating it would not serve a useful purpose;
iii. The complaint does not provide sufficient facts about the alleged wrongdoing to permit a proper investigation;

iv. The complaint relates to a matter that could more appropriately be dealt with according to procedures under a collective agreement, by-law, or more appropriate and specific hospital policy, practice, procedure;
v. The complaint has been or should be referred to an external legal or regulatory agency, such as the Police; or
vi. There is another valid reason for not investigating the complaint.

The decision not to investigate will be communicated to the complainant.

A decision by the receiver not to investigate a complaint may be appealed in writing by the complainant to the CEO and the Allied Boards Chair, whose determination shall be final. Such appeal may not be submitted anonymously. A written response will be provided to the complainant making the appeal.

5.6 Non-Retaliation, Non-Discrimination, Anti-Harassment Protection

Retaliation, discrimination and/or harassment directed at any person who has made a good faith complaint under this policy is prohibited. This includes any prejudicial change to the terms and conditions to the person's employment, privileges or relationship with the Corporations.

Any person who legitimately and in good faith believes that they have been the subject of retaliation should submit a report to one of the individuals named in section 5.1 above who will follow the procedures outlined in this policy for investigation and reporting.

Where the investigation finds that retaliation, discrimination or harassment has occurred, the findings report will include a recommendation regarding remediation for the complainant as well as corrective action or discipline for the respondent. A recommendation of no remediation may be appropriate in some circumstances.

5.7 Confidentiality

Complainants and respondents are both entitled to confidentiality. The Corporations, including the receivers and investigators of complaints, will endeavour to protect confidentiality, subject to the requirement that the respondent must have a fair opportunity to respond to the allegations.

The complainant's identity will not be kept confidential if:

i. The complainant has agreed to be identified;
ii. Identification is required by law;
iii. Identification is necessary to permit the Corporations or law enforcement officials to investigate the complaint properly;
iv. The respondent is entitled to the information as a matter of legal right in disciplinary proceedings; and
v. The complainant has not made a good faith report.

The Corporations will endeavour to ensure that only those with a legitimate "need to know" are informed of reports and decisions.

The complainant, the investigator and any other individual involved in handling a report are similarly expected to act in good faith and to maintain confidentiality.

If the investigation and findings uphold a determination of wrongdoing, the substance of the report, investigation, decision and identity of the respondent will no longer be kept confidential.

5.8 Reporting to the Board of Directors

The Allied Boards of Directors will receive annual reports from the Chair of FRAC and the CEO on whistleblowing at the May Allied Boards Meeting for the previous fiscal year. The report will provide an overview of the number of complaints received, the nature of the complaints, the number substantiated or resolved and a general description of the findings. It will also identify any trends or risk issues to be addressed by the Corporations and/or the Allied Boards.

6. REFERENCES:

Whistleblower policies from Brant Community Healthcare Systems, Kingston General Hospital, Huron Perth Healthcare Alliance, Markham Stouffville Hospital, Niagara Health System, Northumberland Hills Hospital, Sunnybrook Health Sciences Centre and Trillium Health Partners informed the development of this policy.

Oxford English Dictionary (on line), Investopedia.com

7. APPENDICES:

N/A

Evaluation: This policy will be reviewed every two years.

TITLE:	Recognition for Exemplary Service		
Manual/Policy#:	Board of Directors #II-11	Entity:	AGH/CPDMH
Original Issue:	AGH: November 2022 CPDMH: May 2019	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: N/A CPDMH: May 2019	Approved by:	Allied Boards of Directors
Last Date Reviewed:	November 2022	Cross Reference(s):	

1. POLICY STATEMENT:

From time to time, the Allied Boards of the Almonte General Hospital (AGH) Corporation and the Carleton Place & District Memorial Hospital (CPDMH) Corporation ("the Corporations") may wish to recognize exemplary service to AGH or CPDMH. Such recognition may take the form of a naming opportunity or other such method as the Allied Boards deem appropriate under the circumstances.

The Allied Boards may delegate authority to approve recognition for exemplary service by a staff member to the Integrated President & CEO.

2. SCOPE:

This policy applies to all employees, members of the medical staff, volunteers and students of the Corporations and to all tangible or intangible assets of the Corporations.

3. GUIDING PRINCIPLES:

Named recognition is meaningful and personal. Exemplary service advances and enhances the ability of the Corporations to provide excellent healthcare services for the communities it serves. Exemplary service is not provided exclusively through leadership.

4. DEFINITIONS:

Assets: The term "Assets" includes and is limited to, Facilities, Programs and Capital Equipment, each of which is defined as follows:

Facilities: The term "Facilities" includes, but is not limited to, all buildings, internal building spaces, exterior grounds including roads, landscaping materials and finishes.

Capital Equipment: The term "Capital Equipment" includes, but is not limited to single items with a unit value of $2,500 or more.

Programs: The term "Programs" includes, but is not limited to, all programs, services and areas of care to patients.

<u>Naming Opportunity:</u> The official naming of a particular asset within the Corporations or the placement of a Tribute Marker.

<u>Tribute Marker:</u> Plaques, medallions and other markers which may be placed on or adjacent to an asset.

5. PROCEDURE:

5.1 Criteria for Recognition

Recognition for exemplary service is ordinarily granted to an individual who has ceased to hold the role or position in which the service was given and is still living.

Factors contributing to recognition for exemplary service will include:

- Active participation and engagement
- Demonstrated interest in and service to the Corporations beyond the individual's formal role
- Contributions of a nature and type significantly beyond what is usually expected in the individual's primary role relating to the Corporations
- Breadth of impact over and above what is usually expected in the individual's primary role
- Contributions to the Corporations successes as a whole
- Length of service to the Corporations
- Consistent philanthropic support

5.2 Nomination Guidelines

Any member of the Corporations' community, including staff, medical staff, volunteers and the Allied Boards may submit a nomination for an individual to the Allied Boards Governance and Nominating Committee.

Joint, group and posthumous nominations will not be considered. In the event that a nominee dies after a nomination has been submitted and before a decision has been made by the Allied Boards, the nomination will still be considered.

5.3 Nomination Process

Nominations must be made in writing and should contain the following information:

- Nominee's full name, address, telephone number and email address
- Nominator's full name, address, telephone number and email address
- Details of the nominee's involvement in events, activities, programs across the Corporations to demonstrate breadth of impact
- Description of the nominee's work and how it reflects the requirement that they have performed at a level above and beyond what might normally be expected in their role(s)
- Description of how the nominee's contributions have furthered the Corporations successes
- Nominee's length of service to the Corporations and in what capacity
- Letters of support, if any, from up to five other individuals who know the nominee may be attached to the nomination

5.4 Selection Process

All nominations will be considered by the Allied Boards Governance and Nominating Committee for recommendation to the Allied Board.

5.5 Duration of Recognition

Naming of physical assets will be in accordance with the Naming of Corporation Assets policy.

At the discretion of the Allied Boards, recognition by tribute marker may be in perpetuity, and/or the location of the tribute marker may be changed from time to time.

5.6 Revocation of Naming

The Corporations reserve the right to revoke a naming right as a result of the following circumstances:

a. Actions or conduct by an already honoured person, which the sole opinion of the Allied Boards is not appropriate;

b. Failure of an honoured person to fulfill agreed-upon obligations.

5.7 Agreement of Honouree

Recognition for exemplary service will not occur without the written consent of the person being recognized.

The Corporations reserve the right to decide on the nature of physical displays which may accompany named recognition while recognizing the value of honouree input.

6. REFERENCES:

Queen's University Distinguished Service Award Guidelines, updated February 2018; Chairs Emeritus/a and Trustees Emeritus/a, approved by the Board of Trustees May 2013

Naming of Carleton Place & District Memorial Hospital Assets policy, January 2019
November 2015

7. APPENDICES:

Not applicable

Evaluation:
This policy will be reviewed every two years.

TITLE:	**Integrated Quality Management Framework**		
Manual/Policy#:	MRHA Boards of Directors # III-1	**Entity:**	AGH/ CPDMH
Original Issue:	May 2012	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: August 2019 CPDMH: April 2019	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	May 2021	**Cross Reference(s):**	MRHA Corporate Policy A50

1. POLICY STATEMENT:

The Allied Boards of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") will ensure that the integrated quality management framework is an integral component of the day-to-day work of the Corporations in providing quality care and service to patient, residents, colleagues and others who interact with The Corporations.

Every staff member, medical staff member and volunteer is accountable to provide quality and safe care to all patients and residents in the Corporations.

2. SCOPE:

This policy applies to all Directors of the Allied Boards, staff, medical staff and volunteers who all play an active role to provide the best possible care to patients and residents of the Corporations.

3. GUIDING PRINCIPLES:

The Corporations mission, vision, values and strategic plan provide the direction to guide the delivery of high-quality health services.

An integrated Quality Improvement Plan incorporates risk and utilization management, performance measurement including monitoring strategic goals and objectives, patient safety and quality improvement. It recognizes that these activities are interrelated and therefore need to be coordinated (Accreditation Canada 2019).

The quality improvement initiatives for this plan are based on the ongoing commitment to adopt best practice standards and emerging safety solutions that enhance patient/ resident experiences and outcomes driven by performance measurement and operational actions

4. DEFINITIONS:

High Quality Health System: a health system that delivers world-leading safe, effective, patient-centred services, efficiently and in a timely fashion, resulting in optimal health status for all communities (Health Quality Ontario, 2015).

LEAN Methodology: a process focused on understanding the system from the client's experience in it and using that information to increase efficiency, minimize waste and increase quality (Accreditation Canada, 2019).

5. PROCEDURE:

The Allied Boards are ultimately responsible for the quality of services provided to patients, residents, families, staff, medical staff and all who interact with the Corporations. The Allied Boards ensure that an accountability structure for quality exists as follows:

1A) The Allied Boards establish the strategic direction for quality and provides oversight of quality and risk management. The governance structure includes committees with a mandate to monitor and report on quality and risk management in their areas of governance, and advise the Allied Boards, as follows:

- The Allied Boards Quality Committee: Monitors and makes recommendations on clinical quality and safety issues, ensures compliance with legislated requirements such as those in the Excellent Care for All Act, and oversees the development and implementation of the annual quality improvement plan .
- The Allied Boards Human Resources Committee: Monitors and makes recommendations regarding human resource issues and planning.
- The Allied Boards Finance, Resources and Audit Committee: Monitors and makes recommendations regarding financial planning.
- The AGH and the CPDMH Medical Advisory Committees: Monitors and makes recommendations regarding quality of care to the Allied Boards Quality Committee and makes recommendations to the Allied Boards concerning physician, dental, midwifery or extended class nursing privileges and by-laws.

1B) The Allied Boards delegate to the Integrated Chief Executive Officer and Chiefs of Staff, responsibility to ensure that appropriate organizational infrastructure and culture exist to support continuous improvement of clinical and operational quality and risk management.

This infrastructure includes formal committees with responsibility for various aspects of quality and safety: i.e. the Senior Management Team, AGH Quality Improvement Risk Management Committee, CPDMH Patient Care Committee, MRHA Infection Control Committee, MRHA Occupational Health and Safety Committee, MRHA Emergency Preparedness Committee, MRHA Ethics Committee and program/service committees. It also includes advisory groups such as the MRHA Patient and Family Advisory Council, Fairview Manor Resident Council and FVM Family Council.

As well, the implementation of appropriate standards, policies and procedures is essential to support quality in clinical, operational and patient/resident relations.

1C) The Allied Boards expect employees, medical staff volunteers and students to conduct themselves in accordance with the Code of Conduct and through a just culture of quality and safety as follows:

- Practice in a safe manner.
- Practice in accordance with organizational and applicable professional standards.

- Behave in accordance with the values and ethical standards of the Corporations.
- Participate in ongoing learning as required to maintain competence.
- Participate actively in identification and follow-up of quality, safety and risk management issues.
- Engage in open, fair and blame-free dialogue, in a context of personal and professional accountability.
- Ensure that patients/residents and families are treated with respect and honesty.
- Implement ethical patient relations and disclosure practices.

The Boards expect the same of external service providers.

2. Quality Improvement Methodology

The Corporations approach quality improvement based on the Plan-Do-Study-Act cycle based on LEAN Methodology. Quality improvement opportunities are identified through a variety of formal and informal mechanisms including incident reports, inspection reports, performance indicators and patient/resident and staff satisfaction surveys. Improvement targets are set based on analysis of the data to determine where impactful change can be implemented. Execution of an improvement activity is tracked against pre-determined milestones, data and feedback are collected to measure the impact of the change and adjustments are made as necessary to achieve better results.

3. Performance Standards, Monitoring and Reporting

Performance expectations will be set, monitored and reported at the most appropriate level in the Corporations. The oversight process will include:

- Appropriate communication regarding quality and safety to the Boards, employees, medical staff, volunteers, students, patients, residents, and families.
- Policies regarding quality improvement, occupational and patient/resident safety, patient/resident relations (including full disclosure of adverse events and harm), whistleblower protection, and ethical practices.
- A standardized reporting system for actual and near miss incidents and follow-up.
- Clear processes for employees, medical staff, volunteers, students, patients, residents, families to report quality and safety concerns.
- Constructive responses to reports of quality and risk management concerns.
- Provision of education, as required, to employees, medical staff, volunteers, students, patients, residents, and families, regarding quality, safety and patient/resident relations issues and policies.
- Performance standards set based on best practice and/or industry standard with due regard to legislative and regulatory requirements

6. REFERENCES:

AccreditationCanada,2019. Qmentum Program: Leadership. Cited at: https://www3.accreditation.ca/OrgPortal/Node_StdList.aspx

Health Quality Ontario, 2015. Quality Matters. Cited at: https://www.hqontario.ca/Blog/category/quality-improvement/quality-matters-a-playbook-for-health-system-improvement-1

7. APPENDICES:

Appendix A Quality Management Model

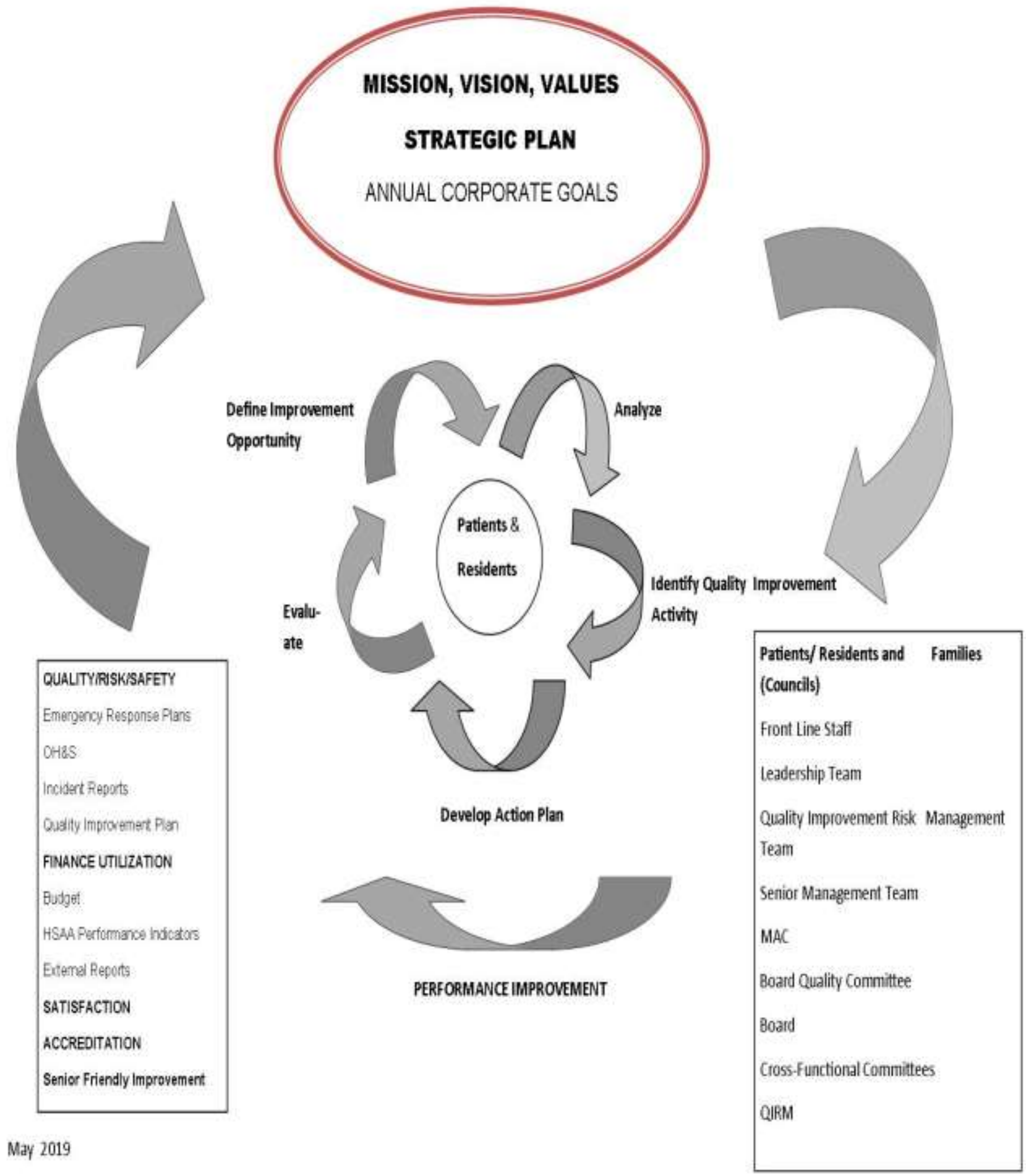
Appendix B Organizational Structure Supporting Quality Management

Evaluation

This policy will be reviewed every two years

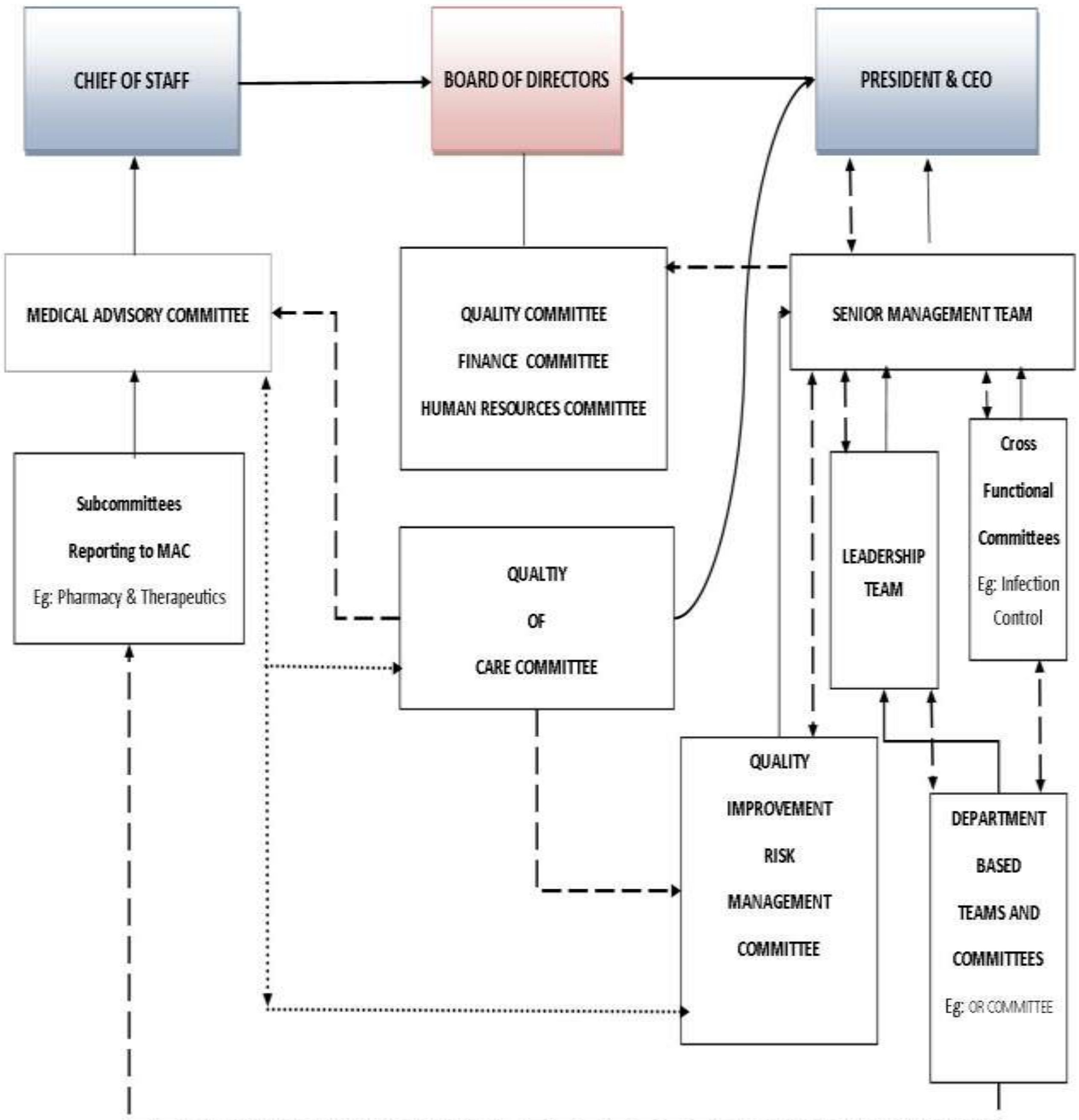
APPENDIX A

QUALITY MANAGEMENT MODEL



APPENDIX B

ORGANIZATIONAL STRUCTURE SUPPORTING QUALITY MANAGEMENT



Accountability ______________ Information Sharing _ _ _ _ _ _ _ _ _ _ _ _ _ Common membership ....

May 2019

TITLE:	Ethical Framework		
Manual/Policy#:	MRHA Boards of Directors # III-2	Entity:	AGH / CPDMH
Original Issue:	AGH: August 2012 CPDMH: November 2007	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: August 2019 CPDMH: April 2019	Approved by:	Allied Boards of Directors
Last Date Reviewed:	AGH: May 2021 CPDMH: January 2022	Cross Reference(s)	MRHA Corporate Policy A30

1. POLICY STATEMENT:

The Allied Boards of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ('the Corporations") will ensure that the Corporations adopt an ethical framework to guide and support ethical behaviour and decision making of the Allied Boards, staff, medical staff, volunteers and students.

The framework includes principles of ethical behaviour and guidelines for analysis and decision-making regarding clinical and organizational ethical dilemmas.

The Allied Boards will ensure access to an Ethics Consultation Service for all staff, medical staff, patients, residents, families and members of the health care team that encounter ethical issues in their work.

2. SCOPE:

This policy applies to all members of the Allied Boards, staff and medical staff who encounter either a clinical or organizational ethical dilemma

3. GUIDING PRINCIPLES:

- To provide guidance for ethical decision making.
- To augment Professional Codes of Ethics where they apply.
- To support ethical behavior which includes, but is not limited to, maintaining confidentiality, protecting and properly using the Corporations' assets, and complying with laws, rules, and regulations.
- Ethics consultation can be initiated by any member of the health care team.
- All ethics consultation activities will comply with the Corporations privacy policies
- Staff, medical staff, volunteers and students will also be guided by the Patient/Resident Bill of Rights and Responsibilities, organizational values, and professional codes of ethics.

4. DEFINITIONS:

Ethical Issue: An Ethical Issue is any dilemma that involves:

- A conflict of values (corporate, personal or professional) and ethical principles.
- A violation of commonly of commonly accepted ethical principles
- A violation of accepted corporate, personal or professional values e.g. compassionate care
- A significant undue hardship or inappropriate harm to any stakeholder

Ethical Principles:

Principles of ethical behaviour include: autonomy, justice, non-maleficence, beneficence, personal and professional responsibility, respect for human life and dignity, and balancing individual versus collective interest.

Autonomy

People have the right to autonomy and self-determination. An autonomous decision is one that is voluntary, informed, enduring, and consistent with the person's values and beliefs.

