

Any 2025 criteria in red are new additions from HDH's previous Accreditation Survey in 2021.

Governance | HSO A1001:2022

For Qmentum Global™ surveys, effective May 2021

Standard Name	Number	2025 Criteria	Criteria Compliance
Governance	1.1.1	The governing body ensures that the organization regularly engages with stakeholders to assess the organization's mandate and performance expectations.	<ul style="list-style-type: none"> • Public Hospitals Act and other legislation • Quality Improvement Plan • H-SAA/HAPS • Ontario Health Targets • Annual Meeting • Ministry of Health Requirements and Reporting • Accreditation • Demographics – meeting needs of patient population
Governance	1.1.2	The governing body works with the organization to develop or regularly review the organization's vision, mission, and values with the organization's stakeholders.	<ul style="list-style-type: none"> • 303 – Board Roles and Responsibilities (Strategic Planning and Mission, Vision and Values section) • Impreza Consulting Inc. hired to guide strategic planning process including board retreat • Strategic Planning process includes; execution of stakeholder engagement plan, understanding and analysis of HDH's current state, documented external scan and opportunity analysis, gap analysis, SWOT analysis, environmental scan of new and emerging

			<p>opportunities, meaningful engagement of stakeholders through host of interviews, focus groups and surveys to better understand perspectives of stakeholders.</p> <ul style="list-style-type: none"> • Summary report of key findings, SWOT, analysis of current state and gap analysis is provided to the Board. • Physicians (MAC), staff, PFAC members, external stakeholders (e.g. community health agencies, Town of Hanover, policing partners, hospital partners, EMS, etc.) to all be included in the process of strategic plan development. • Mission statement is reviewed at all meetings as a part of the agenda • Strategic Plan visible in multiple locations throughout the hospital and on the HDH website.
Governance	1.1.3	The governing body works with the organization to develop or regularly review its strategic plan, including goals, and objectives in alignment with the organization's vision, mission, and values.	<ul style="list-style-type: none"> • 303 – Board Roles and Responsibilities (Strategic Planning and Mission, Vision and Values section) • 200 – Goals and Objectives • The Board ensures that the hospital develops and adopts a strategic plan that is consistent with the hospital's mission and values, which will enable the hospital to realize its vision. • The Board participates in the development of the strategic plan and ultimately its approval. • The Board conducts regular reviews of the strategic plan. • Strategic Planning process includes; execution of stakeholder engagement plan, understanding and analysis of HDH's current state, documented external

			<p>scan and opportunity analysis, gap analysis, SWOT analysis, environmental scan of new and emerging opportunities, meaningful engagement of stakeholders through host of interviews, focus groups and surveys to better understand perspectives of stakeholders.</p> <ul style="list-style-type: none"> • Strategic Plan Initiatives – Developed Hospital Annual Priorities are reported to the board quarterly or as requested along with the Quality Goals and Objectives. • Operational Plan is reviewed alongside Strategic Plan Initiatives and Quality Goals and Objectives developed on an annual basis or as required.
Governance	1.1.4	The governing body ensures that the organization engages in ongoing environmental scans to adjust the strategic plan as needed based on the results of the scans.	<ul style="list-style-type: none"> • Strategic Planning process includes; execution of stakeholder engagement plan, understanding and analysis of HDH's current state, documented external scan and opportunity analysis, gap analysis, SWOT analysis, environmental scan of new and emerging opportunities, meaningful engagement of stakeholders through host of interviews, focus groups and surveys to better understand perspectives of stakeholders. • Patient Surveys provide ongoing information on patient needs • Public Health Patient Demographics • Census data •
Governance	1.1.5	The governing body ensures that the organization has defined accountabilities to execute the strategic plan.	<ul style="list-style-type: none"> • 200 – Hospital Goals and Objectives • Strategic Initiatives document with defined annual priorities reviewed and approved yearly by Board

			alongside the Quality Goals and Objectives and Operational Plan.
Governance	1.1.6	The governing body works with the organization to embed a people-centred care approach throughout the organization and in its governance activities.	<ul style="list-style-type: none"> • Health Equity Committee Terms of Reference • Health Equity Education Plan and Initiatives (Board Reviewed) • Indigenous Cultural Safety Plan • Diversity, Equity and Inclusion Strategic Plan • Patient & Family Advisory Committee (PFAC) Board Report • Departmental projects including PFAC representatives • • Patient Stories and Complaints shared with QGRM • Health Equity Updates provided to the Board through PFAC report and as required. • Support for Achieving Excellence and Hardwiring
Governance	1.1.7	The governing body ensures that the organization has effective mechanisms to address ethics in organizational decision making.	<ul style="list-style-type: none"> • 304 – Code of Conduct • 206 - Ethics • Ethics Framework – posted on Board portal and embedded in every Board agenda • Ethics Committee Terms of Reference • Sunnybrook Partnership with Ethicists – Sally Bean and Kevin Reel • Current ethics topics discussed including ethicists at quarterly meetings.
Governance	1.2.1	The governing body works with the organization to ensure the organization has a comprehensive plan for stakeholder	<ul style="list-style-type: none"> • • Social Media Work plan • Website News

		engagement that includes communication plans.	<ul style="list-style-type: none"> • Newspaper Articles • Strategic Plan • Engagement and Communications Plan for Internal and External Stakeholders reviewed annually and approved by Board includes HDH Communications – Action Plan • • 301 – Board Linkage with Community • 503 – Communication and Supports to the Board • 504 – Development of Collaborative Partnerships • ADM 1-60 – Media Release • ADM 1-105 – Social Media
Governance	1.2.2	The governing body works with the organization to be responsive to the diverse needs of its stakeholders including the community they serve.	<ul style="list-style-type: none"> • Work