Justice

People are to be treated fairly – not discriminated against, abused or exploited. People are to be treated as individuals with rights to be honored and defended. Staff, medical staff and volunteers, have the moral obligation to act in a fair and just manner toward each other and toward patients/residents/clients.

Non-Maleficence

People have a duty to avoid, prevent or minimize harm to others

Beneficence

People have a moral obligation to do good while minimizing harm

Personal and Professional Responsibility

People are to be treated with courtesy. Staff, medical staff, and volunteers must protect the rights of others, and respect the diversity of cultures and peoples. In addition staff and medical staff must adhere to their professional code of ethics.

Respect for Human Life and Dignity

People have a right to be respected at all times and to be treated in a manner that maintains their personal dignity (state of being worthy of honor and respect).

Balancing Individual versus Collective Interests

People have a right to express individual thoughts, beliefs, and concerns representing their own interests or those of a family member. Collective interests of a group may be presented while maintaining a balance and keeping lines of communication open throughout discussion of the issue/dilemma.

Relevant Stakeholder

Individuals involved to discuss issues and options in relation to an ethical dilemma. Relevant stakeholders may include the following as necessary or appropriate: Patient/resident and/or family, staff/medical staff and/or care team and others as is deemed appropriate.

5. PROCEDURE:

The IDEA Decision Making Framework - For Clinical Ethical Issues

The IDEA Decision Making Framework (Appendix A) will be used to guide deliberations about clinical ethical issues. These guidelines should be adapted as appropriate to the given situation, as some steps may not be necessary.

The Accountability for Reasonableness Framework - For Organizational Ethical Issues

At the operational or governance level, a separate, broader framework, the Accountability for Reasonableness Framework (Appendix B), will be used to support ethical decision making.

Process to Follow:

1. Any person can request an ethics consultation at any time.
2. An ethical dilemma that is brought forward by a patient/resident and/or family member and by a member of the health care team will be triaged by the local primary ethics contact, Manager of Patient Flow.
3. The Manager of Patient Flow will triage requests for ethics consultations into organizational or clinical consultations, confidential or non-confidential consultations or that the request does not meet the criteria for an ethical consultation.
4. The Manager of Patient Flow will assess the request and determines the appropriate course of action.
5. Ethical dilemmas that cannot be resolved at the local level will be forwarded to the Regional Ethicist at the Champlain Centre for Health Care Ethics.
6. The Regional Ethicist in collaboration with all relevant stakeholders will follow the clinical or organizational frameworks to develop recommendations regarding the ethical dilemma.
7. The Regional Ethicist will provide written recommendations to all relevant stakeholders in follow-up
8. All cases will be documented in the patient/ resident chart if applicable and all corporate ethics requests will be tracked in the office of the Integrated VP Patient/Resident Services, CNE. All requests for consultation by the Regional Ethicist will be tracked by the Champlain Centre of Health Care Ethics. Specific metrics will be provided to the organization as required.

6. REFERENCE

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http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90p40_e.htm

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Loma Linda University Medical Center. Clinical Ethics Consultation Policy.

Paula Chidwick, Jennifer Bell, Eoin Connolly, Michael Coughlin, Andrea Frolic, Laurie Hardingham & Randi Zlotnik Shaul. Exploring a Model Role Description for Ethicists. *HEC Forum* 22 (1):31-40 (2010).

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National Centre for Ethics in Health Care. Veteran Health Administration.Intergrated Ethics. Improving Ethics Quality in Health Care. *Ethics Consultation. Responding to Ethics Questions in Health Care*. Available at http://www.ethics.va.gov/ECprimer.pdf

American Society for Bioethics and Humanity. Task Force: Core Competencies in Health Care Ethics Consultation, 2nd Edition - See more at: http://www.asbh.org/publications/content/asbhpublications.html#sthash.IleEoYm9.dpuf

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years

Appendix A

Ethical Decision-Making Frameworks

Thinking about ethics is an integral part of service delivery for all involved in health care, from the bedside, to the boardroom. Ethics is about making morally justifiable choices, and providing reasons for those choices. Unfortunately, which options are 'right' or 'good,' can be unclear. It is for this reason that the IDEA Framework was developed.

This framework provides a fair, step-by-step process to assist in the navigation and resolution of complex ethical issues that arise in the delivery of health care.

<table>
<tr>
<td><u>Step 1: Identify the Facts</u>

Identify what is known versus what is not known.

• Medical Indications
• Client Preferences
• Quality of Life, and
• Contextual Features,

Users of the framework should take into account all of the relevant considerations and stakeholders; this often includes facts that may not be known initially.</td>
<td><u>Step 2: Determine Ethical Principles in Conflict</u>

Identifying the ethical principles in conflict will not provide solutions; however, this step will assist in further clarifying and articulating the issues.

Common ethical principles to consider might include, but are not limited to:
• Autonomy
• Beneficence (or doing good)
• Non-maleficence (or doing no harm) or
• Justice</td>
</tr>
<tr>
<td><u>Step 3: Explore Options</u>

The intent of this section is to brainstorm different alternatives and to consider the potential outcomes and impacts of each one (e.g., evaluate the potential positive and negative considerations of each option).
Do the options fit with the resident's preferences?

Do the options comply with corporate policy, regulations, and the law?</td>
<td><u>Step 4: Act and Evaluate</u>

Develop and document the action plan in the resident's chart.

Evaluate the plan. Were the intended results obtained, or is additional follow-up and/ or action required? Ongoing documentation and communication of the evaluation is necessary.

Self-evaluate your decision. What have you learned?</td>
</tr>
</table>

Appendix B

The Accountability for Reasonableness Framework (A4R)

In recognizing that not all ethical issues that arise in health care are clinical in nature, an ethical decision-making framework has also been accepted for organizational decision-making. The Accountability for Reasonableness Framework (A4R) is based on the notion of public accountability which requires that reasons and rationales for limit-setting decisions be publically available. In organizational limit-setting decisions, it is very difficult to agree on fair outcomes or fair principles. This makes using a clinical decision-making tool for these issues challenging. The goal of this framework is to ensure that a fair process is available for stakeholders to follow, and expectations are set to consider relevant values in the justification of organizational decisions. Five conditions/values are considered below:

Conditions/Values	Description
Relevance	Rationales for priority setting decisions must rest on reasons (evidence, principles, values) that 'fair-minded' people can agree are relevant in the context. 'Fair-minded' people seek to cooperate according to terms they can justify to each other – this narrows, though does not eliminate, the scope of controversy, which is further narrowed by specifying that reasons must be relevant to the specific priority setting context.
Publicity	Priority setting decisions and their rationales must be publicly accessible - justice cannot abide secrets where people's well-being is concerned.
Revisions/Appeals	There must be a mechanism for challenge, including the opportunity for revising decisions in light of considerations that stakeholders may raise.
Empowerment	Efforts should be made to minimize power differences and to ensure effective stakeholder participation.
Enforcement	There is either voluntary or public regulation of the process to ensure that the first four conditions are met.

TITLE:	**Integrated Risk Management**		
Manual/Policy#:	MRHA Boards of Directors # III-3	**Entity:**	AGH/ CPDMH
Original Issue:	AGH: October 2014 CPDMH: April 2009	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: October 2019 CPDMH: April 2019	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	AGH: May 2021 CPDMH: January 2022	**Cross Reference(s):**	

1. POLICY STATEMENT:

The Allied Boards of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") is responsible for establishing appropriate controls to ensure:

- the safe delivery of health care;
- the reduction or prevention of the potential for injury or loss to clients/residents, visitors and Hospital personnel;
- that the Hospital's resources are utilized appropriately;
- that the Hospital's assets are protected.

The Allied Boards must be knowledgeable about risks inherent in Operations of the Corporations and ensure that appropriate risk analysis is performed as part of its decision-making, including variance and risk tolerance levels.

Each Allied Boards Standing Committee will review the risks related to its mandate. The Finance, Resources and Audit Committee (FRAC) will review the Enterprise Risk Management Program at least annually and report thereon to the Allied Boards.

The Integrated President & Chief Executive Officer (CEO) is accountable for identifying the principal organizational risks, determining the exposure to risk to the Corporations and ensuring the implementation of the risk management framework.

2. SCOPE

This policy applies to all employees, medical staff and volunteers (including members of the Allied Boards of Directors) of the Corporations. Risk management is the responsibility of everyone.

3. GUIDING PRINCIPLES

- Risk management creates and protects value.
- Risk management reflects our philosophy of patient and family centered care.
- Risk management is intertwined with quality and safety, and facilitates continual improvement.
- Risk management resides within the context of a just culture.

- Risk management helps decision-makers make informed choices and prioritizes actions.
- Risk management enhances the quality of patient care and work life through adoption of evidence based best practices.
- Risk management is facilitated by a culture of learning.

4. DEFINITIONS

Risk

The effect of uncertainty on objectives; risk is "the chance of something happening, or a hazard being realized that will have an impact on objectives" (NPSA). Risk is measured in terms of consequences and likelihood.

Risk Management

The risk management process is a centrally coordinated initiative that proactively registers risk inherent in the hospital environment and develops a structure to identify, assess, manage and mitigate and report risk.

Risk Approach

The Corporations will adopt the following approach to managing risk:

- Focus on material risk to key corporate objectives
- Aggregate risks wherever possible. Assign risk to one/best fit category if possible
- Recognize that risks are interrelated and that clear delineation is not always possible
- Adopt a simplified model for understanding and carrying out IRM

5. PROCEDURE

5.1. The Enterprise Risk Management (ERM) Program is proactive, consistent framework to better identify, understand, and respond to all types of risk.

5.2. The process to arrive at the results is to aggregate risk information and exposure as well as to provide accountability and transparency of risks at all levels of the Corporations.

5.3. This program assists the Allied Boards of Directors and Senior Management Team to understand the risks arising across the Corporations, their impact on strategy and objectives and to align Senior Management and Allied Boards understanding on the level of risk tolerance.

5.4. Day-to-day operational risk continue to be managed within the traditional reporting structures of the Corporations (front line staff > Manager/Director > Senior Leader) and not every operational risk is catalogued as a part of the ERM composite report. The ERM framework places accountability at the right level of the organization. It is not the only source of risk assessment and discussion and is not meant to replace or duplicate other risk management processes which include:

Enterprise Risk Management Framework	
Patient care risk identification:	Monitoring of incident reports, HIROC's Self-Assessment Program, Accreditation
Quality of Care reporting:	Medical Advisory Committees, Allied Boards Quality Committee, Patient & Family Advisory Committee, Patient Care Committee
Financial risk identification:	Allied Boards Finance, Resources and Audit Committee through monitoring of performance against budget and monthly Compliance Report; internal control risk identification through the annual external audit, Fraud Risk Matrix, and Whistleblower Policy
Day-to-day operational risks:	Identification and management between Manager and Vice President

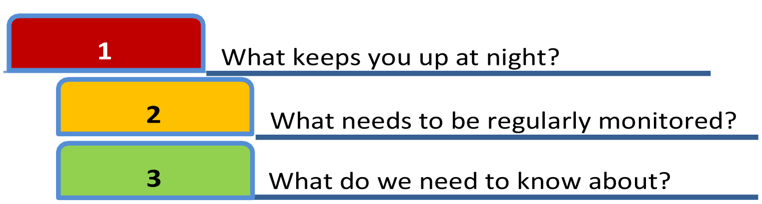
5.5 Managers are requested to submit risk items associated with their programs and Senior Leaders participate in a review process to validate the risk items and scoring of each item. The HIROC Self-Assessment Program annual review serves this purpose.

5.6 Risks are rated high, medium or low referring to the impact if the risk materializes and how severe the impact would be.

5.7 Risk tolerance is the approach of the Corporations to managing the risk:

- Accept: Take no immediate action; monitor the risk only
- Mitigate: Take action to reduce the likelihood or impact of the risk (i.e. Control)
- Eliminate: Reduce risk to zero by taking actions to eliminate the risk(i.e. resolve)

5.8 Risk Assessment Codes are utilized as a method of prioritizing the various risks in order to focus management attention on the most significant risks. A matrix of severity (impacts) score, the likelihood of occurrence and the degree of the mitigation in place results in an assigned RAC.



5.9 Senior Management Team identifies the 'top risks'. Key themes related to reputational, operational and/or strategic risks are considered when identifying all risks. Top Risk categories include:

- Potential significant impact on strategy
- Potential significant impact on patient care and/or safety
- Potential significant financial impact

- Timing (potentially imminent)
- Event has occurred, working to prevent recurrence
- Requires significant and/or complex mitigation efforts

5.10 The Enterprise Risk Management composite report is presented to RPUC at least annually, followed by subsequent presentation to the Allied Boards

5.11 Proposals submitted to the Allied Boards must include an Enterprise Risk Assessment.

6. REFERENCES

Muskoka Algonquin Healthcare, Board of Directors, Enterprise Risk Management, February 12, 2015.

7. APPENDICES

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	**Occupational Health and Safety – Accountability Framework**		
Manual/Policy#:	MRHA Boards of Directors # III-4	**Entity:**	AGH / CPDMH
Original Issue:	AGH: February 2016 CPDMH: April 2009	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	February 2019	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	AGH: May 2021 CPDMH: January 2022	**Cross Reference(s):**	

POLICY

The Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") and Chief Executive Officer (the "CEO") are committed to the health, safety and wellness of employees, and the prevention of occupational injuries and disease in support of a safe and healthy workplace.

2. SCOPE:

This policy addresses the Allied Boards obligations under Article 15.6 of the MRHA Common Administrative By-laws.

All Directors of the Corporations are expected to demonstrate their commitment towards a safe and healthy environment by acting in compliance with this policy.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

In accordance with the MRHA Common Administrative By-law (Section 15.6), there will be an occupational health and safety program for the Corporations, which includes procedures for:

I. a safe and healthy work environment in the Corporations;
II. the safe use of substances, equipment and medical devices in the Corporations;
III. safe and healthy work practices in the Corporations;
IV. the prevention of accidents to persons on the premises of the Corporations; and
V. the elimination of undue risks and the minimizing of hazards inherent in the Corporations environment; and

The Allied Boards will receive annual reports from the CEO, and/or person designated by the CEO to be in charge of occupational health and safety in the Corporations, through the Allied Boards Human Resources Committee about the ability of the Corporations to meet occupational health and safety requirements, identification of risk issues and program outcomes.

The Allied Boards will receive quarterly reports from the CEO, and/or person designated by the CEO to be in charge of occupational health and safety in the Corporations, through the Allied Boards Human Resources Committee about statistical data on incidents. The Allied Boards Human Resources Committee will, from time to time, review the indicators being reported and make any changes deemed necessary in the view of the Committee and feasible in the context of the Corporations' information resources to ensure that it is receiving appropriate data.

The CEO will report to the Allied Boards directly or through the Allied Boards Human Resources Committee as necessary on matters concerning the Occupational Health and Safety Program.

6. REFERENCES:

Occupational Health and Safety – Accountability Framework policies from the Board of Directors of Kingston General Hospital (Number II-6, Revision Date October 2014), Quinte Health Care (Number II-7, Revision Date March 2012) and Trillium Health Partners (Number II-7, Policy Manual dated November 2013)

7. APPENDICES:

N/A

Evaluation:

This policy will be reviewed every two years.

TITLE:	**Allied Boards Risk Appetite Statement**		
Manual/Policy#:	MRHA Boards of Directors # III-5	**Entity:**	AGH/ CPDMH
Original Issue:	AGH: November 2019 CPDMH: May 2023 (**DRAFT)	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: N/A	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	AGH: November 2019	**Cross Reference(s):**	MRHA Boards Policy # III-3 Integrated Risk Management Framework

1. POLICY STATEMENT:

The mission of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") is to provide a continuum of integrated primary health and long-term care services to our communities, focusing on quality care and personal attention, accountability and fiscal responsibility across all of its operating divisions. The Allied Boards recognize risk is inherent in the provision of healthcare and its services and that a defined approach is necessary to ensure that the Corporations understand and are aware of the risks it's prepared to accept in the pursuit of the delivery of its mission.

2. SCOPE:

This policy applies to all employees, members of the medical staff and volunteers of the Corporations.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

Risk
The effect of uncertainty on objectives: risk is "the chance of something happening, or a hazard being realized, that will have an impact on objectives".

Risk Appetite
The amount and type of risk that the Corporations are willing to take in order to meet their strategic objectives (Institute of Risk Management website, November 2019)

5. PROCEDURE:

General Risk Appetite Statement

The Allied Boards recognize that the long term sustainability of the Corporations depend upon the delivery of its mission and strategic goals and on its relationships with patients, residents, the public and strategic partners including its funders.

The Corporations will not accept risks that could result in poor quality care or negatively impact patient and resident safety in a material way.

It can be in the best interests of patients and residents to accept some risk in order to achieve the best outcomes from individual patient/resident care, treatment and therapeutic goals. The Allied Boards accept this and supports staff and medical staff to work in collaboration with patients, residents and their families to develop appropriate and safe care plans based on assessment of need and clinical risk.

The Corporations will not accept risks that could damage its relationship with health system partners such that access for patients/residents to the continuum of care is negatively affected in a material way.

The Corporations will not accept risks which may compromise the safety of staff, medical staff or the public, or contradict the values of the Corporations.

The Corporations will not accept any risk that could result in staff or medical staff being non-compliant with legislation, regulation, contractual commitments or any frameworks provided by professional bodies.

The Allied Boards has a greater appetite to take considered risks to pursue innovation and challenge current working practices where positive gains can be anticipated.

6. REFERENCES:

Southern Health NHS Trust, Board Risk Appetite Statement Version: 5, September 2019
Oxford University Hospitals NHS Trust, Risk Appetite Review, 9 July 2014

7. APPENDICES:

N/A

<u>Evaluation</u>

This policy will be reviewed annually.

***CPDMH: DRAFT - pending approval in May*

TITLE:	Complaints (Patient Care and Other)		
Manual/Policy#:	MRHA Boards of Directors # III-6	**Entity:**	AGH/ CPDMH
Original Issue:	AGH: April 2014 CPDMH: December 2011	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: March 2020 CPDMH: January 2019	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	January 2022	**Cross Reference(s):**	

1. POLICY STATEMENT:

It is important to patients, their families, and the community at large that all complaints are dealt with in a timely, impartial and confidential manner. Consistent with the Excellent Care for All Act (ECFAA), it is the policy of the Allied Boards to support and monitor the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") patient relations process to ensure facilitation, mediation and resolution of complaints. The Allied Boards will not investigate, manage a follow up or receive anonymous information about complaints for the purpose of overseeing the quality of care, individual complaint letters or reports.

2. SCOPE:

This policy applies to complaints related to patient/resident care or other matters that is received by a Director of the Allied Boards or an Allied Boards committee.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

The identification, investigation and management of individual patient/resident, family, staff, medical staff and/or volunteer feedback or concerns is undertaken by staff of the Corporations through a process for which the Integrated President & CEO (CEO) bears responsibility.

A written complaint related to patient/resident care or any other matter that is received by a Director of the Allied Boards or an Allied Boards committee will be sent to the Office of the CEO. The complaint will be managed from this point forward by the CEO's office (or designate).

Should a concern be addressed to a Director of the Allied Boards or a committee member verbally, the Director should accept the feedback with thanks and, to avert the potential for unintended errors in message transmission by the member, encourage the complainant to forward it directly to the CEO whose responsibility it is to ensure that it is addressed.

If the complaint is about the CEO or about a Chief of Staff (or acting in their capacity as Chief of Staff), it will be given to the Allied Boards Chair on behalf of the Allied Boards Executive Committee. The Allied Boards Executive Committee will take responsibility for addressing the complaint and will report to the Allied Boards only those details necessary for their oversight of the CEO or Chiefs of Staff.

If the Corporation receives a complaint which is deemed to have a potential public relations risk, the CEO or designate will notify the Allied Boards of Directors as necessary.

6. REFERENCES:

N/A

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed annually.

TITLE:	**Cyber Security**		
Manual/Policy#:	MRHA Boards of Directors # III-7	**Entity:**	AGH/ CPDMH
Original Issue:	AGH: September 2019 CPDMH: May 2023 (**DRAFT)	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: September 2019	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	AGH: September 2019	**Cross Reference(s):**	MRHA Boards Policy #IV-8 Asset Protection, #II-2 Delegation of Authority and #III-3 Integrated Risk Management Framework

1. POLICY STATEMENT:

The Integrated President & Chief Executive Officer (CEO) is accountable to the Allied Boards of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation (“the Corporations”) to ensure that the Corporations and the partners of the Corporations maintain adequate security over its data and information technology systems.

The Allied Boards role is to oversee the risk management process as it relates to cybersecurity.

2. SCOPE:

The Allied Boards is responsible for risk management and oversight as it relates to Cyber security.

3. GUIDING PRINCIPLES:

Implementation of this policy will be guided by a proactive approach to mitigate risk from cyber breaches and or threats to ensure privacy and safety of health and business information and the threat of business interruption.

4. DEFINITIONS:

Cyber Security: Cyber security refers to the body of technologies, processes, and practices designed to protect networks, devices, programs, and data from attack, damage, or unauthorized access. Cyber security may also be referred to as information technology security.

Incident Response - Incident response is a term used to describe the process by which the corporations handle a data breach or cyberattack, including the way the corporations attempt to manage the consequences of the attack or breach. The goal is to effectively manage the incident so that the damage is limited and both recovery time and costs, as well as collateral damage such as reputation, are kept at a minimum.

5. **PROCEDURE:**

The CEO will ensure that:

Training and Compliance

There is training and compliance plan for information technology/ cyber security throughout the Corporations by promoting a cultural awareness of cyber security and promote best practices as it relates to cyber security.

Risk Management Process

The Allied Boards through the Finance Resources and Audit Committee (FRAC) will oversee the risk management process through meeting on an annual basis to discuss policies, review key information assets and current vulnerabilities and set risk tolerance. (Reference: MRHA Boards Policy #III-3 Integrated Risk Management).

Incident Response Plan

The Allied Boards will review and approve the Incident Response Plan on an annual basis establishing its position in advance of a cyber security attack.

Cyber Security Insurance

The Corporations maintain adequate insurance. (Reference: MRHA Boards Policy #IV-8 Asset Protection)

Monitoring and Reporting

The CEO or delegate will provide the FRAC with a summary of information as it pertains to cyber security. The reporting will contain information from its partners as it relates to safeguarding of the shared electronic medical record and its hosted technology.

Offsite Service Providers

The CEO or delegate will ensure that offsite providers have a cyber plan in place and ensure that there is a monitoring system in place to provide reports. The CEO will ensure that due care is exercised in using offsite providers.

6. **REFERENCES:**

Imran Ahmad, Miller Thomson LLP, Cyber Security Readiness Measures Boards and Senior Leadership Teams Must have in Place, 2018.

7. **APPENDICES:**

N/A

Evaluation:

This policy will be reviewed annually.

***CPDMH: DRAFT - pending approval in May*

TITLE:	**Signing Authority**		
Manual/Policy#:	MRHA Boards of Directors # IV-1	**Entity:**	AGH/ CPDMH
Original Issue:	AGH: January 2012 CPDMH: March 2019	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	March 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	January 2022	**Cross Reference(s)**	N/A

1. POLICY STATEMENT:

The Almonte General Hospital Corporation and the Carleton Place and District Memorial Hospital Corporation (the "Corporations") are committed to meeting all leading practices and guidelines for ensuring that the appropriate controls are in place respecting financial commitments made on behalf of the Corporations.

2. SCOPE

The purpose of this policy is to establish the rules for the approval of financial commitments which include any obligation, by way of contract, purchase order, timesheet, lease or other agreement or arrangement eventually settled through either cash payment or exchange of equipment, goods or services of equivalent value. The value of the financial commitment means the total indebtedness to be incurred by the Corporations as a result of the commitment being made, including all related taxes and freight charges.

3. GUIDING PRINCIPLES:

This policy is based on the following principles:

1. Approval of the annual operating and capital budgets by the Allied Boards confers authority to the Integrated President and CEO (CEO) to make expenditures within the amounts and scope allocated in the budgets of the Corporations in accordance with policies, procedures and values of the Corporations. In absence of approved budgets, interim spending power must be granted by the Allied Boards to establish such authority. For the Lanark County Paramedic Service, the Lanark County Council must also grant authority for reimbursement of expenditures through its budget setting process.
2. The CEO assigns financial signing authority to Officers of the Corporations to balance the needs of operational efficiency and effective control.
3. The level of authority required to enter into contracts and agreements relating

generally to the operation of the Corporations shall depend on the dollar amount, terms and duration of such agreements as set out in this policy;

4. Signing Officers may delegate their signing authority to accountable nominees during periods of absence from the Corporations, subject to the following conditions:

   - The Integrated Vice-President & CFO (CFO) must be notified in writing of the designated signing
   - authority delegate;
   - The authorized dollar limits shall not exceed the normal limits set out for the original signing authority;

   Accountability for expenditures, agreements and transactions authorized during this acting period will rest with the designating individual.

5. The signing authority or delegate for the Corporations cannot authorize disbursements for which they are the recipient (e.g. travel/employee expense reimbursement) and wherever there may be a potential or perceived conflict of interest, approval must be provided by the next higher authority.

6. The enclosed approval authority levels do not relieve the signing authority from meeting budgetary obligations as approved by the Allied Boards.

7. Participation within a buying group allows the Corporations to benefit from negotiations of a larger group with vendors to receive better pricing and terms on goods and services.

Code of Ethics

Signing Officers are required to inform the CFO of any commitments that are sensitive in nature, including those that might bring the activities of the Corporations under public scrutiny or involve controversial matters.

4. DEFINITIONS:

N/A

5. PROCEDURES:

In addition to the authority granted through the budgets approval process, the Allied Boards also grant signing authority for financial instruments including cheques, bank transfers and contractual arrangements.

Signing Officers can approve commitments or expenditures within the context of the budgets or funding for which they are responsible.

The authority for payroll processing is delegated to the payroll department, subject to review by the CEO, CFO and departmental signing authorities.

Where policies of the Corporations have been issued relative to specific financial transactions, then that policy shall prevail (e.g. Expense Policy).

In most financial transactions, signing authority is required for approval of the document that best represents the point of decision to make the financial commitment, such as a purchase requisition or contract. Where a purchase order or contract has been issued, and goods/services have been received, a vendor invoice may be processed for payment by the Accounts Payable Department after appropriate matching. Where a purchase order or contract has not been issued, the appropriate signing authority must approve the vendor invoice prior to payment.

As additional verification, the Integrated Controller will review all payments prior to the cheque being issued and the CFO will review the monthly list of cheques issued with the associated bank reconciliation.

The CEO will sign the bank reconciliation for months in which a third authority is absent to ensure segregation of duties.

From time to time, the CFO may invite existing buying groups to the Allied Boards Finance Resources and Audit Committee (FRAC) for the purpose of education and to provide the FRAC with a review of the buying group's processes of procurement to ensure that the Corporations meet its legislative obligations.

When entering into an arrangement with a new buying group, a summary of due diligence, procurement processes in place and other relevant information will be shared with the FRAC to ensure that legislative obligations are met under the Broader Public Sector Accountability Act.

Contracts within the buying group do not require Allied Boards approval regardless of duration of contract.

6. REFERENCES:

N/A

7. APPENDIXES:

#1 – Signing Authorities Framework

Evaluation:

This policy will be evaluated every two years.

APPENDIX 1: SIGNING AUTHORITIES FRAMEWORK

The following individuals are authorized to enter into financial and contractual agreements on behalf of the Corporations, in accordance with budgetary and noted approvals:

Signing Authority for Banking Transactions

Transaction Type	Signing Authority Required
Line of Credit	• Changes to credit limits require Allied Boards approval
Investments	• Authority to make investments is delegated by the Allied Boards to one or more Investment Advisors within the bounds established by the Allied Boards approved Investment Policy.
Bank Signing Authorities	Any two of: ☐ Allied Boards Chair ☐ Allied Boards Vice-Chair ☐ Allied Boards Finance Resources and Audit Committee Chair ☐ Integrated President & CEO (CEO) ☐ Integrated Vice-President & CFO (CFO) ☐ Integrated Vice President Corporate Support Services and Capital Projects
Credit Cards – Issuance and Limits	☐ Requires Allied Boards approval

Contracts and Agreements

Transaction Type	Signing Authority Required
Term of Agreement does not exceed current fiscal year and is within approved budget.	• CFO and Vice President of Department
Term of Agreement does not exceed current fiscal year and exceeds approved budget.	• CFO and CEO
Term of Agreement exceeds current fiscal year and is less than or equal to 4 years.	• CFO and CEO
Term of Agreement exceeds 4 years excluding buying group.	• Allied Boards Approval

Operating Expenditure Purchase/Cheque Requisitions (one-time product/service commitment)

Transaction Type	Signing Authority Required
Less than $10,000	• Department Manager
Greater than $10,000 and less than $25,000	• Department Manager and Vice President
Greater than $25,000	• Department Manager and Vice President and CEO

Human Resources & Payroll

Transaction Type	Signing Authority Required
Permanent postings within existing budget	• Department Manager and Vice President of Human Resources
Additions to Staff Complement in excess of approved departmental operating budget	• Department Manager and Senior Management Team
Posting for temporary replacement of staff on leave	• Department Manager and Vice President of Human Resources
Approval of hours worked	• Departmental Manager

Other

Transaction Type	Signing Authority Required
Authorization of Expenses for all Directors of the Allied Boards of Directors	• Per Expense Policy
Travel and Expense reimbursement	• Per Expense Policy
Capital Expenditures within approved Capital Budget less than $10000.	• Departmental Manager
Capital Expenditures within approved Capital Budget greater than $10,000 and less than or equal to $25,000.	• Department Manager and Vice President
Capital Expenditures within approved Capital Budget greater than $25,000.	• Department Manager and Integrated Vice President and CEO
Capital Expenditures outside of approved Capital Budget and Capital Contingency Budget	• Requires Allied Boards approval
Real Estate Property Transactions	• Requires Allied Boards approval

Note:

Where the purchase of a capital asset is bundled with the purchase of a maintenance contract, the maintenance contract should be considered separately under the rules for operating expenditures.

TITLE:	**Perquisite Policy**		
Manual/Policy #:	MRHA Boards of Directors # IV-2	**Entity:**	AGH / CPDMH
Original Issue:	AGH December 2011 CPDMH September 2011	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	November 2019	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	February 2023	**Cross References**:	

1. POLICY STATEMENT:

The Almonte General Hospital Corporation and the Carleton Place and District Memorial Hospital ("the Corporations") are committed to meeting all leading practices and guidelines for the administration of perquisites in the broader public sector. This policy sets out the acceptable limits and the procedure for perquisites within the Corporations.

2. SCOPE:

The purpose of this policy is to establish rules for allowable perquisites reimbursed from public funds.

The rules apply to any person in the Corporations, including the following:

- Allied Boards of Directors;
- Medical Staff;
- Volunteers;
- Employees; and
- Consultants and contractors engaged by the Corporations, providing consulting or other services.

This policy is intended to comply with the Ontario Broader Public Sector Perquisites Directive.

3. GUIDING PRINCIPLES:

This policy is based on three key principles.

A) Accountability
The Corporations are accountable for use of public funds. All expenditures support business objectives.

B) Transparency
The Corporations are transparent to all stakeholders. The rules for perquisites are clear and easily understood.

C) Value for Money
Taxpayer dollars are used prudently and responsibly.

4. DEFINITIONS:

A perquisite refers to a privilege that is provided to an individual or to a group of individuals, provides a personal benefit, and is not generally available to others.

To be allowable, a perquisite must be demonstrated to be a business-related requirement for the effective performance of an individual's job. A perquisite is not allowable if it is not a business-related requirement.

This policy does not apply to the following:

- accommodations for human rights or accessibility considerations (e.g. special workstations, work hours, religious holidays);
- provisions of collective agreements;
- insured benefits;
- items generally available on a non-discriminatory basis for all or most (e.g. employee assistance programs, pension plans);
- health and safety requirements (e.g. provision of work boots);
- expenses covered under the Corporations' rules on travel, meals and hospitality.

The following perquisites are not allowable under any circumstances:

- club memberships for personal recreation or socializing purposes, such as fitness clubs, golf clubs or social clubs;
- seasons tickets to cultural or sporting events;
- clothing allowances not related to health and safety or special job requirements;
- access to private health clinics – medical services outside those provided by the provincial health
- care system or by the employer's group insured benefit plans;
- professional advisory services for personal matters, such as tax or estate planning

Perquisites which are not allowable cannot be provided by any means, including:

- an offer of employment letter, as a promise of a benefit,
- an employment contract, or
- a reimbursement of an expense.

5. PROCEDURE:

1. Individuals seeking approval for a perquisite must submit a request in writing to the Integrated President & CEO (CEO) describing the perquisite, the cost of the perquisite and a description of why the perquisite is a business related requirement for the performance of the individual's job. If the individual is the CEO, the request must be submitted to the Chair of the Allied Boards.

2. The CEO must approve in writing any allowable business-related perquisites for an employee, member of the medical staff, volunteer or student.

3. The Allied Boards must approve in writing any allowable business-related perquisites for the CEO or a member of the Allied Boards.

4. Details on any approved perquisites will be kept by the office of the CEO.

5. A listing of all allowable perquisites approved by the Corporations shall be posted on the Corporations website by June 30th each year. Personal information will not be included.

6. REFERENCES:

N/A

7. APPENDICES:

N/A

Evaluation
This policy will be reviewed every two years.

TITLE:	**Expense Reimbursement**		
Manual/Policy#:	MRHA Boards of Directors # IV-3	**Entity:**	AGH / CPDMH
Original Issue:	AGH: April 2011 CPDMH: September 2010	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	March 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	February 2023	**Cross Reference(s):**	MRHA Boards Policy IV-1 Signing Authority

1. POLICY STATEMENT:

The Almonte General Hospital Corporation and the Carleton Place and District Memorial Hospital Corporation ("the Corporations") are committed to meeting all legislative obligations and leading practices and guidelines for the administration of expenses in the broader public sector.

This policy sets out the acceptable limits and the procedure for expense reimbursement for travelling on corporate business, conducting corporate business locally, and extending hospitality on behalf of the Corporations.

2. SCOPE:

The expense rules apply to any person in the organization making an expense claim, including the following:

- Allied Boards of Directors;
- Medical Staff;
- Volunteers;
- Employees; and
- Consultants and contractors engaged by the Corporations, providing consulting or other services.

This policy is intended to comply with the Ontario Broader Public Sector Expenses Directive.

3. GUIDING PRINCIPLES:

Accountability
The Corporations are accountable for public funds used to reimburse travel, meal and hospitality expenses. All expenses support business objectives.

Transparency
The Corporations are transparent to all stakeholders. The rules for incurring and reimbursing travel, meal and hospitality expenses are clear, easily understood, and available to the public.

Value for Money
Taxpayer dollars are used prudently and responsibly. Plans for travel, meals, accommodation and hospitality are necessary and economical with due regard for health and safety.

Fairness
Legitimate authorized expenses incurred during the course of the business of an organization are reimbursed.

4. DEFINITIONS:

Authorization: The approval of an expense reimbursement and business travel claim by the appropriate person with adequate signing authority.

Business Expenses: Reasonable expenses incurred by employees, Board members, volunteers, medical staff, consultants and contractors engaged to work at the Corporations, in the course of performing their duties.

Business Travel: Travel required for organizational business and authorized by the appropriate level of authority.

Local Business Travel: Travel within the Champlain region formally known as the Champlain LHIN region.

Business Travel Expenses: include road, air and rail transportation costs, hotel costs, personal and rental vehicle costs, mileage costs, meals and other incidental costs as approved by the Departmental Manager or Vice-President.

Hospitality: The provision of food, beverage, accommodation, transportation and other amenities at the Organizations' expense to persons who are not engaged to work for designated Broader Public Sector Organizations or any of the Ontario government ministries and agencies.

Personal Vehicle: A vehicle owned, borrowed or rented/leased personally by a member of staff.

Receipt: An original document, or carbon or certified copy, with the details of the expenditure, the amount, the date and indicating proof of payment.

5. PROCEDURES:

Reimbursable Business Expenses

Individuals making claims for reimbursement of business expenses are required to:

- obtain all appropriate approvals before incurring expenses;
- submit original, itemized receipts with all claims;
- make clear the purpose of incurring the expense;
- submit a completed expense form for reimbursement within one month of incurring the expense;
- if expenses are incurred on behalf of other individuals, include the name and companies of all individuals on the form;
- in the event that travel is cancelled, any travel expenses that have been reimbursed to the claimant by the vendor, must be reimbursed to the Corporations within thirty (30) days of such cancellation;
- reimburse the Corporations for any purchased services which have not been utilized;

Individuals approving claims for business expenses (Approvers)

Approvers are required to:

- ensure all claims and receipts are correct, reasonable and in accordance with this Policy;
- provide approval only for expenses that were necessarily incurred in the performance of the Corporations business;

- provide approval only for claims that include all appropriate documentation;
- in the event that the expenses exceed the approver's signing authority, submit this claim to their supervisor for approval.

Authorized Approvers

The following approvals must be obtained:
- employees sign and submit the expense form and receipt(s) to their supervisor for approval;
- volunteers sign and submit the expense form and receipt(s) to the Integrated Vice President of Human Resources for approval;
- the Integrated President & CEO (CEO) signs and submits the expense form and receipt(s) to the Chair of the Allied Boards or delegate for approval;
- Credentialed Medical staff sign and submit the form and receipt(s) to Chief of Staff or CEO for approval;
- Directors sign and submit the expense form and receipt(s) to the Chair of the Allied Boards of Directors or delegate for approval.

Travel and transportation expenses

All travel requires prior approval as follows:

- within the area of the Champlain region and the National Capital Region – no approval required;
- within Ontario but outside the area of the Champlain region and the National Capital Region –immediate supervisor;
- outside Ontario and the National Capital Region – CEO.

The means of transportation (plane, train, and vehicle) should be the most practical and economical way to travel. Economy (coach) class would be the standard option, and approval by the CEO is required for any other type of fare. Considerations for making the decision should include circumstances such as accommodation, length of travel, health and safety considerations, ability to work while travelling, etc.

When personal travel is combined with business travel, staff will be reimbursed for only the business portion of the trip at the lowest available fare. Personal travel does not include travel to or from home when travelling for business.

Where a number of staff members are attending the same function, shared travel should be considered and required where possible.

Before travelling out of country, staff should contact the Department of Human Resources to determine their current benefit coverage. If staff are not covered through regular hospital benefits, insurance should be purchased through the Corporations benefit provider or alternate.

Personal Vehicles

Personal vehicles used on corporate business must be insured at the vehicle owner's expense for personal motor vehicle liability. Drivers must satisfy themselves whether their motor vehicle insurance coverage should include business use of their vehicles. The Corporations will not reimburse costs of collision and liability coverage. The Corporations assume no financial responsibility for privately owned vehicles other than paying the kilometric rate when used for corporate business. Those driving a personal vehicle on corporate business cannot make claims to the Corporations for damages as a result of a collision.

Accommodation

Any request for over-night accommodation must be pre-approved.

Meals

The amount claimed for meals should be reasonable in the context of the nature and the location of the travel.

Alcohol

Alcohol for personal consumption may not be claimed as part of a travel or meal expense claim.

Hospitality

For the purposes of this Policy, hospitality is the provision of food, beverage, accommodation, transportation and other amenities paid out of the Corporations funds on behalf of persons who are not employed by these Corporations.

The most senior employee present must make the claim for any hospitality expenses.

Reimbursable hospitality expenses must:

- demonstrate a reasonable ratio of staff to persons who are not engaged in work for the Corporations;
- be extended in an economical, consistent and appropriate way when it will facilitate
- corporate business or is considered desirable as a matter of courtesy;
- any exceptions to the above must have prior approval of the CEO or delegate;
- be approved by the CEO or delegate if guests include vendors (current or prospective) to ensure that the event does not give, or is not perceived to give, preferential treatment to any vendor; and
- be approved in advance by the CEO or delegate if alcohol is being offered as part of the hospitality.

Hospitality may be extended on behalf of the Corporations when:

- engaging representatives of other hospitals and nursing homes, the government, the broader public sector, industry, public interest groups or union representatives in discussion on corporate matters;
- sponsoring formal conferences for representatives of health service provider organizations, or for government, business or labour groups;
- providing persons from national or international organizations and charitable organizations with an understanding and appreciation of the hospital and/or nursing home sector or the workings of the organizations;
- honouring distinguished persons from the health care sector in recognition of exceptional public service;
- conducting prestigious ceremonies that are attended by government, and/or distinguished persons from the private or public sector; and
- recruitment of healthcare professionals and board directors.

Expenses for Consultants and Other Contractors

In no circumstances can hospitality, incidental or food expenses be considered allowable expenses for consultants and contractors or in any contract between the Corporations and a consultant or contractor. Therefore, they cannot claim or be reimbursed for such expenses, including:

- meals, snacks and beverages;
- gratuities;
- laundry or dry cleaning

Personal Expenses
Certain personal expenses will not be reimbursed. Such expenses include but are not limited to:
- Unlawful conduct
- Traffic and parking violations incurred while driving for corporate-related business
- Recreational purposes (e.g. mini-bars, special facilities charges, entertainment not directly related to corporate business, etc.)
- Personal items not required to conduct corporate business
- Expenses incurred due to the presence of friends or family members, unless part of hospitality
- Hotel expenses incurred because of failure to cancel reservations
- Credit card fees and late payment charges

6. REFERENCES:
The Ottawa Hospital, Travel, Meal and Hospitality Expense Policy No.: 00207

7. APPENDIXES:
N/A

Evaluation:

This policy will be reviewed every two years.

TITLE:	Investment		
Manual/Policy#:	Allied Boards of Directors # IV-4	**Entity:**	AGH/ CPDMH
Original Issue:	AGH: February 2011 CPDMH: January 2020	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed	AGH: January 2020 CPDMH: January 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	January 2022	**Cross Reference(s):**	

1. POLICY STATEMENT:

The Allied Boards of the Almonte General Hospital Corporation and the Carleton Place and District Memorial Hospital Corporation (the "Corporations") are committed to protecting its investment holdings by ensuring risk is minimized, appropriate controls are in place and rates of return are reasonable.

2. SCOPE:

This policy applies to the Finance Department of the Corporations who oversees the funds with respect to investment. All funds in excess of those required for current operations fall within the purview of this policy.

All Investment Managers and third parties receive their mandate from the Allied Boards Finance Resources and Audit Committee (FRAC) and must adhere to the parameters of this policy. The Investment Managers have full investment management discretion, within the specific guidelines set out in the policy and their respective mandates.

3. GUIDING PRINCIPLES:

This policy is based on the following principles:

Financial goals include a diversified portfolio that minimizes fees and builds in protection against significant losses to ensure that excess funds are available for future use.

Management of investments must adhere to the principles of asset diversification, asset allocation and risk adversity of such excess funds. Investments will not be made in entities which could damage the role or standing of the Corporations.

Assets of the Corporations are invested in a prudent manner so that they will be sufficient to meet obligations as they come due.

4. DEFINITIONS:

Short-Term Investments: defined as funds that potentially will be needed to meet operating or capital cash requirements within the next 36 months.

a) Eligible investments include Federal and Provincial Government and Agency obligations, corporate bonds, commercial paper, banker's acceptances, cash and other such instruments.

b) Preservation of capital. Given the short-term nature of these assets, there is no ability to assume any significant levels of risk or volatility.

c) Provide a level of liquidity necessary to fund anticipated operating and capital expenditures of the Corporations.

Long-Term Investments: defined as funds that are not needed to meet operating or capital cash requirements within the next 36 months.

a) Eligible investments include Canadian, US and International Equities, Canadian and Provincial Government and Agency obligations, municipal bonds, corporate bonds, zero coupon bonds, debentures, commercial paper, bankers acceptances and foreign pay domestic issuer bonds.

b) Preservation of capital. Investment risk and maturity should be balanced with the anticipated need of the funds.

5. PROCEDURE:

RESPONSIBILITY

Allied Boards

The Allied Boards have the overall responsibility for the security and management of all corporate assets.

FRAC provides advice to the Allied Boards on all aspects of this policy, including:

- Any aspects of the Investment Fund performance, Investment Manager(s)/Advisor(s) service delivery and compliance by the Investment Manager(s)/Advisor(s) with this policy
- Liquidity requirements of the Portfolio and the timing and use of cash inflows and outflows from the Investment Portfolio.
- Recommendations resulting from FRAC's annual review of the this policy
- Recommendations resulting from FRAC's annual meetings/ conference with the Investment Manager(s).
- The selection, engagement or dismissal of any Investment Manager or Advisor.

Management

Management will monitor all aspects of the performance of the Investment Manager(s) on a consistent and ongoing basis. This process is to include a review of:

- The financial stability of the manager
- Any impact derived from the rate of turnover of investment management personnel
- Its compliance to this policy
- The appropriateness of management fees and rates

The management of the investment funds is delegated to the Finance Department of the Corporations, who will engage professional Investment Managers through a competitive process to act on behalf of the Corporations with quarterly due diligence monitoring.

The responsibility for the administration of invested funds is delegated to the Integrated Chief Financial Officer (CFO) who will act in accordance with this policy and any other Allied Boards policies.

Investment Managers

The Investment Manager(s)/Advisor(s) are responsible for the daily management of the Investment Portfolio. The overall responsibilities of the Investment Manager(s) are to:

- Manage the assets of the fund, subject to the criteria presented in this policy.
- Provide quarterly reports addressing the following matters:
- Portfolio performance over various appropriate time periods
- Analysis of fund performance against appropriate current benchmarks as agreed and prescribed in this policy, and as revised from time to time
- Asset listings in comparative detail allowing the full reconciliation to financial statements and records of the Corporations
- A perspective on all relevant securities and financial markets analysis, and an outlook on forward expectations
- A commentary on the appropriateness of the investment strategies of the Corporations.
- Meet/conference with the Corporations when requested, with an update review at least annually.
- Inform the Corporations if at any time they are unable to comply with this policy.
- Exercise all voting rights acquired through the Portfolio's investments.
- The portfolio Manager will prepare and forward a compliance certificate to the Corporations following each quarter. The certificate will certify that the portfolio has been invested in compliance with the investment guidelines at each quarter-end.

Asset Management

Short-term Portfolio Composition and Asset Mix

An asset mix policy of 50% in fixed income investments and 50% in cash or cash equivalents will provide the balance required to meet the need for liquidity and the need for a reasonable return on investment for those funds designated as short-term.

The table below lists the asset classes that may be used and it presents the total fund asset mix policies, referred to as the Benchmark, together with the maximum and minimum exposures for each asset class for those investments designated as short-term.

Asset Classes	Minimum	Maximum	Target
Cash and Cash equivalents	45%	55%	50%
Fixed Income	45%	55%	50%

The return on invested funds will be measured against a weighted average return using the benchmarks for each asset class noted in the benchmarking section to follow.

Long-term Portfolio Composition and Asset Mix

The investment portfolio will be subject to the following guidelines:

An asset mix policy of 50% in equities, 30% in Fixed Income and 20% in Cash or Cash Equivalents will provide an investment strategy that will balance the competing needs of a stable income stream and growth of assets for those funds designated as long-term.

The table below lists the asset classes that may be used and it presents the total fund asset mix policies, referred to as the Benchmark, together with the maximum and minimum exposures for each asset class for those investments designated as long-term.

Asset Classes	Minimum	Maximum	Target
Cash and Cash equivalents *	5%	15%	10%
Fixed Income	35%	45%	40%
Canadian Equities	25%	35%	30%
US & International Equities	15%	25%	20%

*Cash and cash equivalents less than one-year maturity

- If more than one Investment Manager is employed, each may be given an asset mix (which may differ from one Investment Manager to another) such that the aggregate of the delegated asset mixes will be the mix defined above for the total Fund.
- The portfolio should hold a prudently diversified exposure to the intended market.
- Investments may be made in the above asset classes either directly, or by holding units of a pooled, segregated or mutual fund investing in one or more of the asset classes.
- The Each Corporation shall hold no more than 10% of its long-term assets in the securities of any single entity except issues of Canadian or Provincial Governments or their Agencies, where such Agencies are guaranteed by the appropriate government.

Eligible Investments

Equities

- Unless specifically approved in writing by the Corporations, equities (including common shares, rights, preferred shares, warrants and securities convertible into common shares) must be listed on a recognized stock exchange or traded through an organized facility from which market prices are readily available.
- No one security shall represent more than 10% of the market value of total equity
- Investment in preferred shares will be rated at least PFD-2 (low) by Dominion Bond Rating Services on an individual basis.
- Investments will not be made in entities which could damage the role or standing of the Corporations within the community or which could be construed to be at odds with the Mission Statement of the Corporations. Additional restrictions may be communicated to the Investment Manager by the Corporations if required.

Fixed Income

- Short-term investments (up to 364 days in term)
    - Canadian Government Treasury Bills;
    - Short-term obligations (including Bankers' Acceptances or Commercial Paper) of Canadian corporation rated at least R1 (low) by Dominion Bond Rating Services.
- Bonds and debentures
    - Bonds issues or guaranteed by the Government of Canada
    - Bonds issued or guaranteed by the government of a Province rated at least A(low) by Dominion Bond Rating Services and /or A- by Canadian Bond rating Services
    - Canadian Corporate bonds and debentures rated at least A (low) by Dominion Bond Rating Services and /or A- by Canadian Bond Rating Services and holdings of such bonds may not exceed 20% of the market value of the bond portion of the portfolio

Investment in fixed-income securities in accordance with (a) and (b) above will be in Canadian dollar denominated securities with the exception that the portfolio manager may elect to invest up to 10% of the market value of total fixed-income in US dollar denominated bonds and debentures

Prohibited Investments

The following types of investments are prohibited:

- Privately placed or other non-marketable debt and equity
- Lettered, legend or other restricted stock
- Uncovered short positions
- Leveraged positions
- Derivatives
- Commodities

Investment Managers shall not engage in the following activities:

- Borrowing, except for the purpose of meeting short-term contingent obligations, including but not limited to distribution payment or invoices. In such an eventuality, the term of the loan shall not exceed 30 days and the prior approval of FRAC must be obtained
- Loan guarantees to a third party
- Buying on margin
- Short selling
- investments in tobacco related activities

Benchmark Portfolio and Review Procedures

The following table has been established by the Corporations, which outlines by Asset Class the Benchmark Return deemed appropriate, as a guideline to meet its investment objectives. These Benchmarks are returns that could have been earned by the passive management of a Benchmark portfolio assuming quarterly re-balancing. The return benchmarks are the sum of the appropriate asset class market index returns multiplied by the proportion of the Benchmark Portfolio allocated to each asset class.

Cash & Cash Equivalents	Government of Canada 91 day Treasury Bill
Fixed Income	Scotia Capital Universe Index
Canadian Stocks	S&P/TSX Composite Index
U.S. Stocks	S & P 500 Total Return Index
Non-Canadian, non-U.S. Stocks	MSCI EAFE Index

The CFO shall review the performance of each Investment Manager against the relevant benchmarks and objectives on a quarterly basis, with a view to measuring progress towards the relevant investment objectives.

The CFO will report to FRAC on a quarterly basis on the progress towards the relevant investment objectives.
The CFO and FRAC shall meet with each Investment Manager at least annually to discuss their performance and investment strategy.

The performance of the invested funds will be reported at least annually to the Allied Boards.

Voting Rights

When funds are invested, voting rights may be acquired. The exercise of these voting rights is delegated to the Investment Manager, with the instruction that they should be cast in favour of any proposals which, in the opinion of the Investment Manager, secure or enhance the investment value of the relevant security, and against any proposals which, in the opinion of the Investment Manager, expose to risk or reduce the investment value of the relevant security.

If the Investment Manager or any of their officers has any pecuniary interest, direct or indirect, in any matter on which the Fund has a right to vote, the Investment Manager shall bring this to the attention of the Finance Department of the Corporations, who is given discretion to,

- instruct the Investment Manager to exercise the voting right in line with the principles described in (1) above, on the grounds that the relevant pecuniary interest is not material; or
- instruct the Investment Manager how to cast the Fund's vote, having considered the principles described in (1) above.

Conflicts of Interest

If an Investment Manager realizes that a given situation may put it in a conflict of interest and thus impair its ability to act in the best interest of the Corporations or to achieve the established objectives, the Investment Manager shall immediately inform the Integrated President & Chief Executive Officer (CEO) and the CFO in writing.

If it is determined by the Corporations that a conflict of interest exists, the CFO shall provide an outline to FRAC of the procedures that they intend to implement to eliminate the conflict of interest.

Disclosure must be included in the minutes of the Allied Boards.

- Actual or potential conflicts of interest shall be disclosed whenever any of these persons become aware of the perceived conflict.
- Disclosure must be included in the minutes of the Allied Boards.
- As soon as the actual or perceived conflict is disclosed, an officer of the Corporations shall decide upon a suitable course of action to resolve the conflict.
- If it is determined by the Corporations that a conflict of interest exists, the CFO shall provide an outline to FRAC of the procedures that they intend to implement to eliminate the conflict of interest.
- All investment activities must be conducted in accordance with the CFA Institute (Certified Financial Analysts) Code of Ethics and Standards of Professional Conduct.

Treatment of in kind Donations

When "in kind" donations of land; artwork etc. will be used or liquidated at the discretion of the CEO unless otherwise expressly stated by the donor. Donors offering marketable securities will be directed to either the AGH Foundation or the CPDMH Foundation.

6. REFERENCES:

Renfrew Victoria Hospital, Board Policy 14.

7. APPENDICES:

N/A

Evaluation:

This Policy will be reviewed every two years.

TITLE:	Resource Allocation		
Manual/Policy #:	MRHA Board of Directors # IV-5	**Division:**	AGH / CPDMH
Original Issue:	AGH: February 2016 CPDMH: January 2019	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: February 2021 CPDMH: January 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	January 2023	**Cross References:**	

1. **POLICY STATEMENT:**

The Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") will make best use of the resources which become available for the purposes for which they are provided.

2. **SCOPE:**

This policy applies to the Allied Boards and Senior Management allocating resources supplied by Government departments and agencies, funds raised through donations and funds which come available through business operations of the Corporations. Resources may be dedicated to capital or operating expenditures.

3. **GUIDING PRINCIPLES:**

Resource allocation decisions will be informed by:

1. The need to uphold Corporations policies and legislated obligations for patient safety, employee health and safety, procurement, risk management, accessibility and ethics.
2. The need to ensure the sustainability of the Corporations.
3. The need to uphold standards, safety and quality of provision of services, including the infrastructure of the Corporations.
4. The strategic planning process which will be developed with stakeholder input;
5. Consultation with employees and medical staffs.
6. Consultations with other healthcare institutions in the Ministry of Health and the Ministry of Long Term Care.
7. Consultation with the Foundations regarding the availability of donated funds.

Consultation with the community and other external stakeholders regarding program and service changes will be undertaken in accordance with applicable legislation.

Resource allocation decisions may result from a reduction in available funding, an increase in available funding or changes in demands for service that differ from the current approved operating budget.

The Corporations will actively pursue opportunities for additional funding through Ministry programs such as Health System Improvement Proposals, Hospital Infrastructure Renewal Funding and other grants as per Ministry of Health and Long- term Care initiatives.

The Corporations will also actively pursue opportunities for additional funding which do not directly result in increases of available financial resources to the Corporations but enable increased physician engagement through Alternative Funding Arrangements, Hospital On-call Coverage and similar programs.

The Corporations will also seek opportunities for integration which provide for more effective use of existing resources and expansion of operations which allow for improved economies of scale and additional net resources for the Corporations.

The Corporations will continue to seek opportunities for use of existing resources which improve the overall financial position while aligning with the mission, vision, values and corporate goals.

4. DEFINITIONS: N/A

5. PROCEDURE:

Resource allocation normally occurs as part of the development of the annual Operating and Capital budgets for the Corporations. Where circumstances require that resource allocation decisions be taken outside of the normal budget process, Senior Management will make recommendations to the Allied Boards normally through the Resource Planning and Utilization Committee or the Capital Projects Committee (for major capital projects).

The Operating and Capital Budgets should allow for a positive net contribution to the working capital of the Corporations so that funding is generated to provide for future development.

The Allied Boards have the responsibility to ensure the financial sustainability of the Corporations and quality, safety and standards of what it offers. Where difficult decisions are required, the Allied Boards should be provided with as much useful information as possible to ensure the full impact of the decision is properly understood.

The Corporations will participate in available benchmarking exercises to ensure that the cost and quality of similar programs in other Corporations are available to support the Allied Boards in their decision making processes.

In the event that the Corporations requires additional net resources to meet its obligations, the following measures will be explored:

1. Generating additional revenue.
2. Reducing supply costs and employee benefit costs through participation in buying groups and similar Corporations.
3. Reducing energy consumption through improved use of technology, buying groups and conservation methodologies.
4. Partnering with other healthcare Corporations to share underutilized resources.
5. Implementing efficiencies of services identified through benchmarking and similar methodologies.
6. Reducing cost of services not directly involved in patient/resident care.
7. Reducing out-patient hospital services.
8. Reducing in-patient services.

LCPS

Resource allocation decisions for the Lanark County Paramedic Service will be made in consultation with representatives of Lanark County within the context of a signed contract for service as part of the annual County budget process. The final resource allocation will be subject to approval by Lanark County Council. The underlying assumption for the contract with the County is that costs will be reimbursed based on expenditures incurred including an allowance for administration of the Program.

Large capital expenditures are expected to be purchased directly by the County. Minor capital expenditures are expected to be included in the annual operating budget.

FVM

Resource allocation for the Fairview Manor will be made in the context of the funding structure from the Ministry of Long Term Care which requires minimum expenditures within a series of defined categories including Nursing and Personal Care, Program and Support, Raw Food, and Other Accommodation. Additional funding may become available on a one time basis or continuing basis.

Decisions about operational resource allocation in excess of government funding may be introduced through the annual budget planning process Requests for capital expenditures will be included in the capital budgeting process for the Corporations.

AGH & CPDMH

Resource allocation for the Almonte General Hospital and Carleton Place and District Memorial Hospital will be made in the context of the Hospital Services Accountability Agreement with Ontario Health East.

Resources available to the Hospitals will include revenues from operations, facilities (office and parking rental revenue), and revenues outside the Ministry of Health and Ministry of Long Term Care and income from corporate investments.

Requests for capital expenditures will be included in the capital budgeting process for the Corporations.

6. REFERENCES:

N/A

7. APPENDICES:

N/A

Evaluation
This policy will be reviewed every two years

TITLE:	**Financial Objectives, Planning and Performance**		
Manual/Policy #:	MRHA Boards of Directors #IV-6	**Division:**	AGH / CPDMH
Original Issue:	November 2021	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed	November 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	February 2023	**Cross References:**	MRHA Boards Policies IV-8 Asset Protection IV-5 Resource Allocation

1. POLICY STATEMENT:

The Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") are committed to sound budgeting and forecasting practices to ensure fiscal responsibility and resource allocation.

2. SCOPE:

All employees, medical staff, Allied Boards and Foundation Directors, contractors and volunteers may contribute to the planning and development of the Corporations annual Operating and Capital Plans.

3. GUIDING PRINCIPLES:

The annual Operating Plans should ensure that initiatives set by Ontario Health and/or the Ministry of Health are considered during the plan development.

Those involved with the development of the Operating and Capital Plans will act in a fiscally responsible manner, fulfilling their responsibilities for stewardship of the resources entrusted to the Corporations, and appropriately exercising the authority delegated to them.

4. DEFINITIONS:

N/A

5. PROCEDURE:

The Integrated Chief Financial Officer (CFO) is responsible for the development of the annual Operating and Capital Plans. Consultation is required from all departments. The CFO is responsible for ensuring input from Fiscal Advisory Committee has been received and reviewed on draft annual Operating Plan.

The Integrated Chief Executive Officer (CEO) or delegate will seek input from the Chair of the Allied Boards of Directors and Chair of the Finance, Resources and Audit Committee (FRAC) to ensure Board direction and commitments are addressed in the annual plans. The plans should encompass the advancement of the strategic plan by addressing annual goals and objectives.

The CFO will present the financial planning framework for hospital operations, including establishing the time frame for planning; performance targets, desired operating bottom-line; Ministry revenue and expense assumptions; projected service demand growth, capital financing direction; and desired cash flow position to the FRAC.

The Hospital Annual Planning Submission (HAPS) submission requires approval by the Allied Boards, as does any required interim submission.

FRAC will recommend annual Operating and Capital Plans to the Allied Boards for approval prior to the start of each fiscal year. Such approval will include the broad planning parameters and detailed budget assumptions that have been utilized. In the event that external circumstances render approval prior to April 1st impractical or impossible, FRAC will recommend interim spending authority for the Senior Team to the Allied Boards for approval to ensure continuity of the Corporations operations.

FRAC will review actual performance against the approved operating plan at each of its regularly scheduled meetings to ensure that Management complies with the Operating Plans and variances are being appropriately addressed. FRAC will review at a minimum semi-annually the capital purchases to date against the Capital plan.

The CFO will work with the AGH and CPDMH Foundations and share information about the Corporations annual capital requirements and five year capital requirements.

The CEO is accountable to the Allied Boards for ensuring that key financial objectives are achieved and will ensure that appropriate and effective administrative policies and procedures exist to manage approved revenue and expenditures within the annual Operating and Capital Plans, and that these policies and procedures are monitored for compliance.

6. REFERENCES:

Trillium Health Partners (IV-1 Financial Objectives, Planning and Performance)

7. APPENDICES:

N/A

<u>Evaluation</u>

This policy will be reviewed every two years.

TITLE:	Borrowing		
Manual/Policy #:	MRHA Boards of Directors #IV-7	Division:	AGH / CPDMH
Original Issue:	November 2021	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	November 2021	Approved by:	Allied Boards of Directors
Last Date Reviewed:	February 2023	Cross References:	MRHA Boards Policy IV-1 Signing Authority

1. **POLICY STATEMENT:**

   The Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital ("the Corporations") are committed to prudent financial management and fiscal responsibility with the use of debt financing.

2. **SCOPE:**

   This policy applies to debt financing, capital lease financing and other financial arrangements that contractually obligate or pledges owned assets. This policy does not apply to trade payables or other accounts payable that are in the normal course of operations.

3. **GUIDING PRINCIPLES:**

   Borrowing should not impact the Corporations ability to meet requirements set by the Ministry of Health.

4. **DEFINITIONS:**

   N/A

5. **PROCEDURE:**

   The Corporations from time to time, may need to borrow money for the following purposes:

   - To secure financing for working capital requirements;
   - To secure operating financing (line of credit) to fund normal operating requirements arising from timing differences between cash inflows and expenditures;
   - To secure financing to support capital projects;
   - To lease or finance capital equipment that is part of the Allied Boards approved capital project plan;
   - To lease or finance land or property consistent with the master plan; or
   - To support an expenditure justified by a business case with an acceptable financial return.

The Integrated Chief Financial Officer (CFO) will prepare a report for the Finance, Resources and Audit Committee (FRAC) identifying the purpose for the financing, cash flow and balance sheet analysis to support the ability to meet the repayment of the debt.

The CFO will seek financing from the following sources:

- Schedule 1 Canadian Bank as per the Canadian Federal Bank Act, ensuring the most appropriate financing rates
- Ministry of Health
- Reputable organizations that provide capital leasing

All financial commitments must follow the MRHA Boards of Directors IV-1 Signing Authority Policy.

Approval from the Allied Boards is required for all increases to existing operating lines or any new debt and or contractual obligations. The Designated Signing Authorities can enter into Board approved financial commitments.

The Ministry of Finance, under the Public Hospitals Act, may make a loan or provide financial assistance providing that it is in the public interest to do so. In those cases, the Corporations must adhere to any specific requirements from the Ministry of Health.

6. REFERENCES:

Trillium Health Partners IV- 5 Borrowing Policy

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	**Asset Protection**		
Manual/Policy#:	MRHA Boards of Directors # IV-8	**Division:**	AGH / CPDMH
Original Issue:	AGH: January 2017 CPDMH: March 1994	**Issued by:**	Board Chair and Board Secretary
Previous Date Reviewed:	AGH: November 2020 CPDMH: November 2021	**Approved by:**	Board of Directors
Last Date Reviewed:	November 2022	**Cross Reference(s):**	MRHA Boards Policy # IV-1 Signing Authority

1. POLICY STATEMENT:

The Allied Boards are committed to meeting all leading practices and guidelines for the protection of assets of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation (“the Corporations”) in the broader public sector. The Integrated President & CEO (CEO) is accountable to the Allied Boards to ensure that assets are reasonably protected, adequately maintained and not placed at unnecessary risk. The CEO will ensure that appropriate administrative policies and procedures are in place and that these policies and procedures are monitored for compliance.

2. SCOPE:

The policy applies to both capital and operating assets of the Corporations Capital assets are normally acquired through a capital budget approved by the Allied Boards with a useful life of longer than one year. Operating assets include the Corporations Reputation and Working Capital.

3. GUIDING PRINCIPLES: N/A

4. DEFINITIONS:

Capital Asset – includes property, plant, software, artwork and equipment owned or leased by the Corporations.

Operating Asset – includes cash, investments, accounts receivable, inventory and Corporate Reputation.

5. PROCEDURES:

The CEO will ensure that:

Capital Assets

- Capital assets are acquired in accordance with the Allied Boards approved Capital Budgets;
- Capital assets are assigned a useful life when acquired;
- A Registry of capital assets is maintained by the Corporations;

- Amortization recorded against the value of capital assets is reasonable based on the assigned useful life of the asset;
- The acquisition of capital assets is recorded consistent with Canadian Generally Accepted Accounting Principles;
- Capital assets are not offered as collateral for any debts of the Corporations without the approval of the Allied Boards;
- Land and buildings will not be disposed of without the approval of the Allied Boards;
- Unbonded/uninsured personnel do not have access to material amounts of funds;
- Proper controls over the acquisition and disposal of assets are in place to protect from theft and misappropriation;
- Land and buildings are disposed of or acquired with the consent of the Allied Boards.

Operating Assets

- Operating assets maintained by the Corporations are consistent with Allied Boards approved Working Capital projections;
- A listing of all operating assets is maintained by the Corporations;
- Any allowance for impairment of operating assets is reasonable;
- Operating assets are recorded consistent with Canadian Generally Accepted Accounting Principles;
- Operating assets are not offered as collateral for any debts of the Corporations without the approval of the Allied Boards.

Insurance

- AGH/FVM/LCPS maintains property insurance equal to the replacement value of assets owned or operated by the Corporation with the exception of certain assets of the Lanark County Paramedic Service for which insurance is maintained by the County of Lanark. Property insurance will be subject to a reasonable deductible;
- AGH/FVM/LCPS maintains adequate automobile insurance for vehicles owned or operated by the Corporation with the exception of certain assets of the Lanark County Paramedic Service for which insurance is maintained by the County of Lanark. Automobile insurance will be subject to a reasonable deductible;
- The Corporations maintain liability insurance sufficient to prevent loss of Corporate assets and sufficient to fully indemnify and save harmless members of the Allied Boards, employees, volunteers and medical staff engaged in activities on behalf of the Corporations;

Maintenance and Replacement

- There is a program to ensure that plant, property, equipment and systems are well maintained, in compliance with legal requirements and not subject to improper wear and tear;
- There is a strategy in place to replace plant, property, equipment and systems as they age, subject to the Allied Boards approved Capital Budgets;
- Both the maintenance and the replacement of assets will be structured to ensure the safety of patients, residents, medical staff, employees, volunteers and visitors to the Corporations.

Other

- All statutory remittances are made on-time and without penalty and all government mandated reports are submitted such that no negative consequences accrue to the Corporations due to the time of submission;
- The Corporations are not knowingly endangered with regard to its public image or credibility;
- There are appropriate and adequate internal controls regarding the receipt, disbursement and processing of funds, and that these controls are reviewed annually by the external auditors;
- Only persons approved within the MRHA Boards Signing Authority Policy will have access to initiate expenditure of funds;
- Procurement processes align with relevant legislation and regulations.

6. REFERENCES:

N/A

7. APPENDICES:

N/A

Evaluation
This policy will be reviewed every two years.

TITLE:	External Audit and Non Audit Services		
Manual/Policy #:	MRHA Boards of Directors # IV-9	Division:	AGH / CPDMH
Original Issue:	November 2021	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	November 2021	Approved by:	Allied Boards of Directors
Last Date Reviewed:	February 2023	Cross References:	

1. POLICY STATEMENT:

The Almonte General Hospital Corporation and the Carleton Place and District Memorial Hospital ("the Corporations") believe that effective independent audits are both an important financial control measure and a key means of demonstrating accountability to stakeholders.

2. SCOPE:

This policy applies to all professional services which are or may be rendered by the Corporations External Auditors.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

Auditor independence requires the External Auditor and their firm and members of their firm to be and remain free of any influence, interest or relationship which, in respect of the engagement, impairs the professional judgment or objectivity of the member, firm or a member of the firm or which, in the view of a reasonable observer, would impair the professional judgment or objectivity of the member, firm or a member of the firm.

Audit services include all professional services rendered by the Corporations External Auditor for the audit of the Corporations financial statements or services that are normally provided by the External Auditor in connection with Ministry of Health, and other statutory & regulatory filings or engagement. This includes analysis and interpretation of accounting principles and their application along with advice on accounting policies. An Independent Auditor's Report is issued for both Corporations.

Audit related services include all assurance and related services (e.g. reviews, specified audit procedures, etc.) that are reasonably related to the performance of the audit of the financial statements other than those reported as audit services. These services are more consultative in nature.

External Auditor performs an audit, in accordance with specific laws/rules, of the financial statements of a corporation, and is independent of the entity being audited. Users of these entities' financial information, such as banks, government agencies, and the general public, rely on the external auditor to present an unbiased and independent audit report.

Tax services include all professional services rendered by the external auditors for tax compliance, tax planning & advice, and tax recovery or resolution of tax disputes.

Other services include all professional services rendered by the External Auditor not considered to be audit services, audit related services, or tax services.

5. PROCEDURE:

External Auditor Engagement

The engagement of the External Auditors including associated fees must be approved annually by the Members of the Corporations. All audit and audit related services are considered to be included in this annual approval.

On an annual basis, the External Auditors must confirm its independence to the Finance Resources and Audit Committee (FRAC) for audit and audit related services prior to performing the engagement.

Subject to meeting acceptable qualification standards and competitive fees, whenever possible, the External Auditors should be engaged to perform all audit and audit related services required by the Corporations.

Should another audit firm be considered to perform audit services, other than the External Auditors, the business rationale must be documented and approved by the Integrated Chief Financial Officer (CFO) and be approved by the Allied Boards, before the engagement begins.

A comprehensive formal review of the External Auditors (encompassing performance, independence, and potential partner rotation) will take place with FRAC at each 5 year interval. The FRAC can extend the External Auditors' engagement or direct the CFO to establish a process to seek a new External Auditor.

Audit Engagement

All findings from the External Auditors work must be reported to the FRAC.

The FRAC will meet at least twice per year with the External Auditors to discuss the annual audit plan, the findings of the annual audits and any other matters raised by either the FRAC or the External Auditors. At least once per year, usually after the annual audits, the FRAC will meet with the External Auditors without Senior Management present.

On a day-to-day- basis, the CFO will act as the liaison between the External Auditors, the Corporations and the FRAC.

Tax Services

Tax services are permitted provided that the independence of the External Auditors are not impaired.

Other Services / Prohibited Services

Other services must be specifically pre-approved on a case-by-case basis and only those services will be considered which would not:

- Impair the independence of the External Auditors

- Cause undue reputational risk to the Corporations
- Diminish competition on future procurement of other services
- Facilitate Management having significant undue influence over external audit reported results

Subject to obtaining pre-approval by the Allied Boards, Senior Management may arrange the provision of other services. To ensure integrity of the External Auditors, the External Auditors are restricted from providing services to the Corporations when they act in a capacity where they could be reasonably be seen to:

- function in the role of management
- audit their own work, or
- serve in an advocacy role on behalf of the Corporations

The following other services are prohibited from being performed on behalf of the Corporations:

- Bookkeeping or other services related to the account records or financial statements;
- Financial information systems design and implementation including sign-off;
- Appraisal or valuation services, fairness opinions, or contribution in-kind reports;
- Actuarial services;
- Internal audit functions such as approving the overall audit work plan and/or the performance of audit procedures;
- Management functions (including via staff secondments) such as:
  - Authorizing, approving, executing or consummating a transaction,
  - Having or exercising authority on behalf of the Corporations,
  - Determining which of any recommendation of the External Auditors will be implemented,
  - Reporting in a management role to those charged with governance ;
  - Internal control design and implementation including sign-off.
- Human Resource functions such as searching for candidates, negotiating compensation, or reference checking or testing;
- Broker-dealer, investment advisor, or investment banking services;
- Legal services and litigation support/expert services unrelated to the audit;
- Act as a Delegate of the Corporations CFO, for approval of the audit reports & special reports as requested by the Ministry of Health;
- Any other service that the FRAC determines is impermissible.

6. REFERENCES:

Chartered Professional Accountants Canada, Rule 204: Harmonized Rule of Professional Conduct

Trillium Health Partners IV-8 External Audit and Non Audit Services

7. APPENDICES:

N/A

EVALUATION

This policy will be reviewed every two years.

TITLE:	Board Director Roles and Responsibilities		
Manual/Policy#:	MRHA Boards of Directors # V-A-1	Entity:	AGH/ CPDMH
Original Issue:	AGH: December 2013 CPDMH: November 2017	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: April 2020 CPDMH: March 2020	Approved by:	Allied Boards of Directors
Last Date Reviewed:	November 2022	Cross Reference(s):	

1. **POLICY STATEMENT**

The Allied Boards are responsible for the overall governance of the affairs of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations"). To that end, the Allied Boards perform the following roles:

Strategic Direction/ Policy Formulation - Determine the ends, goals and policies which provide guidance to those empowered with the responsibility to manage Corporations operations

Decision-Making - Choose from alternatives which advance the ends and goals of the Corporations and that are consistent with Board policies

Oversight - Monitor and assess Corporations processes/ outcomes and exercise accountability for results

Relationship Development - Build relationships with the key stakeholders of the Corporations

The Allied Boards adhere to a model of governance through which it provides strategic leadership and direction to the Corporations, while always maintaining a clear distinction between board and management roles and recognizing the interdependencies between them.

Each Director is responsible for acting honestly in good faith and in the best interest of the Corporations and in so doing, supporting the Corporations in fulfilling its mission and discharging its accountabilities.

2. **SCOPE**

This policy applies to the work of the Allied Boards and its Committees and to every member of the Allied Boards whether a voting or non-voting member.

3. **GUIDING PRINCIPLES**

N/A

4. **DEFINITIONS**

N/A

5. **PROCEDURE**

In order to fulfill its roles, the Allied Boards has the following responsibilities:

Strategic Planning and Mission, Vision and Values
The Allied Boards will:

- Participate in the formulation, adoption and periodic review of the mission, vision and values of the Corporations
- Ensure that the Corporations develop and adopt a strategic plan that is consistent with the mission and values of the Corporations, which will enable the Corporations to realize its vision
- Participate in the development of and ultimately approves the strategic plan.
- Participate in at least one Almonte General Hospital-Fairview Manor Foundation and one Carleton Place & District Memorial Foundation event in a twelve month period
- Oversee operations of the Corporations for consistency with the strategic plan and strategic directions
- Receive regular briefings or progress reports on implementation of strategic directions and initiatives
- Ensure that its decisions are consistent with the strategic plan and the mission, vision and values of the Corporations
- Conduct a bi-annual review of the strategic plan as part of a regular annual planning cycle
- Work collaboratively with community and health system partners, educational institutions, the Local Health Integration, the Ministry of Health and Long Term Care and others as required

Quality and Performance Measurement and Monitoring
The Allied Boards will:

- Establish a process and a schedule for regular monitoring and assessing performance in areas of the Allied Boards responsibility including:
  - Fulfilment of the strategic directions in a manner consistent with the mission, vision and values
  - Oversight of management performance
  - Quality of patient care and Corporations services
  - Financial conditions
  - External relations
  - Allied Boards own effectiveness
- Ensure that management has identified appropriate measures of performance
- Monitor Corporations and Allied Boards performance against board approved performance standards and indicators
- Ensure that management has plans in place to address variances from performance standards and indicators, and oversee implementation of remediation plans
- Ensure that the Corporations maintain its status as an accredited Corporations

Financial Oversight
The Allied Boards will:

- Steward the Corporations' financial resources including ensuring availability of, and overseeing the allocation of financial resources
- Approve policies for financial planning and approve the annual operating and capital budgets
- Monitor financial performance against budget
- Approve investment policies and monitor compliance
- Ensure the accuracy of financial information through oversight of management and approval of annual audited financial statements
- Ensure management has put measures in place to safeguard the integrity of internal controls
- Ensure management has put measures in place to ensure the integrity of infrastructure

Oversight of Management Including Selection, Supervision and Succession Planning for the CEO and Chiefs of Staff

The Allied Boards will:

- Ensure the effective management of the operations, and the human and financial resources of the corporations
- In accordance with the terms of the CEO Purchase of Service agreement between Almonte General Hospital and Carleton Place & District Memorial Hospital, recruit and supervise the CEO by:
  - Developing and approving the CEO job description
  - Undertaking a recruitment process and selecting the CEO
  - Reviewing and approving the CEO's annual performance goals
  - Reviewing CEO performance
- Compensation of the CEO will be determined in accordance with the Executive Compensation Framework approved by the Allied Boards and with applicable legislation
- Recruit and supervise the Chiefs of Staff by:
  - Developing and approving the Chief of Staff job descriptions
  - Undertaking a recruitment process and selecting the Chiefs of Staff
  - Reviewing and approving the Chiefs of Staff's annual performance goals
  - Reviewing Chiefs of Staff performance and determining compensation
- Delegate responsibility and authority to the CEO and Chief of Staff to manage and operate the Corporations, each within their realm of responsibility in accordance with the *Public Hospitals Act*
- Ensure succession planning is in place for the CEO and the Chiefs of Staff
- Ensure that the CEO and Chiefs of Staff establish an appropriate succession plan for both management and professional staff members
- Ensure that a process is developed, implemented and maintained for the selection of department chiefs and other medical leadership positions as required under the MRHA Common Administrative By-laws or the *Public Hospitals Act*

Risk Identification and Oversight
The Allied Boards will:

- Be knowledgeable about risks inherent in the Corporations operations and ensure that appropriate risk analysis is performed as part of the Allied Boards decision-making
- Ensure that appropriate programs and processes are in place to protect against risk
- Identify unusual risks to the Corporations and ensure that there are plans in place to prevent and manage such risks

Stakeholder Communication and Accountability
The Allied Boards will:

- Identify Corporations stakeholders and understand stakeholder accountability
- Ensure the Corporations appropriately communicate with stakeholders in a manner consistent with accountability to stakeholders
- Contribute to the maintenance of strong stakeholder relationships
- Perform advocacy on behalf of the Corporations with stakeholders where required in support of the mission, vision and values and strategic directions of the Corporations
- Work collaboratively with health system partners and other community agencies and institutions in meeting the health care needs of the communities served by the Corporations
- Demonstrate accountability for its responsibility at the Annual General Meeting of the Corporations

Governance
The Allied Boards are responsible for the quality of its own governance and will:

- Establish governance structures to facilitate the performance of the Allied Boards role and enhance individual director performance
- Recruit skilled, experienced and qualified board directors
- Ensure ongoing Director training and education
- Regularly assess and review its governance by evaluating the Allied Boards structure including the Allied Boards recruitment process and the Allied Boards composition and size, number of committees and their terms of reference, processes for appointment of committee chairs, processes for appointment of the Allied Boards officers and other governance processes and structures

Legal Compliance
The Allied Boards will ensure that appropriate processes are in place to ensure compliance with relevant legislation and regulatory requirements.

6. **REFERENCES:** N/A
7. **APPENDIXES:** N/A

Evaluation: This policy will be reviewed annually.

TITLE:	Code of Conduct		
Manual/Policy#:	MRHA Boards of Directors # V-A-2	Entity:	AGH / CPDMH
Original Issue:	AGH: January 2012 CPDMH: February 1994	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	March 2021	Approved by:	Allied Boards of Directors
Last Date Reviewed:	March 2023	Cross Reference(s):	

1. POLICY

The Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") are committed to ensuring that in all aspects of their affairs, they maintain the highest standards of public trust and integrity. Each member of the Allied Boards shall conduct themselves in accordance with the values of the Organizations and the code of conduct below. The Allied Boards expect ethical, businesslike and lawful conduct of themselves. This includes proper use of authority and appropriate decorum at all times. Directors are expected to treat one another and staff members with respect, cooperation and a willingness to deal openly on all matters.

2. SCOPE

This policy applies to all Directors of the Allied Boards, including *ex officio* and honourary directors and non-Allied Boards members of Allied Boards committees.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURE

All Directors stand in a fiduciary relationship to the Corporations. As such, Directors must act honestly, in good faith, and in the best interests of the Corporations. Directors must act at all times in compliance with both the letter and the spirit of all applicable laws.

Directors will be held to strict standards of honesty, integrity and loyalty. A Director shall not put personal interests ahead of the best interests of the Corporations.

Directors and committee members are required to comply with the organization's policies including ethics, standards of conduct and confidentiality and with the conflict of interest provisions of the MRHA Common Administrative By-laws.

Directors must avoid situations in which their personal interests will conflict with their duties to the Corporations. Directors must also avoid situations in which their duties to the Corporations may conflict with duties owed elsewhere. Where conflicts of interest arise, directors will comply with the requirements of the MRHA Common Administrative By-laws and applicable legislation.

All discussions will take place in an atmosphere of mutual respect and courtesy. The authority of the Allied Boards Chair will be respected by all Directors.

Directors are expected to attend meetings on a regular and punctual basis in person or remotely by approval of the Allied Boards Chair.

Directors will be properly prepared for Allied Boards and committee deliberations. This includes reading pre-circulated material in advance and seeking clarification or further information during the meeting as required to fully and effectively participate.

Directors acknowledge that properly authorized Allied Boards actions must be supported by all Directors. The Allied Boards speaks with one voice. Those Directors who have abstained or voted against a motion must adhere to and support the decision of a majority of the Directors.

All Directors must respect the confidentiality of information about the Corporations, particularly matters addressed during in-camera discussions. Confidential information includes proprietary, technical, business, financial, legal, patient, Resident or Director information which the Corporations treat as confidential.

All requests to obtain outside opinions or advice regarding matters before the Allied Boards must be made through the Allied Boards Chair.

Directors will respect that the management responsibility for hospital operations and employees rests with the Integrated President and CEO and that management responsibility for the quality of medical care and medical staff rests with the Chiefs of Staff.

Directors will respect that the official spokesperson on all matters pertaining to the Allied Boards is the Allied Boards Chair or designate and that the official spokesperson on all other matters pertaining to the Corporations is the Integrated President & CEO or designate. Any Director questioned by news reporters or other media representatives should refer such individuals to the appropriate representatives of the Corporations.

It is recognized that every Director is a representative of the Corporations in the community, whether acting in an official capacity or not. As such, Directors must be respectful of the Allied Boards and the Corporations and act in a manner consistent with the Director's duty of confidentiality.

Breaches of the Code of Conduct should be reported in writing to the Allied Boards Chair, who will take appropriate action. Any Director who is alleged to have violated the Code of Conduct policy will be allowed to present their views of the alleged breach to the Allied Boards prior to determination of appropriate disciplinary action, if any, by the Allied Boards. Action leading to termination of a Director will be according to the MRHA Common Administrative By-laws of the Corporations.

6. **REFERENCES:** N/A

7. **APPENDICES:** N/A

Evaluation: This policy will be reviewed annually.

TITLE:	**Confidentiality**		
Manual/Policy#:	MRHA Boards of Directors # V-A-3	**Entity:**	AGH / CPDMH
Original Issue:	AGH: January 2012 CPDMH: November 2019	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	March 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	March 2023	**Cross Reference(s):**	

1. POLICY STATEMENT

All Directors of the Allied Boards of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ('the Corporations") owe to the Corporations a duty of confidence not to disclose or discuss with another person or entity, or to use for their own purpose, confidential information concerning the business and affairs of the Corporations received in their capacity as Directors, unless otherwise authorized by the Allied Boards of Directors.

2. SCOPE:

This policy applies to all Directors of the Allied Boards, including *ex officio* and honourary Directors and non-Allied Boards members of the Allied Boards committees. All correspondence whether in hard copy or other media including electronic should be considered Confidential.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

All matters that are the subject of in-camera meeting of the Allied Boards are confidential until disclosed in an open meeting of the Allied Boards or until disclosure is otherwise approved by the Allied Boards.

Meetings of Allied Boards committees and task forces, including agendas, meeting materials and discussions are confidential. Draft minutes will be circulated in the agenda package created for the Allied Boards meeting immediately following the committee or task force meeting for the purpose of communication with the Allied Boards. Draft minutes contained within the open board meeting package will not include any reference to matters deemed confidential under the Allied Boards In Camera Meetings policy. Such matters may be reported separately within the in-camera meeting package or the minutes as a whole may be included in the in-camera meeting package.

All matters that are the subject of open meetings of the Allied Boards are not confidential. Notwithstanding the foregoing, Directors will respect that the official spokesperson on all matters pertaining to the Allied Boards is the Allied Boards Chair or designate and that the official spokesperson on all other matters pertaining to the Corporations is the Integrated President & CEO or designate.

Minutes of in-camera meetings of the Allied Boards shall be recorded by the Secretary or designate, or if the Secretary or designate is not present, by a Director designated by the Chair of the Allied Boards. All minutes of in-camera meetings of the Allied Board shall be marked confidential with hard copies kept locked and soft copies protected by password.

6. **REFERENCES:**

   N/A

7. **APPENDICES:**

   N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	**Board Standing and Special Committees**		
Manual/Policy#:	MRHA Boards of Directors # V-A-4	**Entity:**	AGH / CPDMH
Original Issue:	AGH: April 2014 CPDMH: May 2020	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: May 2019 CPDMH: May 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	October 2022	**Cross Reference(s):**	

1. **POLICY STATEMENT**

   Standing and Special Committees of the Allied Boards play an essential role in its functioning. They support the Allied Boards in fulfilling its defined roles and responsibilities by undertaking work and advising the Allied Boards within their Terms of Reference as defined by the Allied Boards. This policy supplements Article 8 of the MRHA Common Administrative By-laws which established the Allied Boards authority to establish Committees.

2. **SCOPE**

   This policy applies to all Standing and Special Committees established by the Allied Boards. It does not apply to the Medical Advisory Committees or the Allied Boards Executive Committee, which is defined in article 8.6 of the MRHA Common Administrative By-laws.

3. **GUIDING PRINCIPLES**

   N/A

4. **DEFINITIONS**

   N/A

5. **PROCEDURE**

   The Allied Boards will establish:
   i) Standing Committees, being those Committees whose duties are normally continuous by By-law or Board resolution and based on current and standing needs of the Allied Boards;
   ii) Such other Committees as may be necessary to undertake specific duties on a time-limited basis whose mandate will expire upon completion of the tasks assigned

   The membership of Standing Committees will be approved by the Allied Boards annually on the recommendation of the Allied Boards Governance and Nominating Committee, at the first Allied Boards meeting following the Annual General Meeting of Members. Terms of Reference of Standing Committees will initially be established by the Allied Boards. Thereafter they will be reviewed annually by each Standing Committee, with changes recommended to the Allied Boards for approval. The Allied Boards may amend Terms of Reference as required.

   Terms of Reference and membership of Special Committees will be approved as required, but in no event less frequently than once per year.

The Allied Boards Committees should establish annual work plans for review by the Allied Boards.

All Directors will be expected to serve on at least one Standing Committee. A Director's preference with respect to membership on the Standing Committees will be accommodated where possible. In order to develop Director competency in the range of Allied Boards responsibilities, elected Directors will be expected to serve on at least two Allied Boards Standing Committees over the course of their service as Director.

The Allied Boards Chair and President & Chief Executive Officer shall be Ex-officio voting Members of each Standing Committee.

Each Standing Committee shall include at least - four (4) elected Directors, may include *ex officio* Directors appointed in accordance with the *Public Hospitals Act* or honourary Directors and with the exception of the Allied Boards Governance & Nominating Committee, may also include up to three (3) persons who are not Directors of the Corporation, unless otherwise required by legislation. All Standing Committee members shall be voting members but only elected or honourary Directors are eligible to serve as Chair.

The Allied Boards will monitor the performance of its Standing Committees at each regular meeting of the Allied Boards through a summary written report, which may be provided as draft meeting minutes. A verbal report by the Committee Chair may be provided regarding specific recommendations of the Standing Committee for approval by the Allied Boards and/or other matters of importance to the Allied Boards. The Committee Chair will respond to questions from the Allied Boards about the written or verbal reports.

No Allied Boards committee may speak or act for the Allied Boards unless formally given such authority for specific and time-limited purposes. Such delegation will be framed so as to not conflict with the authority delegated to the President & Chief Executive Officer.

Allied Boards Committees, unless otherwise specified, may not commit or bind the Corporations to any course of action. No decision of a Committee is binding on the Allied Boards until approved or ratified by the Allied Boards.

Unless otherwise authorized to do so, a Committee may not engage independent legal counsel, audit services or consulting advice without the prior approval of the Allied Boards.

Each Committee will be supported by appropriate professional and administrative staff resources.

Meetings of Committees are not open to the public.

The Allied Boards current standing Committees are:

Capital Projects
Finance, Resources and Audit
Governance & Nominating
Human Resources
Quality

6. **REFERENCES:** N/A

7. **APPENDICES:** N/A

Evaluation:

This policy will be reviewed every two years.

TITLE:	**Position Description for Allied Boards Chair**		
Manual/Policy#:	MRHA Boards of Directors # V-A-5	**Entity:**	AGH/ CPDMH
Original Issue:	AGH: November 2017 CPDMH: July 2014	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	January 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	March 2023	**Cross Reference(s):**	

1. POLICY STATEMENT:

As part of its commitment to good governance for the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations"), the Allied Boards will establish, approve and periodically review a position description for the Allied Boards Chair ("the Chair") which will provide a clear explanation of what is expected of the position and serve as a benchmark against which the performance of the Chair can be assessed.

2. SCOPE:

This policy is intended to supplement MRHA Common Administrative By-Laws No.1 (article 9 and Article 10) related to the Chair. In the event of conflict between this policy and the by-law, the by-law provision will apply.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

Role Statement

The Chair, working collaboratively with the Integrated President & CEO (CEO) and the Chiefs of Staff, provides leadership to the Allied Boards, ensures the integrity and effectiveness of the governance role of the Allied Boards and processes and represents the Allied Boards within the Corporations and to outside parties.

The Chair co-ordinates the activities of the Allied Boards in fulfilling its governance responsibilities and facilitates co-operative relationships among Allied Boards and non-Director committee members, between the Allied Boards and CEO and the Allied Boards and Chiefs of Professional Staff and with internal and external stakeholders.

The Chair ensures that all matters relating to the mandate of the Allied Boards are brought to the attention of, and discussed by, the Allied Boards.

Responsibilities

Chair:

- Preside at meetings of the Allied Boards and of the Allied Boards Executive Committee.

Agendas:

- Establish agendas in collaboration with the CEO that are aligned with the roles and responsibilities of the Allied Boards and with the Corporations mission, vision, values and strategic priorities.
- Preside over meetings of the Allied Boards.
- Ensure that meetings are effective and efficient for the performance of governance work.
- Utilize a practice of referencing Allied Boards policies in guiding discussions in order to support the decision-making processes of the Allied Boards.
- Ensure that approved Allied Boards minutes are signed
- Ensure that a schedule of Allied Boards meetings is prepared annually.

Direction:

- Serve as the Allied Boards central point of official communication with the CEO and the Chiefs of Staff with respect to both Allied Boards policy direction and decisions and matters of interest/ concern to individual Directors.
- Provide guidance and counsel the CEO and the Chiefs of Staff regarding the Allied Boards expectations and concerns.
- In collaboration with the CEO, develop the standards and format for reporting by Allied Boards Committees and the management team which will ensure that the Allied Boards has appropriate information to make informed decisions.

Performance Appraisal:

- As Chair of the Allied Boards Executive Committee, lead the Allied Boards in monitoring and evaluating the performance of the CEO and the Corporations Chiefs of Staff through an annual process as outlined in the Allied Boards policies re Chief Executive Officer and Chiefs of Staff Performance Evaluation

Committee Membership:

- Serve as an ex-officio member of all Allied Boards Standing Committees.

Representation:

- Ensure that the Allied Boards is appropriately represented at organizational functions, Foundation functions, other official functions and to the public at-large.

Communication:

- Consult with CEO on issue messaging and communication strategies.
- Act as the Allied Boards' spokesperson internally, externally and with the media.

Reporting:

- Report regularly and promptly to the Allied Boards regarding issues that are relevant to its governance responsibilities.

Board Conduct:

- Set a high standard for Allied Boards conduct
- Adhere to and enforce policies and by-laws regarding conduct by Directors of the Allied Boards.

Mentorship:

- Serve as a mentor to other Directors of the Allied Boards.

- Ensure that all Directors of the Allied Boards contribute fully.
- Address issues associated with underperformance of individual Directors.

Succession Planning:
- Ensure succession planning occurs for the Corporations CEO, the Chiefs of Staff, and the Allied Boards.

Meeting Minutes:
- Ensure that approved meeting minutes are signed by the Chair of the meeting

Other Matters:
- Such other matters as the Allied Boards may from time to time determine.

Skills, Attributes and Experience

In addition to the personal attributes required of all Directors of the Allied Boards, the Chair will demonstrate the following skills, attributes and experience:
- Leadership skills
- Strategic and facilitation skills
- Substantial governance experience in the hospital, not-for-profit or broader public sector, preferably with a leadership role
- Ability to effectively influence and build consensus within the Allied Boards
- Ability to establish a trusted advisor relationship with the CEO, Chiefs of Staff and other Directors of the Allied Boards
- Ability to make the necessary time commitment and required flexibility in work schedule to meet the requirements of this leadership role
- Ability to communicate effectively with the Allied Boards, the management team, the Ministry of Health and Long Term care, Ontario Health East and the community
- Record of achievement in one or several areas of skills and expertise required within the Allied Boards

Term

The Chair is appointed annually. No Director may hold the position of Chair for more than three consecutive annual terms. The Chair is subject to removal by resolution of the Allied Boards at any time.

6. REFERENCES:

Almonte General Hospital Corporation & Carleton Place & District Memorial Hospital Corporation Common Administrative By-laws No.1

Quinte Healthcare Corporation Position Description for the Board Chair, Policy V-A-8, last reviewed January 2017

Bluewater Health Board Chair Position Description, Policy GOV 5.45, last revised October 2015.

7. APPENDICES:

N/A

Evaluation:

This policy will be reviewed every two years.

TITLE:	Position Description for Allied Boards Vice Chair		
Manual/Policy#:	MRHA Boards of Directors # V-A-6	**Entity:**	AGH / CPDMH
Original Issue:	AGH: November 2017 CPDMH: September 2017	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	November 2019	**Approved by:**	Allied Boards of Directors
Date Reviewed	March 2023	**Cross Reference(s):**	

1. POLICY STATEMENT:

As part of its commitment to good governance for the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations"), the Allied Boards will establish, approve and periodically review a position description for Allied Boards Vice Chair which will provide a clear explanation of what is expected of the position and serve as a benchmark against which the performance of the Allied Boards Vice Chair ("the Vice Chair") can be assessed.

2. SCOPE:

This policy is intended to supplement MRHA Common Administrative By-Laws No.1 (article 9 and Article 10) related to the Vice Chair. In the event of conflict between this policy and the by-law, the by-law provision will apply.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

<u>Role Statement</u>

The Vice Chair, works collaboratively with the Allied Boards Chair to support the Allied Boards Chair in fulfilling their responsibilities. Where warranted by workload or other circumstances, the Allied Boards may appoint more than one Vice Chair and may allocate the Vice Chair's responsibilities amongst them.

<u>Responsibilities</u>

Board Chair Substitute:

- Assume the duties of the Allied Boards Chair in their absence as requested by the Allied Boards Chair, including representing the Allied Boards and the Corporations at official functions and to the public at large.

Board Conduct:

- Maintain a high standard for Allied Boards conduct
- Adhere to and enforce by-laws and policies regarding Director conduct

Committee Membership:

- Serve as a member of the Allied Boards Executive Committee and at least one additional standing Committee of the Allied Boards

<u>Skills, Attributes and Experience</u>

In addition to the personal attributes required of all Directors of the Allied Boards, the Vice Chair will demonstrate the following skills, attributes and experience:

- Leadership skills
- Strategic and facilitation skills
- Governance experience in the hospital, not-for-profit or broader public sector, preferably with a leadership role
- Ability to effectively influence and build consensus within the Allied Boards
- Ability to establish a trusted advisor relationship with the CEO, Corporations Chiefs of Staff and other Directors of the Allied Boards
- Ability to make the necessary time commitment and required flexibility in work schedule to meet the requirements of this leadership role
- Ability to communicate effectively with the Allied Boards, the management team, the Ministry of Health and Long Term care, Ontario Health and the community
- Record of achievement in one or several areas of skills and expertise required within the Allied Boards

<u>Term</u>

The Vice Chair is appointed annually. No Director may hold the position of Vice Chair for more than three consecutive annual terms. The Vice Chair is subject to removal by resolution of the Allied Boards at any time.

6. REFERENCES:

Almonte General Hospital and Carleton Place & District Memorial Hospital Common Administrative By-Laws No. 1

Quinte Healthcare Corporation Position Description for the Board Vice-chair, Policy V-A-9, last reviewed January 2017

Bluewater Health Board Vice Chair Position Description, Policy GOV 5.50, last revised October 2015.

7. APPENDICES:

N/A

<u>Evaluation</u>

This policy will be reviewed every two years.

TITLE:	Position Description for the Allied Boards Secretary		
Manual/Policy#:	MRHA Boards of Directors # V-A-7	Entity:	AGH / CPDMH
Original Issue:	AGH: January 2018 CPDMH: November 2018	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	January 2020	Approved by:	Allied Boards of Directors
Date Reviewed	March 2023	Cross Reference(s):	

1. POLICY STATEMENT:

As part of its commitment to good governance for the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") the Allied Boards will establish, approve and periodically review a position description for Allied Boards Secretary ("the Secretary") which will provide a clear explanation of what is expected of the position and serve as a benchmark against which the performance of the Secretary can be assessed.

2. SCOPE:

This policy is intended to supplement MRHA Common Administrative By-Laws No.1 (article 9 and Article 10) related to the Secretary. In the event of conflict between this policy and the by-law, the by-law provision will apply.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

Role Statement

In accordance with MRHA Common Administrative By-laws Article 9.1, the Integrated Chief Executive Officer (CEO) will be the Secretary.

The Secretary works collaboratively with the Allied Boards Chair to support the Allied Boards in fulfilling its fiduciary responsibilities.

Responsibilities

Board Conduct:

- Support the Allied Boards Chair in maintaining a high standard for board conduct
- Adhere to and enforce by-laws and policies regarding Director conduct

Document Management:

- Keep a record of the names and addresses of Members of the Corporations

- Ensure the proper recording and maintenance of minutes of all meetings of the Corporations
- Have control of all minute books, documents, registers and the seal of the Corporations and ensure that the same are maintained as required by-law
- Attend to correspondence on behalf of the Allied Boards
- Ensure that all reports are prepared and filed as required by law or requested by the Allied Boards

Trust Instruments and Funds:

- Maintain copies of all testamentary documents and trust instruments by which benefits are conferred upon the Corporations
- At least semi-annually, provide an accounting to the Allied Boards concerning all funds held in trust by the Corporations

Meetings:

- Give such notice as required by the MRHA Common Administrative By-laws No.1 or by-law of all meetings of the Corporations, the Allied Boards and Allied Boards committees.
- Attend all meetings of the Corporations, the Allied Boards and Allied Boards committees, including in-camera sessions, except when excused by the Allied Boards Chair

Other:

- Perform such other duties as may be required of the Secretary of the Allied Boards

Delegation:

- As Secretary, the CEO may delegate the performance of a duty or duties assigned to the Secretary to the Integrated Executive Assistant to the CEO or any other person(s) as approved by the Allied Boards but retains responsibility for ensuring proper performance of such duties.
- Such delegation is understood to be mandatory when the Allied Boards is considering matters relating to the CEO

Skills, Attributes and Experience

In addition to the personal attributes required of all Directors of the Allied Boards, the Secretary will demonstrate the following skills, attributes and experience:

- Knowledge of law, regulation and policy concerning the Corporations, including legal compliance and reporting requirements
- Demonstrate the utmost corporate integrity
- Ability to communicate effectively

Term

The Secretary shall be appointed by the Allied Boards for the duration of their appointment as CEO.

6. REFERENCES:

Almonte General Hospital and Carleton Place & District Memorial Hospital Common Administrative By-Laws No. 1

Muskoka Algonquin Healthcare Role Description – Board Secretary, Policy GOV-5-220, last reviewed June 2012

Trillium Health Partners Position Description for the Secretary, Policy V-A-11, November 2013

Stevenson Memorial Hospital Position Description for the Board Secretary, Policy V-A-11, last reviewed April 2015

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	**Position Description for the Allied Boards Treasurer**		
Manual/Policy#:	MRHA Boards of Directors # V-A-8	**Entity:**	AGH / CPDMH
Original Issue:	AGH: January 2018 CPDMH: November 2018	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	January 2020	**Approved by:**	Allied Boards of Directors
Date Reviewed	March 2023	**Cross Reference(s):**	

1. POLICY STATEMENT:

As part of its commitment to good governance for the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations"), the Allied Boards of Directors will establish, approve and periodically review a position description for Allied Boards Treasurer ("the Treasurer") which will provide a clear explanation of what is expected of the position and serve as a benchmark against which the performance of the Treasurer can be assessed.

2. SCOPE:

This policy is intended to support MRHA Common Administrative By-Laws No.1 which (article 9 and Article 10) permit the Allied Boards to create Officer positions in addition to those prescribed by the by-Law.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

Role Statement
The Treasurer is an elected Director and works collaboratively with the Allied Boards Chair and Integrated Chief Executive Officer ("the CEO") to support the Allied Boards in fulfilling its fiduciary responsibilities.

Responsibilities
Board Conduct:

- Maintain a high standard for board conduct
- Adhere to and enforce by-laws and policies regarding Director conduct

Committee Membership:

- Serve as a member of the Allied Boards Executive Committee and as Chair of the Allied Boards committee(s) responsible for finance, resources and audit
- May serve as a member of other Allied Boards committees

Committee Chair:

- Establish agendas in collaboration with staff and preside over meetings of the committee responsible for finance, resources and audit
- Ensure that the responsibilities outlined in the committee's terms of reference, as well as any other tasks assigned by the Allied Boards, are fulfilled annually
- Fulfill other responsibilities of a committee chair as established by the Allied Boards from time to time

Reporting Requirements:

- Stay up to date on audit and financial reporting requirements for the Corporations.

Audited Financial Statements:

- Present audited financial statements of the financial position of the Corporations and the reports thereon of the independent auditors to the Allied Boards and members of the Corporations at the Annual General Meetings

Mentorship:

- Serve as a mentor to other Allied Boards Directors of the Allied Boards Executive Committee and as Chair of the Allied Boards committee(s) responsible for finance, resources and audit

Skills, Attributes and Experience

In addition to the personal attributes required of all Directors of the Allied Boards, the Treasurer will demonstrate the following skills, attributes and experience:

- Financial expertise and literacy. An accounting designation is an asset.
- Ability to chair a meeting such that decisions are made in a manner that is respectful and efficient
- Ability to establish a trusted advisor relationship with the CEO, Integrated Chief Financial Officer and other Directors of the Allied Boards
- Ability to make the necessary time commitment and required flexibility in work schedule to meet the requirements of this leadership role
- Ability to communicate effectively with the Allied Boards, the management team, the external auditors and others as required
- Record of achievement in one or several areas of skills and expertise relevant to the work of the committee

Term

The Treasurer is elected annually by the Allied Boards for a maximum of three one year terms or until a duly qualified successor is elected or appointed. The Treasurer is subject to removal by resolution of the Allied Boards at any time.

6. REFERENCES:

Almonte General Hospital and Carleton Place & District Memorial Hospital Common Administrative By-Laws No. 1

Muskoka Algonquin Healthcare Role Description – Board Treasurer, Policy GOV-5-230, last reviewed June 2012

Quinte Healthcare Corporation Position Description for the Treasurer, Policy V-A-10, last reviewed September 2010

Stevenson Memorial Hospital Position Description for the Board Treasurer, Policy V-A-10, last reviewed April 2015

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	Position Description for the Allied Boards Committee Chair		
Manual/Policy#:	MRHA Boards of Directors # V-A-9	**Entity:**	AGH / CPDMH
Original Issue:	AGH: January 2018 CPDMH: November 2018	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	January 2020	**Approved by:**	Allied Boards of Directors
Date Reviewed	March 2023	**Cross Reference(s):**	

1. POLICY STATEMENT:

As part of its commitment to good governance for the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations"), the Allied Boards will establish, approve and periodically review a position description for Allied Boards Committee Chair ("the Committee Chair") which will provide a clear explanation of what is expected of the position and serve as a benchmark against which the performance of a Committee Chair can be assessed.

2. SCOPE:

This policy is intended to support MRHA Common Administrative By-Laws No.1, Article 8 which permits the Allied Boards to create committees to assist the Allied Boards in carrying out is duties and responsibilities. The Allied Boards will appoint a Committee Chair for each of their committees, unless otherwise agreed by the Allied Boards or permitted by by-law.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

Role Statement

The Committee Chair is an elected Director and works collaboratively with the Allied Boards Chair, the Integrated Chief Executive Officer ("the CEO") and the assigned staff support to provide leadership to the committee. The Committee Chair ensures that the Terms of Reference of the committee are followed and promotes effective dialogue. The Committee Chair respects that the committee has no direct management role with staff of the Corporations.

Responsibilities

Agendas:

- Establish agendas in collaboration with staff support and preside over meetings of the committee

Work Plan

- With the assistance of staff support, develop a work plan for the committee which ensures that the responsibilities outlined in the committee's terms of reference, as well as any other tasks assigned by the Allied Boards, are fulfilled annually

Leadership

- Effectively lead each committee meeting in a manner that encourages thoughtful participation and promotes understanding of complex issues;
- Ensure a fair discussion, especially when differences and conflicting opinions arise

Expertise

- Serve as a leader on the matters addressed in the committee's terms of reference.

Advise Allied Boards Chair

- Provide advice to the Allied Boards Chair as required on matters discussed by the committee
- Brief the Allied Boards Chair on key issues addressed by the committee that may be controversial

Reports

- Report to the Allied Boards on recommendations brought forward from the committee for decision outside the Consent Agenda as required, answer questions on recommendations brought forward from the committee for decision inside the Consent Agenda

Mentorship

- Serve as a mentor to committee members and assist the Allied Boards Governance and Nominating Committee with the development of a succession plan for the Committee Chair.

Meeting Minutes:

- Ensure that approved meeting minutes are signed by the Committee Chair of the meeting

Other

- Fulfill other responsibilities of a committee chair as established by the Allied Boards from time to time

Skills, Attributes and Experience

In addition to the personal attributes required of all Directors of the Allied Boards, the Committee Chair will demonstrate the following skills, attributes and experience:

- Interest and experience related to the work of the committee
- Ability to chair a meeting such that decisions are made in a manner that is respectful and efficient
- Willingness and ability to make the necessary time commitment and required flexibility in work schedule to meet the requirements of this leadership role

Term

A Committee Chair is elected annually by the Allied Boards on the recommendation of the Allied Boards Governance and Nominating Committee for a maximum of three one year terms or until a duly qualified successor is elected or appointed. A Committee Chair is subject to removal by resolution of the Allied Boards at any time.

6. REFERENCES:

Almonte General Hospital and Carleton Place & District Memorial Hospital Common Administrative By-Laws No. 1

Muskoka Algonquin Healthcare Role Description – Board Treasurer, Policy GOV-5-230, last reviewed June 2012

Quinte Healthcare Corporation Position Description for the Treasurer, Policy V-A-10, last reviewed September 2010

Stevenson Memorial Hospital Position Description for the Board Treasurer, Policy V-A-10, last reviewed April 2015

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	Community Member Participation on Board Committees		
Manual/Policy#:	MRHA Boards of Directors #V-A-10	**Entity:**	AGH / CPDMH
Original Issue:	AGH: March 2019 CPDMH: January 2015	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: May 2019 CPDMH: January 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	November 2022	**Cross Reference(s):**	MRHA Boards Policy V-A-4 Board Standing and Special Committees

1. POLICY STATEMENT:

As part of its commitment to community engagement, to ensure that committees have the necessary expertise and resources to fulfil their mandates and as a recruitment tool for potential new Board Directors, the Allied Boards may appoint members of the community who are not Directors to Committees of the Allied Boards.

2. SCOPE:

This policy applies to any standing or special committee of the Allied Boards except the Allied Boards Governance & Nominating Committee, Executive Committees and the Medical Advisory Committees.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

Community Member – a person who is not a Director of the Corporation but who has been appointed to an Allied Boards Committee.

5. PROCEDURE:

1) Community Members shall be subject to the same qualifications as elected directors as set out in the MRHA Common Administrative By-laws Article 4.50.

2) It is the responsibility of the Allied Boards Governance & Nominating Committee to conduct appropriate due diligence before recommending to the Allied Boards that a Community Member be appointed to an Allied Boards Committee.

3) A Community Member has the same rights and obligations as other Members of the Allied Boards Committee who are Directors.

4) Any Community Member appointed under this section shall have full voting rights on the Committee to which they are appointed but will not be eligible to serve as the Chair of any such Committee to which they are appointed.

5) Community Members shall have one year terms, which shall not preclude their future candidacy for nomination to the Allied Boards and which terms shall not be included in calculating a Director's term limit under MRHA Common Administrative By-laws Section 4.10

6) Participation by a Community Member is conditional on the Community Member signing an acknowledgement that they:

   - Are a fiduciary of the Corporation that appointed them and must place the best interests of the Hospital above their own best interests;
   - Have read and understood the Conflict of Interest and Confidentiality requirements of the policy which apply to all Community Representatives; and
   - Agree to participate in the Allied Boards Orientation Program, and in keeping with Allied Boards policy, complete a vulnerable sector criminal reference check.

A Quorum for any Committee with a Community Member shall consist of a majority of voting members and must include at least two Committee Members who are Directors.

6. **REFERENCES:**

N/A

7. **APPENDICES:**

N/A

Evaluation:

This policy will be reviewed every two years

TITLE:	Conflict of Interest		
Manual/Policy#:	MRHA Boards of Directors # V-A-11	Entity:	AGH / CPDMH
Original Issue:	AGH: May 2014 CPDMH: January 2020	Issued by:	Board Chair and Board Secretary
Previous Date Reviewed:	March 2021	Approved by:	Allied Boards of Directors
Date Reviewed	March 2023	Cross Reference(s):	

1. POLICY STATEMENT:

Directors owe a fiduciary duty to the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") which includes the requirement to avoid conflicts of interest. The trust and confidence of the community in the integrity of the Allied Boards' decision-making processes is maintained by ensuring all members of the Allied Boards are free from real, potential or perceived conflicts of interest. It is important that all Directors understand their obligations when a conflict of interest arises.

Directors and non-Board committee members shall avoid situations in which they may be in a position of conflict of interest. Article 6 of the Common Administrative By-laws contains provisions with respect to conflict of interest that must be strictly adhered to. In addition to the Common Administrative By-laws, the process set out in this policy shall be followed when a real, potential or perceived conflict of interest arises.

The principles set out in this policy are to be regarded as illustrative. Directors are expected to comply with both the letter and the spirit of this policy.

2. SCOPE:

This policy applies to all Allied Boards Directors, including *ex-officio* and Honourary Directors, and to all non-Board members of committees or task forces established by the Allied Boards or the Common Administrative By-laws.

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

Description of Conflict of Interest

A conflict of interest arises in any situation where a Director's duty to act solely in the best interests of the corporations and to adhere to their fiduciary duties is compromised or impeded by any other interest, relationship or duty of the Director. A conflict of interest also includes circumstances where the Director's duties to the corporations are in conflict with other duties owed by the Director such that the Director is not able to fully discharge the fiduciary duties owed to the corporations.

The situations in which potential conflict of interest may arise cannot be exhaustively set out. Conflicts generally arise in the following situations:

1. *Transacting with the Corporations*
   When a Director transacts with the Corporations directly or indirectly. When a Director has a material direct or indirect interest in a transaction or contract with the Corporations.

2. *Interest of an Associate*
   When the Corporations conduct business with suppliers of goods or services or any other party of which an associate of a Director is a principal, officer or representative. Associates include a Director's parents, children, siblings, spouse or common law partner and includes any person with a relationship to the Director that would be perceived by a reasonable person to influence the decision-making of that Director.

3. *Gifts*
   When a Director or an associate of a Director or any other person or entity designated by the Director, accepts gifts, payments, services or anything else of more than a token or nominal value from a party with whom the Corporations may transact business (including a supplier of goods or services) for the purposes of (or that may be perceived to be for the purposes of) influencing an act or decision of the Allied Boards.

4. *Acting for an Improper Purpose*
   When Directors exercise their powers motivated by self-interest or other improper purposes. Directors must act solely in the best interest of the Corporations.

5. *Appropriation of Corporate Opportunity*
   When a Director diverts to their own use an opportunity or advantage that belongs to the Corporations.

6. *Duty to Disclose Information of Value to the Corporations*
   When Directors fail to disclose information that is relevant to a vital aspect of the affairs of the Corporations.

7. *Serving on Other Corporations*
   A Director may be in a position where there is a conflict of "duty and duty". This may arise where the Director serves as a Director of two corporations that are competing or transacting with one another. It may also arise where a Director has an association or relationship with another entity. For example, if two corporations are both seeking to take advantage of the same opportunity, a Director may be in possession of confidential information received in one boardroom or related to the matter that is of importance to a decision being made in the other boardroom. The Director cannot discharge the duty to maintain such information in confidence while at the same time discharging the duty to make disclosure. The Director cannot act to advance any interests other than those of the Corporations.

8. *Where a Physician – Patient Relationship Exists*

A Director may be in a conflict of interest position where they are a physician and the board discussion involves their patient or directly relates to a group of patients which reasonably could include their patient(s) and where the discussion could place the Director in a compromising position related to their ongoing care of the patient or any legal or ethical issues related to the care of the patient.

Process for Resolution of Conflicts and Addressing Breaches of Duty to Disclose Conflicts

A Director who is in a position of conflict or potential conflict shall disclose such conflict to the Allied Boards or committee at the meeting of the Allied Boards or committee at which the contract, transaction, matter or decision is first raised. If a declaration is made at a committee meeting, it must be repeated at the next Allied Boards meeting to assure full disclosure to the Allied Boards.

The Director may choose to disclose the conflict or potential conflict to the Allied Boards and/or committee Chair in advance of the meeting as a matter of courtesy but in no event will this prevent disclosure at the meeting.

Where (i) a Director is not present at a meeting where a matter in which the Director has a conflict is first discussed and/or voted upon, or (ii) a conflict arises for a Director after a matter has been discussed but not yet voted upon by the Allied Boards, or, (iii) a Director becomes conflicted after a matter has been approved, the Director shall make the declaration of the conflict to the Chair or Vice Chair as soon as possible and at the next meeting of the Allied Boards.

All such declarations of interest, including the specific nature of the interest, shall be recorded in the minutes of the meeting and in the minutes of every meeting at which the matter that is the subject of the declaration is discussed.

The Allied Boards have the authority to determine whether or not a conflict exists. The decision of the Allied Boards is final.

Directors will be asked to make an annual general declaration of the Director's relationships and interests in entities or persons that do or may give rise to conflicts.

Abstain from Discussions

The Director may remain present for the purpose of answering questions prior to the discussion and the vote.

The Director shall not be present during the discussion or vote in respect of the matter in which they have a conflict and shall not attempt in any way to influence the voting.

In the event that a Director or an Allied Boards committee member discloses a conflict or potential conflict of interest (real or perceived) and refrains from, and is not present during the vote, the meeting quorum shall not be affected, provided the number of remaining voting Directors is not less than three.

Should the number fall below three, the Integrated President & CEO may apply to the Superior Court of Justice on an ex parte basis for an order authorizing the Allied Boards to give consideration to, discuss and vote on the matter out of which the interest arises.

Process for Addressing Breaches of Duty to Declare a Conflict of Interest

1. Circumstances for Referral

Where any Director believes that another Director:

a) is in a situation of actual or potential conflict of interest; or,

b) has behaved or is likely to behave in a manner that is not consistent with the highest standards of public trust and integrity and such behaviour may have an adverse impact on the corporation.

2. Process for Resolution

The issue shall be referred to the Chair of the Governance Committee or a member of the Governance Committee if the issue involves the Chair of the Governance Committee, with notice to the Integrated President & CEO. The Chair (or Vice Chair as the case may be) will either (i) resolve the matter informally, or (ii) refer the matter to the Governance Committee for resolution.

The Governance Committee will report its findings and recommendations, if any, to the Allied Boards. The Allied Boards havethe authority to determine whether or not a conflict exists. The decision of the Allied Boards is final.

If a conflict, or other matter referred cannot be resolved to the satisfaction of the Allied Boards (by simple majority resolution) or if a breach of duty has occurred, a Director may be asked to resign or may be subject to removal pursuant to the Common Administrative By-laws and the *Corporations Act*.

Perceived Conflicts

Not all conflicts or potential conflicts may be satisfactorily resolved by strict compliance with the Common Administrative By-laws. There may be cases where the perception of a conflict of interest or breach of duty (even where no conflict exists or breach has occurred) may be harmful to the corporations notwithstanding that there has been compliance with the Common Administrative By-laws. In such circumstances, the process set out in this policy for addressing conflicts and breaches of duty shall be followed.

It is recognized that the perception of conflict or breach of duty may be harmful to the Corporations even where no conflict exists or breach has occurred and it may be in the best interests of the Corporations that the Director be asked to resign.

6. REFERENCES:

Bylaw Number 1: Common Administrative By-laws of Almonte General Hospital and Carleton Place & District Memorial Hospital Article 6.

7. APPENDICES:

N/A

Evaluation: This policy will be reviewed annually.

TITLE:	Board Recruitment		
Manual/Policy#:	MRHA Boards of Directors # V-B-1	Entity:	AGH / CPDMH
Original Issue:	AGH: January 2014 CPDMH: January 2015	Issued by:	Board Chair and Board Secretary
Previous Date Reviewed:	AGH: November 2020 CPDMH: November 2019	Approved by:	Allied Boards of Directors
Last Date Reviewed:	November 2022	Cross Reference(s):	

1. POLICY STATEMENT

The Allied Boards of Directors and its stakeholders are best served by a Board of Directors comprised of individuals who possess the necessary skills, competencies, experience and independence to collectively contribute to effective Board governance and to perform the roles and responsibilities of the Allied Boards. The process to recruit Directors will be transparent.

2. SCOPE

This policy applies to the recruitment of elected, voting members of the Allied Boards of Directors.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURE

The Allied Boards, with the advice and assistance of the Allied Boards Governance and Nominating Committee ("the Committee"), will recommend a slate of candidates for election and approval by the Members at the Annual General Meetings. Each year, at least three months before the annual meeting, the Committee will determine the number of vacancies in the office of Directors and will include in this number incumbent Directors who are eligible for re-election.

Using the Allied Boards Skill Set Matrix, the Committee will review the Allied Boards profile of skills and expertise of incumbent Directors and identify the specific skills and expertise that are required to fill vacancies. Where an incumbent Director is seeking re-election, the Committee will take into consideration that individual's self-evaluation of their own performance as a Director, their peer evaluation results, their history as a Director and the contribution that they have made to the organization.

Actual vacancies on the Allied Boards will be publicly advertised in a manner to be determined by the Committee which may include local/regional newspapers or the organization's websites. The advertisement will include a summary of the responsibilities of Directors; any specific skills, knowledge or experience that are being sought at the time; criteria for eligibility; and a short description of the selection process. It is not the intent to advertise vacancies where an incumbent Director is seeking re-election and following evaluation as outlined above is viewed as suitable for reappointment.

The Committee may also solicit applications from individuals possessing the required skills and expertise who are community members on Board Committees or come to the attention of Committee members through their personal or professional networks. Such solicitation should not be presented or construed as guaranteeing appointment to the Allied Boards and will not preclude the completion of an application form or attendance at an interview.

Interested individuals will be invited to complete a formal application on a standard form to be provided by the organizations, which will be submitted to the office of the President & CEO and forwarded to the Committee for review.

A short list of candidates will be identified for interview by the Committee. Following the interviews, at least two personal references will be obtained for candidates selected for nomination as Directors. Absent extenuating circumstances, reference checking will be done in person rather than in writing.

The Committee will recommend a slate of candidates for approval by the Allied Boards and for subsequent election and approval by the Members at the Annual General Meetings.

In the event of a mid-term vacancy of an elected Board Member, the Allied Boards may request that the Committee initiate a process to select a replacement Board Member.

- Nominations made for the election of Directors at a Members meeting may be made only by the Allied Boards. For greater certainty, no nominations shall be accepted by the Members of the Corporation that are not submitted and approved by the Allied Boards. The decision of the Allied Boards as to whether or not a candidate is qualified to stand for election shall be final.

Consistent with best practice, the Committee will endeavour to maintain a roster of qualified candidates eligible for election to the Members of the Allied Boards and look for opportunities to keep these candidates engaged.

6. REFERENCES

N/A

7. APPENDIXES

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	Identification and Selection of Officers & Committee Chairs		
Manual/Policy#:	MRHA Boards of Directors # V-B-2	Entity:	AGH/ CPDMH
Original Issue:	AGH: April 2012 CPDMH: April 2012	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: April 2019 CPDMH: September 2020	Approved by:	Allied Boards of Directors
Last Date Reviewed:	November 2022	Cross Reference(s):	

1. **POLICY STATEMENT:**

The Allied Boards is committed to identifying, selecting and preparing qualified individuals to provide leadership to the Allied Boards as described below.

2. **SCOPE:**

The policy applies to all Allied Boards leadership positions.

3. **GUIDING PRINCIPLES:**

N/A

4. **DEFINITIONS:**

N/A

5. **PROCEDURE:**

The officers of each Corporation shall include:
a) Chair of the Allied Boards;
b) Vice-Chair of the Allied Boards;
c) Integrated Chief Executive Officer (CEO); and
d) Secretary of the Allied Boards;

and any such other officers as the Allied Boards may by resolution determine. The Officers will be elected or appointed by resolution of the Allied Boards at the first meeting of the Allied Boards following the Annual General Meeting when a vacancy occurs. A person may hold more than one office. The CEO shall be Secretary of the Allied Boards. Any officer will cease to hold office upon resolution of the Allied Boards.

Duties of the officers are described in Article 10 of the MRHA Common Administrative By-laws.

The CEO is an employee of the Almonte General Hospital Corporation and is selected through a selection process established by the Allied Boards when the need arises.

The Chair and Vice Chair of the Allied Boards and Committee Chairs will be Directors of the Allied Boards.

When possible, the Chair of the Allied Boards Governance and Nominating Committee ("the Committee") will be the immediate Past Chair of the Allied Boards.

Annually, or more frequently if required, the Committee will put forward a slate of nominees for the Allied Boards Chair, Vice Chair and committee Chair positions. The Chair of the Committee will provide a minimum of 21 days notice of the date of the meeting at which the Committee will consider candidates for the Officer and Committee Chair positions.

Directors with an interest in Allied Boards leadership positions may identify themselves through the annual evaluation process or by approaching a member of the Committee. Nominations by any other member of the Allied Boards may only be made with the permission of the nominee. The Committee may also approach individuals they believe to be suitable candidates.

Notwithstanding the fact that the Committee has put forward a slate of nominees, Directors will be offered an opportunity to put forward alternate nominations during the Allied Boards meeting at which Officers and committee Chairs are being elected and before a vote is held.

All candidates for Allied Boards leadership positions will be evaluated on the basis of:

- years served and remaining to be served on the Allied Boards
- skills identified through the Allied Boards skill set matrix
- feedback from Allied Boards evaluation processes
- knowledge of governance and governance processes
- prior leadership experience
- availability to fulfill the responsibilities of the position

Any member of the Committee who is a candidate for an Officer or committee Chair position will always absent themselves from the discussion about the position even in the event that they are the only candidate.

Deliberations of the Committee regarding leadership candidates will be kept confidential out of consideration for Directors of the Allied Boards who are not being recommended for the slate of Officers and committee Chairs. Any Director who was or believes that they were or should have been considered for a leadership position may request individual feedback from the Chair of the Committee.

Each candidate and each leadership position will be considered uniquely. Appointment to any leadership position will not automatically confer the right or the obligation to be appointed to any other leadership position.

Individuals identified as potential future leaders may be offered training and/or education opportunities to assist in their preparation. This will not automatically confer the right to be appointed to a leadership position.

Directors elected as Officers or committee Chairs may request additional training or education, which will be granted at the discretion of the Chair of the Committee and the CEO.

6. **REFERENCES:** N/A

7. **APPENDICES:** N/A

Evaluation: This policy will be reviewed every two years.

TITLE:	Allied Boards Director Orientation and Education		
Manual/Policy#:	MRHA Boards of Directors # V-B-3	Entity:	AGH / CPDMH
Original Issue:	AGH: February 2013 CPDMH: January 2015	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: March 2021 CPDMH: Nov 2019	Approved by:	Allied Boards of Directors
Last Date Reviewed:	April 2023	Cross Reference(s):	

1. POLICY STATEMENT

The Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") and its stakeholders are best served by a board comprised of individuals who are well versed in current corporate governance best practice and other subject matters relevant to boards service and who thoroughly comprehend the role and responsibilities of effective boards in the oversight of the Corporations. To that end, the Allied Boards will ensure that all Directors receive a comprehensive orientation to help them become as effective as possible as soon as possible. Ongoing education to enhance the governance capacity of the Allied Boards and individual Directors will also be offered to Directors.

2. SCOPE

This policy establishes the Allied Boards expectations and guidelines relating to Director orientation and ongoing education.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURE

Orientation

All new Directors will receive a comprehensive orientation about the nature and operations of the Corporations; the role of the Allied Boards and its committees; the expectations for individual Directors; and an introduction to the environment in which the Corporations operate.

An on-site orientation program will be provided as soon as practicable following the appointment of new board directors, ideally before they attend their first board meeting. It will ordinarily be presented by the Allied Boards Chair, Integrated President & CEO (CEO), Chiefs of Staff and members of the Senior Management Team and will include a tour of Almonte General Hospital, Carleton Place & District Memorial Hospital and Fairview Manor.

The orientation will include a manual containing the material presented during the on-site session as well as copies of the current strategic plan, administrative and medical staff by-laws, MRHA Board Policy Manual, Directors and officers liability insurance and Director contact information. Newly appointed Directors are expected to read and become familiar with the contents of the manual.

New Directors will be invited to provide feedback on the on-site program and on the manual for the purpose of continuous improvement in board orientation. The manual will be reviewed by the Allied Boards Governance and Nominating Committee once every two years. Every new Board Director will be assigned a mentor who is a member of the Allied Boards Governance and Nominating Committee, or another Allied Boards Director, for the purpose of guidance and providing a resource for questions.

Board Education

On an annual basis, the Allied Boards and the CEO will develop an education agenda for the full Allied Boards based on a consideration of:

- Input from the Allied Boards Committees
- Suggestions from individual Directors as part of the annual Boards evaluation
- Key strategic directions of the Corporations
- Major decisions on the horizon
- Appropriate and significant risk management themes
- Significant and relevant changes in legislation, governance best practice and/or the environment in which the Corporations operate
- Other factors as considered appropriate

Topics included on the ongoing education agenda will be addressed at education sessions forming part of the agenda for some regular Allied Boards meetings. Special meetings devoted to education may be arranged as appropriate.

From time to time, the Allied Boards Chair and/or CEO may also distribute or make available relevant articles, summaries or books. Directors who come across good reference materials are also encouraged to send them to the CEO, who will consult with the Allied Boards Chair on their inclusion in Allied Boards meeting packages.

Individual Director Education

All elected Directors are encouraged to attend education programs to expand or enhance their knowledge and understanding of the Corporations, the healthcare industry and/or governance.

In order to encourage Director education, the Corporations will reimburse Directors for all reasonable costs of attending education programs provided such attendance has been approved in advance by the Allied Boards Chair or their delegate. The Allied Boards Chair will evaluate every request for education with regard for the following:

- Relevance of the topic to the work of the Allied Boards and/or the Director’s specific responsibilities on the Allied Boards
- Individual education needs identified through the annual Allied Boards evaluation process
- The Director’s exposure to the topic area through their professional endeavours or service on other boards. For example, formal education, professional credentialing or professional practice to further Board Director education

- Feedback on the course from other Directors who have attended in the past, if applicable
- The cost of attendance, including registration fee, travel, accommodation
- A guideline of one course per Director per year, with due regard for Directors who are or may be assuming leadership positions on a committee or the Boards
- Attendance as a representative of the Corporations at industry events, such as the OHA Member Engagement session, will not be deemed a course for the purpose of this policy

Directors attending an education program will be expected to provide a succinct written report at the next regular meeting of the Boards.

The Corporations annual operating budgets will contain an amount for Director Education which will be determined in the context of the fiscal environment and operating pressures. Use of these budgets will be monitored quarterly by the Allied Boards Governance and Nominating Committee.

Reimbursement for travel costs must comply with relevant legislation and corporate policies.

6. REFERENCES

N/A

7. APPENDIXES

N/A

Evaluation:

This policy will be reviewed annually.

TITLE:	Allied Boards Meeting Consent Agenda		
Manual/Policy#:	MRHA Boards of Directors # V-B-4	**Entity:**	AGH / CPDMH
Original Issue:	AGH: May 2013 CPDMH: September 2020	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: May 2021 CPDMH: September 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	April 2023	**Cross Reference(s):**	

1. **POLICY STATEMENT**

   As part of its commitment to good governance, Allied Boards meetings will be efficient and effective, respecting the time given by Directors and allowing for full discussion of important issues. A consent agenda will be used for regular or routine matters and/or matters where no debate is anticipated.

2. **SCOPE**

   This policy documents the Board's consent agenda process.

3. **GUIDING PRINCIPLES**

   N/A

4. **DEFINITIONS**

   N/A

5. **PROCEDURE**

   Content of Agenda

   The agenda, including Consent Agenda items, for Allied Boards meetings will distinguish between the following types of matters:

   - Decision;
   - Discussion; and
   - Information.

   Only decision items will require a motion, seconder and a vote.

   Items requiring a decision that are expected to require no discussion or debate may, at the option of the Allied Boards Chair, be placed on the agenda under the heading "Consent Agenda".

   Materials and motions proposed to be dealt with under the Consent agenda portion of the agenda shall be clearly identified as falling under the Consent Agenda in the meeting package. Board Directors should review the Consent Agenda items prior to the meeting on the expectation that no discussion will take place during the meeting of the Allied Boards.

   Approval of Agenda

   The agenda will be approved by the Allied Boards at the beginning of each meeting.

Directors of the Allied Boards may request that matters be added, deleted or that the order of items be moved and the Allied Boards Chair shall make a decision on each such request. Any such decision may be subject to challenge and reversed by the Directors of the Allied Boards.

Items may be moved out of the Consent Agenda section at the request of any Director of the Allied Boards prior to approval of the Agenda. No motion or vote of the Allied Boards is required with respect to a request to move an item out of the Consent Agenda.

When a Director of the Allied Boards request that an item be moved out of the Consent Agenda section, the Allied Boards Chair shall decide where to place that item on the agenda.

When only one item in a committee report does not qualify as a consent agenda item or is requested to be moved, that item shall be moved out of the Consent Agenda and the rest of the items in the report shall remain in the consent agenda.

Approval of the Agenda by the Allied Boards constitutes approval of each of the items listed under the Consent Agenda portion of the meeting. No separate vote to approve any portion or items of the consent agenda is required.

Minutes

Minutes of the meeting will include the full text of resolutions adopted under the Consent Agenda portion of the meeting.

6. REFERENCES

N/A

7. APPENDICES

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	Public Attendance at Allied Boards of Directors Meetings		
Manual/Policy#:	MRHA Boards of Directors # V-B-5	Entity:	AGH / CPDMH
Original Issue:	AGH: December 2013 CPDMH: August 1994	Issued by:	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: January 2017 CPDMH: December 2004	Approved by:	Allied Boards of Directors
Last Date Reviewed:	April 2023	Cross Reference(s):	

1. POLICY STATEMENT

As part of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") commitment to trustworthiness, transparency and accountability, members of staff, public and media may request the opportunity to observe the open portion of the Allied Boards meeting to:

- Facilitate the conduct of the Allied Boards business in an open and transparent manner;
- Ensure the Corporations maintain good relationships with the public, media and stakeholder groups;
- Generate trust, openness and accountability

2. SCOPE

This policy provides guidance to the Allied Boards and anyone wishing to attend an open meeting about the Allied Boards processes and requirements for open meetings.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURE

The open part of Allied Boards meetings will be held at times generally recognized as convenient for the public to attend. Notice of the times and dates of such meetings will be provided annually to the public on the Corporations websites.

Individuals wishing to attend must give at least 24 hours notice to the Allied Boards Secretary. The Allied Boards may limit the number of attendees if space is limited.

The Allied Boards Chair and the Integrated President & CEO (CEO) will assess and prioritize the requests. Written confirmation of attendance, if approved, will be provided to the individual or group making the request. Persons not permitted to address the

Boards will be so notified. As per Article 5.7 of the MRHA Common Administrative By-laws, the Allied Boards Chair and CEO have authority to confirm or deny the request and to limit the number of presentations at any one meeting. The Allied Boards are not obliged to take action on any presentation it receives.

Agendas for the open portion of the meeting will be distributed at the meeting and may be obtained from the Allied Boards Secretary prior to the meeting. Supporting materials will be distributed only to the Allied Boards.

Members of the public may not address the Allied Boards or ask questions without the permission of the Allied Boards Chair. Individuals who wish to address or raise issues with the Allied Boards must contact the Allied Boards Secretary in writing at least 5 normal business days in advance of the meeting and indicate the topic to be addressed.

Any one delegation or presentation will be limited to a maximum of ten minutes unless otherwise agreed by the Allied Boards Chair and CEO. If a group wishes to make a presentation, one spokesperson for the group should be identified.

Members of the public will be asked to identify themselves. Respectful meeting decorum is expected of all attendees. The Allied Boards Chair may require anyone who is disruptive and interferes with the proper conduct of the meeting to leave.

With the exception of any recording done by the Corporations, or otherwise approved by the Allied Boards Chair, no one shall take or transmit any photograph or video or audio recording of any portion of the Allied Boards meeting. Live streaming or other real time broadcasting of the meeting, except by the Recording Secretary at the discretion of the Allied Boards Chair or CEO, is prohibited.

The Allied Boards may move *in camera* or hold Allied Boards meetings that are not open to the public in accordance with the MRHA Boards policy on *In Camera* meetings.

Meetings of Allied Boards Committees are not open to the public.

6. REFERENCES

N/A

7. APPENDICES

N/A

Evaluation:

This policy will be reviewed every two years.

TITLE:	In-Camera Allied Boards Meetings		
Manual/Policy#:	MRHA Boards of Directors # V-B-6	**Entity:**	AGH / CPDMH
Original Issue:	AGH: January 2012 CPDMH: September 2020	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: January 2017 CPDMH: September 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	April 2023	**Cross Reference(s):**	

1. POLICY STATEMENT

The Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") are committed to conducting open Allied Boards meetings with the exception of in-camera, closed and special sessions as described below.

2. SCOPE

This policy provides guidance to the Directors of the Allied Boards about the circumstances and process for holding *in-camera* meetings of the Allied Boards.

3. GUIDING PRINCIPLES: N/A

4. DEFINITIONS: N/A

5. PROCEDURE

In Camera meetings may be held at the beginning or the end of the open segment of each Allied Boards meeting. Only those persons authorized by the Allied Boards to remain at the *in camera* meeting will be permitted to remain. Other persons will be excused from the *in camera* meeting.

The Allied Boards Chair determines which items will be discussed during the *in camera* meeting and will ensure that an agenda is prepared in advance. The Allied Boards may entertain a motion at any time during a meeting to transfer an agenda item from an open session to an *in camera* session.

Identified confidential matters should always be dealt with by the Allied Boards and committees *in camera*. Matters that will be dealt with during an *in camera* meeting include but are not limited to confidential discussions on:

- Matters involving property – security, acquisition, sale, lease, etc.
- Matters involving litigation or potential litigation
- Relationships with other corporate bodies, including material contracts
- Matters which, if discussed publicly, could seriously threaten the safety or health of a person
- Labour relations and employment related matters

- Recruitment, retention, compensation, evaluation and discipline of the Integrated President & CEO and Chiefs of Staff
- Information about the personal practice of regulated healthcare professionals, including credentialing and privileging matters
- Information related to the assessment or evaluation of the quality of healthcare including information protected by the *Quality of Care Information Protection Act*
- Advice or recommendations of officers or employees of the Corporations, or of a consultant retained by the Corporations that are made within a decision-making process
- Information relating to law enforcement activities or law enforcement investigations
- Patient issues
- Preparation of the Hospital Annual Planning Submissions (or equivalent) to Ontario Health and/or government of Ontario
- Fundraising activities on behalf of the Corporations, including any information relating to charitable donations made to the Corporations or the Almonte General Hospital Foundation and/or the Carleton Place & District Memorial Hospital Foundation
- Internal board governance matters
- Protected information
    - Information that would reveal the confidential commercial, financial, labour relations, scientific or technical information of an individual or company
    - Information that is subject to solicitor client privilege
    - Personal information of individuals, including employees

All of the Allied Boards customary rules and practices of procedure will apply during *in camera* meetings. Voting on items during an *in camera* meeting shall take place in accordance with the regular provisions governing Allied Boards meetings.

The Allied Boards are not required to report back to an open meeting as the full Allied Boards attend the *in camera* meeting.

Minutes of *in camera* meetings will be distributed to those in attendance and require those persons to whom they are distributed to keep them confidential unless disclosure is specifically required by law.

Minutes of an *in camera* meeting will be presented for approval at a subsequent *in camera* meeting.

In addition to *in camera* meetings, the elected members of the Allied Boards may periodically have a “closed *in camera* meeting” for elected Directors only, following an *in camera* meeting and the Allied Boards Secretary may attend at the invitation of the Allied Boards Chair.

6. REFERENCES

N/A

7. APPENDICES

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	Criminal Reference Checks/Disclosure of Criminal Convictions		
Manual/Policy#:	MRHA Boards of Directors # V-B-7	**Entity:**	AGH / CPDMH
Original Issue:	AGH: April 2015 CPDMH: September 2013	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: March 2021 CPDMH: January 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	AGH: March 2021 ** CPDMH: January 2020 **	**Cross Reference(s):**	

1. POLICY STATEMENT

In fulfilling its responsibilities to (i) provide a safe environment for patients, residents, staff, medical staff, volunteers and visitors and (ii) safeguard the assets of the organization, one of which is its reputation, the Allied Boards of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") will take all reasonable precautions to ensure that individuals are not recruited and retained as volunteer Directors who pose a threat to the wellbeing of people or the Corporations. Directors of the Allied Boards are required to undergo a Vulnerable Sector Service Check prior to joining the Allied Boards and to affirm that they have not been found guilty of any infractions to the Criminal Code of Canada annually thereafter.

2. SCOPE

This policy applies to all Directors of the Allied Boards and anyone wishing or appointed to join the Allied Boards.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

Criminal Conviction - Where the Court has made a finding and a Criminal conviction has been made and a pardon has not subsequently been obtained.

5. PROCEDURE

New Directors

All prospective Directors must provide a copy of a certified Vulnerable Sector Criminal Reference Check (VSCRC) or provide a copy of a VSCRC that was completed for other purposes within the past six months. Verification of the individual's status relative to Criminal Convictions must take place before they are elected or appointed to the Allied Boards of Directors.

Identification of criminal convictions will not be automatic grounds for refusal of election or appointment to the Boards. The particulars of the conviction will be reviewed by the

Allied Boards Governance Committee in light of the Allied Boards Roles and Responsibilities policy, the Allied Boards appetite for reputational risk and the access to people, information and facilities granted by virtue of an individual's position on the Allied Boards.

The results of the assessment and decision made relative to election or appointment to the Allied Boards will be communicated to the individual.

In the event that the Allied Boards Governance Committee chooses to recommend an individual with a criminal conviction to the Allied Boards for election or appointment, the fact of the specific infraction will be shared with the Allied Boards at an in camera meeting prior to the individual's election or appointment.

Responsibility for the election of Directors rests with the Members of the Corporations. Responsibility for the appointment of Honourary Directors rests with the Allied Boards. As such, recommendation by the Allied Boards Governance Committee does not guarantee election or appointment to the Allied Boards.

VSCRCs conducted for the purposes of employment or appointment to the medical staffs of the Corporations on behalf of an employee or physician appointed to the Allied Boards will be sufficient for the purpose of this policy.

It is the responsibility of the prospective Allied Boards Director to obtain the VSCRC. The Corporations will provide any documentation required to support the request for a VSCRC and will pay for any cost associated with obtaining a VSCRC for the purpose of joining the Allied Boards.

Current Directors

Any Director serving on the Allied Boards on the date this policy comes into effect will be required to obtain a VSCRC.

Thereafter, all Directors continuing to serve on the Allied Boards including Directors who join the Allied Boards after the effective date of this policy will be required to sign the Allied Boards of Directors Annual Self-Declaration Form Criminal Reference Check (provided by the Office of the CEO) declaring their status relative to any current criminal convictions.

Notwithstanding the annual declaration process, Directors are expected to disclose any new convictions on a timely basis that would have or could be perceived as having a bearing on their status as a Director. Since the relevance of the criminal convictions to the Allied Boards may be subjective, Directors are advised to seek guidance from the Allied Boards Chair of the Governance Committee or the Integrated President & CEO if they are unsure as to whether they should report.

Identification of criminal convictions will not be automatic grounds for dismissal from or refusal of election or appointment to the Allied Boards. The particulars of the conviction will be reviewed by the Allied Boards Governance Committee in light of the Allied Boards Roles and Responsibilities policy, the Allied Boards appetite for reputational risk and the access to people, information and facilities granted by virtue of an individual's position on the Allied Boards.

The Allied Boards Governance Committee will disclose the fact of the specific infraction to the Allied Boards at the next Allied Boards meeting.

The results of the assessment and decision made relative to recommending the Director's current and future membership to the Allied Boards will be communicated to the individual.

Removal of a Director and appointment of Honourary Directors are the responsibility of the Allied Boards. Responsibility for the election of Directors rests with the Members of the Corporations. As such, recommendation by the Allied Boards Governance Committee does not guarantee that a Director will be retained or removed from the Allied Boards or that they will be re-elected or re-appointed.

Directors should be aware that failure to disclose relevant convictions will be treated as a breach of the Code of Conduct which will be dealt with by the Allied Boards Governance Committee and could result in removal from the Allied Boards depending on the circumstances.

Declarations made in the course of employee-related procedures or re-appointment to the medical staff of the Corporations by an employee or physician appointed to the Allied Boards will be sufficient for the purpose of this policy.

6. REFERENCES

MRHA Board of Directors Policy V-A-1 Board Roles and Responsibilities

MRHA Board of Directors Policy V-A-2 Code of Conduct

7. APPENDICES

N/A

Evaluation

This policy will be reviewed every two years.

*** Updated version in Draft for Board approval in May*

TITLE:	Allied Boards of Directors Evaluations		
Manual/Policy#:	MRHA Boards of Directors # V-B-8	**Entity:**	AGH / CPDMH
Original Issue:	AGH: March 2021 CPDMH: May 2000	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: March 2021 CPDMH: January 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	April 2023	**Cross Reference(s):**	

1. POLICY STATEMENT

As part of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") commitment to good governance, the Allied Boards will establish, approve and annually review a process for evaluating their performance.

2. SCOPE:

This policy applies to all Directors of the Allied Boards, including ex-officio and Honourary Directors, and to all non-Allied Boards members of committees established by the Allied Boards or the MRHA Common Administrative By-laws.

3. GUIDING PRINCIPLES:

As stewards of a key community health care provider whose funding includes taxpayer dollars and donations, the Allied Boards have a responsibility to optimize their performance and address issues that are impeding optimal performance by the Allied Boards.

All evaluations will be conducted respectfully and in the spirit of continuous improvement.

Contributions of volunteer time by individual Directors of the Allied Boards are valued and appreciated but do not obviate the need for good governance.

4. DEFINITIONS: N/A

5. PROCEDURE:

The Boards will evaluate its performance through completion of the following evaluations:

- Allied Boards Evaluation (annually)
- Allied Boards Chair Evaluation (annually)
- Director Self Evaluation (annually)
- Director Peer Evaluation (every two years)
- Allied Boards Committee Evaluation (annually)
- Allied Boards Meeting Evaluation (every meeting)
- Accreditation Canada's Governance Functioning Tool – once every Accreditation cycle

The use of additional evaluations tools may be considered and approved by the Allied Boards from time to time.

5.1 Allied Boards, Allied Boards Chair and Director Self/Peer Evaluations

(a) The Allied Boards Governance & Nominating Committee (“the Committee”) will review the evaluation tools annually at its November meeting and if changes are suggested will provide a recommendation to the Allied Boards for consideration and approval at its November meeting.

(b) The Committee will lead and implement the Allied Boards, Director Self/Peer and Allied Boards Chair evaluations. The entire process will be completed by the June Allied Boards Meeting.

(c) In addition to the annual survey, every two years the Director Self-evaluation will include a Peer Evaluation. The entire process will be completed by the June Allied Boards Meeting.

(d) The Committee will receive and discuss the results of the surveys at its May meeting

(e) An annual Report from the Committee on the results of the evaluations, key issues, recommended action for improvement and identification of future board leadership candidates will be provided to the Allied Boards at its June meeting.

(f) If any issues arise regarding the structure, performance and/or processes of the Boards as a whole, its Committees and its individual Directors the Committee will recommend improvements to the Boards for consideration.

(g) Confidential and respectful communication by the Allied Boards Chair and Integrated President & CEO (CEO) in giving feedback to individuals to recognize their contribution and opportunities for improvement will be held in the month after the Allied Boards meeting at a mutually convenient time

(h) External resources may be used as appropriate to ensure an effective process.

5.2 Allied Boards Committee Evaluations

a) All members of every Allied Boards committee will be provided with an annual Allied Boards Committee Evaluation to be completed prior to each committee’s last meeting.

b) Results will be tabulated into one report and provided to the committee and the Allied Boards Governance & Nominating Committee for review at their respective May meetings.

c) Any suggested changes for improvements of the structure, performance and/or processes of the committee will be brought forward for discussion at the Allied Boards Governance & Nominating Committee meeting in September.

5.3 Allied Boards Meeting Evaluation

a) Directors of the Allied Boards will be provided with an evaluation to be completed at the end of every Allied Boards Meeting.

b) Results will be tabulated into one report and provided to the Allied Boards Chair and CEO for review prior to the next meeting of the Allied Boards.

c) The report will be included in the following month's Allied Boards Meeting Package for information.

6. REFERENCES:

Bluewater Health Policy E-19 Board Evaluation

Cambridge Memorial Hospital Policy 2-D-40 Evaluation of Board, Committees and Individual Performance

7. APPENDICES:

N/A

Evaluation:

This policy will be reviewed every two years.

TITLE:	Resignation and or Removal of an Allied Boards Member		
Manual/Policy#:	MRHA Boards of Directors # V-B-9	**Entity:**	AGH / CPDMH
Original Issue:	AGH: March 2021 CPDMH: January 2021	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: March 2021 CPDMH: January 2021	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	April 2023	**Cross Reference(s):**	MRHA Boards Policy # V-B-7 Criminal Reference Checks and #V-A-2 Code of Conduct

1. POLICY STATEMENT

The Allied Boards are responsible for ensuring the quality and effectiveness of their individual Directors in order to fulfill their roles and responsibilities.

2. SCOPE:

This policy applies to all Directors of the Allied Boards, including ex-officio and Honourary Directors, and to all non-Allied Boards members of committees established by the Allied Boards or the MRHA Common Administrative By-laws.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

N/A

5. PROCEDURE:

5.1 Resignation of a Director

A Director may resign their office by delivering a written resignation to the Secretary of the Allied Boards. The resignation will be effective at the time it is received by the Secretary or at the time specified in the resignation, whichever is later.

Resignations shall be brought forward to the Allied Boards for receipt.

5.2 Removal of a Director

In accordance with MRHA Common Administrative By-laws Article 4.7, the office of a Director may be vacated through a resolution passed by a majority of Members in accordance with the By-laws.

The Allied Boards may determine by a Majority vote that the removal of an elected Director be recommended to the Members:

(a) if a Director is absent for three (3) consecutive meetings of the Allied Boards, or if a Director is absent for one-quarter (¼) or more of the meetings of the Allied Boards in any twelve (12) month period; or
(b) if a Director fails to comply with the Public Hospitals Act, the Act, or either Corporation's Articles, By-laws, policies or procedures adopted by the Allied Boards, including without limitation, confidentiality and Conflict of Interest requirements.

The Allied Boards Governance Committee ("the Committee") is responsible for recommending the removal of a Director to the Allied Boards based on the foregoing reasons. Prior to making a recommendation to the Allied Boards, the Committee will follow the following procedures:

a) Legal advice will be sought, if needed
b) The Director in question will be treated fairly and with respect.
c) The Director will meet with the Allied Boards Chair and one other Committee member to discuss the performance issue identified by the Allied Boards
d) The Director will be given opportunity to address the issue with a performance improvement plan with timelines, if appropriate (for example, attendance can improve, conflict of interest can be examined and questions of conduct can be reviewed)
e) The Allied Boards Chair shall ensure that the discussion is documented with agreed upon corrective action, and signed by the Director in question.
f) Should the behaviour or performance not improve, notice will be provided to the Director in writing of the intent to move forward with a recommendation to remove the Director and notice of the applicable reason(s) for removal. The Director will also be offered the opportunity to resign from the Allied Boards with grace.
g) If the Director chooses not to resign, the Allied Boards Chair will provide an In-Camera report to the Committee outlining the steps taken to correct the concerns
h) The Director will be provided the opportunity to address the Allied Boards in-person at the meeting where the recommendation is being considered
i) The Director will then be excused from the meeting to allow the Allied Boards to deliberate and vote
j) Should the majority vote in favour, the Director will be removed from the Allied Boards immediately
k) The Director will be clearly notified of the final consideration and action of the Allied Boards.

In situations deemed egregious by the Committee, a recommendation will be made to the Allied Boards for the immediate removal of a Director. The Director will be provided with notice of the Allied Boards decision and applicable reason(s),

5.3 Automatic Vacancy

The office of a Director will automatically be vacated in accordance with clause 4.6 of the MRHA Common Administrative By-laws.

Identification of a criminal conviction will not be automatic grounds for dismissal from the Allied Boards.

5.4 Post-Service

Upon retirement, resignation, vacation or removal from the Allied Boards, a Director (or the Director's Executor) must:

a) securely destroy or return all confidential material relating to the Corporations;
b) return any manuals or other material (e.g. letterhead, business cards, access cards etc.) that may be re-used by another Director; and
c) return any equipment owned by the Corporations in the possession of the Director.

The Allied Boards Secretary will be responsible for ensuring that all such equipment and materials are returned or securely destroyed.

6. REFERENCES:

Trillium Health Services Policy V-B-11 Resignation and or Removal of a Director
Bluewater Health Policy E-20 Removal of a Director

Muskoka Algonquin Healthcare Policy Resignation and or Removal of a Director

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	Meeting Without Management		
Manual/Policy#:	MRHA Boards of Directors # V-B-11	**Entity:**	AGH / CPDMH
Original Issue:	AGH: March 2018 CPDMH: January 2014	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: March 2020 CPDMH: September 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	April 2023	**Cross Reference(s):**	

1. POLICY STATEMENT

Meetings without management present provide an effective opportunity to ensure that the Allied Boards exercise independent oversight of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") management, to assess the quality of material and information provided by management, to asses its own processes, to discuss areas where the performance of Directors of the Allied Boards could be strengthened and to build relationships of confidence and cohesion among board Directors.

2. SCOPE

This policy applies to meetings held without management present.

3. GUIDING PRINCIPLES

N/A

4. DEFINITIONS

Independent Director: free of any special relationship with the Corporations. Members of the professional staff and employees shall not be considered Independent Directors for the purpose of this policy.

5. PROCEDURE

The Independent Directors shall meet without management in connection with every regularly scheduled Allied Boards meeting and as determined by the Allied Boards Chair or at the request of any two Allied Boards Directors.

Ordinarily, the meeting without management in connection with a regularly scheduled Allied Boards meeting will be held immediately following the In Camera meeting. Any other meeting without management must have an agenda that includes sufficient information for all Directors to understand the purpose of the meeting and participate fully.

Such meetings shall not be considered meetings of the Allied Boards but rather will be for information purposes only. Minutes will not be kept, but the Allied Boards Chair may keep notes of the discussion.

The Integrated President & CEO (CEO) and/or the Chiefs of Staff may be invited by the Allied Boards Chair to participate in a part of the meeting without management before being excused.

The Allied Boards Chair shall immediately communicate with the CEO and, as appropriate, the Chiefs of Staff any relevant matters raised in the meeting.

Unless determined otherwise during the discussion, any matters requiring follow-up will be reported back to the Allied Boards by the Allied Boards Chair, the CEO and/or the Chiefs of Staff.

6. REFERENCES

Campbellford Memorial Hospital, Meeting Without Management policy, September 2012

Carleton Place & District Memorial Hospital Meeting of the Board Trustees Without Management policy, January 2014 (AGH only)

Kingston General Hospital, Meeting Without Management policy, April 2017

7. APPENDICES

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	**Naming of Corporations Assets**		
Manual/Policy#:	MRHA Boards of Directors # VI-1	**Entity:**	AGH / CPDMH
Original Issue:	AGH: November 2015 CPDMH: January 2019	**Issued by:**	Board Chair and Board Secretary
Previous Date Reviewed:	AGH: November 2019 CPDMH: January 2019	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	April 2023	**Cross Reference(s):**	

1. POLICY STATEMENT:

The Allied Boards of the Almonte General Hospital Corporation and the Carleton Place & District Memorial Hospital Corporation ("the Corporations") exercise the sole approval authority for naming any assets entrusted to the Corporations.

The naming of buildings, facilities, equipment, space, special programs or any other tangible or intangible item may be approved in order to recognize donations, other gifts, and significant non-financial contributions including distinguished service to the Corporations. Such naming may be time limited or in perpetuity.

The Allied Boards may delegate authority to approve naming of assets carrying a specified purpose or value to the Integrated President & CEO (CEO)

2. SCOPE:

This policy applies to all employees, members of the medical staff, volunteers and students of the Corporations and to all tangible or intangible assets of the Corporations.

Provisions in this policy that refer to naming for a benefactor also in general apply to naming for a third party at the wish of a benefactor.

Where this policy conflicts with applicable legislation, the legislation will prevail.

3. GUIDING PRINCIPLES:

Names attached to the Corporations assets/facilities/programs may reflect function and geography, honourary recognition or philanthropic gifts. They contribute significantly to historic continuity, community identity and pride.

Named recognition is meaningful and personal. Philanthropy is essential to advance and enhance the continuity of healthcare services for the communities served by the Corporations. The granting of naming opportunities supports and promotes fundraising. It also recognizes leadership within the Corporations.

Naming opportunities thank donors and enhance ongoing relationships with donors and the community at large, while encouraging continued investments that will benefit our patients and residents for generations to come.

4. DEFINITIONS:

Assets: includes and is limited to, Facilities, Programs and Capital Equipment, each of which is defined as follows:

Facilities: includes, but is not limited to, all buildings, internal building spaces, exterior grounds including roads, landscaping materials and finishes.

Capital Equipment: includes, but is not limited to single items with a unit value of $2,500 or more.

Programs: includes, but is not limited to, all programs, services and areas of care to patients. **Foundation:** Almonte General Hospital Foundation and/or Carleton Place & District Memorial Hospital Foundation

Naming Opportunity: The official naming of a particular asset within the Corporations or the placement of a Tribute Marker.

Tribute Marker: Plaques, medallions and other markers which may be placed on or adjacent to an asset.

5. PROCEDURE:

5.1 Criteria for Naming

Naming opportunities may be assigned for a living person, in memory of a person or after a business or corporation. Naming opportunities supported by financial or in-kind gifts may be named after the donor or a third party at the request of the donor.

In general, naming from significant gifts may occur when the fair market value of the gift is at least 51% of the cost or replacement cost of the asset being named. Naming opportunities for existing assets shall take into consideration replacement and/or operational costs, location and marketability.

Only in exceptional circumstances will assets be named to honour outstanding service of members of staff, the Allied Boards of Directors, the Foundations, any elected or appointed official concerned with the functions or control of the Corporations so long as their official relationship continues. Such individuals making philanthropic donations remain eligible for naming recognition.

No naming opportunity should be approved if it:

a. Is likely to have a negative impact on the image or reputation of the Corporations or affiliated entity, such as the Foundations
b. Would call into serious question the public respect for the Corporations or an affiliated entity
c. Is likely to be associated with an unhealthy lifestyle (e.g. alcohol or tobacco usage, obesity)
d. Implies endorsement of a partisan political or ideological position. This does not preclude the use of the name of an individual who has previously held public office;
e. Implies endorsement of a specific commercial product. This does not preclude naming with the name of an individual or company that manufactures or distributes commercial products.

Naming associated with a particular location or department shall not preclude further naming within the same facility/program/functional area.

Naming opportunities will not extend to the name of any operating entity within the Corporations.

The Corporations will not name minor items that are replaced on a regular or scheduled basis such as minor equipment (value less than $2,500).

The approval of a naming opportunity should not result in additional costs for the Corporations without prior approval.

5.2 Duration of Naming

Existing names and/or commitments shall be honoured as of the original issue dates of this policy.

All assets named subsequent to the implementation of this policy shall not be named in perpetuity. Any asset named in perpetuity is on an exception basis and must be approved by the Allied Boards.

In the event of renewal, closing or redevelopment of a named area, where a change is made within the naming period, the donor name will continue to be honoured with similar prominence.

5.3 Revocation of Naming

The Corporations reserve the right to revoke a naming right as a result of the following circumstances:

a. Actions or conduct by an already honoured person, which the sole opinion of the Allied Boards is not appropriate;
b. Failure of an honoured person to fulfill agreed-upon obligations

5.4 Agreement of Honouree

A naming will not occur without the written consent of the person or organization being named.

A written agreement for a naming opportunity arising from a donation to one of the Foundations will be executed between the Foundation and the donor so that the donor fully understands how their gift will be recognized. This agreement should include the time limitation for the recognition, conditions under which the naming rights may change and the rights of the donor, including media recognition. The terms of the agreement must comply with this policy and all other relevant policies of the Corporations and/or the Foundations. Both the donor, or a legal representative if the donor is deceased, and the Foundation must sign the agreement.

5.5 Approval Process

All proposals for naming are to be forwarded to the CEO, who shall make a determination whether the proposed naming conforms to this policy, is otherwise appropriate, and is of sufficient merit.

Naming rights related to donations of $100,000 or more must be approved in advance by the Allied Boards.

Naming rights of space greater than 100 square metres must be approved in advance by the Allied Boards.

All other naming rights not noted above must be approved by the CEO.

Discussions with donors or potential donors about naming opportunities should clearly specify that naming is contingent on the Corporations' approval process.

5.6 Other

For safety reasons, such as denoting the location of emergency codes, where naming rights bestowed to donors are not permanent, the Corporations will continue to use an appropriate permanent wayfinding system to reference the specific geographic area.

Naming proposed in recognition of planned gifts (bequests) will be considered when the cash or cash-equivalent gift is realized.

The Corporations reserve the right to decide on the nature of physical displays which may accompany named recognition while recognizing the value of donor or honouree input.

Any revenue generated from a naming opportunity that is obtained through fundraising conducted by the Foundations or Volunteer Services Committees will be retained by such entity and used in accordance with the donor's wishes. Final determination of any naming, however, remains with the Corporations.

6. REFERENCES:

Naming of Kingston General Hospital Assets, Kingston General Hospital April 2011

Naming Opportunities, Grey Bruce Health Services July 2014

Naming Policy, Saskatoon Health Region November 2010

Naming Rights, Haldimand War Memorial Hospital & Edgewater Gardens February 27, 2012

Real Property Asset Naming Health Service Directive, Queensland Government 1 July 2013

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years.

TITLE:	Support and Relationship between the Corporations and the Foundations		
Manual/Policy#:	MRHA Boards of Directors # VI-2	**Entity:**	AGH / CPDMH
Original Issue:	AGH: November 2015 CPDMH: April 2023(**DRAFT)	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: May 2021 CPDMH: N/A	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	AGH: April 2023	**Cross Reference(s):**	

1. POLICY STATEMENT:

A strong and positive relationship between Almonte General Hospital Corporation, Carleton Place & District Memorial Hospital Corporation (“the Corporations”) and Almonte General Hospital/Fairview Manor Foundation and Carleton Place & District Memorial Hospital Foundation (“the Foundations) is essential for the creation and maintenance of an environment in which philanthropy for the benefit of the patients and residents served by the Corporations can thrive.

All donations from individuals, corporations, service organizations, registered charities, groups and estates will be received by and receipted by the Foundations unless otherwise specifically requested by the donor.

2. SCOPE:

This policy applies to all Directors of the Allied Boards, including *ex*-officio and Honourary Directors, and to all non-Allied Boards members of Allied Boards committees or task forces established by the Allied Boards.

3. GUIDING PRINCIPLES:

Hospitals and long-term care homes in Ontario are required to raise philanthropic funds in support of equipment; renovations; education; research; local share requirements for new facilities; and special projects.

The Foundations were created to undertake fundraising on behalf of the Corporations and are the sole ‘agents’ of the Corporations in soliciting and managing charitable donations in support of the Corporations.

The Allied Boards of the Corporations and the Foundations have a shared responsibility for creating and maintaining a welcoming and rewarding environment for philanthropy to thrive.

4. DEFINITIONS:

N/A

5. PROCEDURE:

Responsibilities of the Allied Boards
The Allied Boards will support the Foundations in their endeavours.

Individual Directors are expected to support the Foundations and are encouraged to contribute financially to the fundraising efforts of the Foundations.

The Integrated President & CEO (CEO) and the Allied Boards Chair (or delegate) will serve on the Board of the AGH Foundation per its By-laws.

The CEO will serve on the Board of the CPDMH Foundation as an ex-officio Director as per its By-laws. An Allied Boards Director will be invited to the CPDMH Foundation meetings as an Observer.

The Allied Boards is responsible for determining and maintaining clinical programs and for establishing the strategic and capital priorities of the Corporations. Through staff and board communication, the Foundations will be kept duly apprised of the identified and ranked priorities of the Corporations for equipment, renovations, education, research, new facilities and special projects.

In the case of restricted and designated donations, the Corporations will be responsible for honouring donor intent, as communicated by the Foundations, to the extent that donor intent can be satisfied within the mission, mandate and identified priorities of the Corporations.

The Foundations Board Chairs will be invited annually to make a presentation to the Allied Boards on their activities on behalf of the Corporations.

Responsibilities of the Boards of Directors of the Foundations
The Boards of Directors of the Foundations are responsible for setting and striving to meet aspirational and achievable goals for philanthropic support for the Corporations.

It is the responsibility of the Foundation Boards to understand and interpret the needs and intent of specific philanthropic donors for the use and application of their gifts to the Corporations.

The Foundations will seek approval from the Corporations before accepting donations restricted to purposes which are not aligned with the mission, strategic directions and identified priorities of the Corporations. Such approval shall be sought from the CEO, who will determine the approval process inside the Corporations.

The Foundations will provide to the Corporations a semi-annual report of unspent restricted donations.

Shared Responsibilities
The Allied Boards Chair and the Chairs of the Foundations will meet individually and consult at least semi-annually on strategic directions and priorities to ensure alignment of interests. Each Chair will report back to their own Board on the conclusions and recommendations of these meetings.

Each Board will honour and respect the relevant policies of the other, including but not limited to those related to communication and confidentiality.

6. REFERENCES

N/A

7. APPENDICES

N/A

Evaluation

This policy will be reviewed every two years.

***CPDMH: pending Allied Boards approval in May*

TITLE:	Official Spokesperson for the Allied Boards of Directors		
Manual/Policy#:	MRHA Boards of Directors # VI-4	**Entity:**	AGH / CPDMH
Original Issue:	AGH: April 2023 (**DRAFT) CPDMH: December 1999	**Issued by:**	Allied Boards Chair and Allied Boards Secretary
Previous Date Reviewed:	AGH: N/A CPDMH: May 2020	**Approved by:**	Allied Boards of Directors
Last Date Reviewed:	April 2023	**Cross Reference(s):**	

1. POLICY STATEMENT:

The Chair of the Allied Boards, is the official spokesperson for the Allied Boards when releasing information to the public through the media. Information that is released to the public must be appropriate, accurate and consistent in its reflection of the Allied Boards actions and decisions.

2. SCOPE:

This policy applies to all public statements made on behalf of the Allied Boards

3. GUIDING PRINCIPLES:

N/A

4. DEFINITIONS:

N/A

5. PROCEDURE:

- The Chair of the Allied Boards or their designate is responsible for responding to any requests from the media for information or interviews about the Boards activities or decisions.
- Whenever possible, information about the Allied Boards activities or decisions is presented to the media upon request, in the form of a written news release.
- News releases on activities or decisions of the Allied Boards are prepared by the Integrated President & CEO (CEO) and approved by the Chair of the Allied Boards.
- The Chair of the Allied Boards consults with other Directors of the Allied Boards as necessary, prior to speaking directly to the media, when the subject matter is deemed to be serious or potentially inflammatory.
- The Chair of the Allied Boards may designate another Director of the Allied Boards to speak to the media if the Allied Boards Chair is unable to respond or if the designate is more informed about the matter being discussed.

- Whenever possible, the CEO or another Director of the Allied Boards is present during interviews with the media by telephone or in person, so as to corroborate the information that is presented to the media. In addition, the Media support person for the Corporations may also be present.

- The Allied Boards Chair consults with other Directors of the Allied Boards as deemed necessary by the Allied Boards Chair, prior to speaking directly to the media.

6. REFERENCES:

N/A

7. APPENDICES:

N/A

Evaluation

This policy will be reviewed every two years.

***AGH: pending Allied Boards approval in May*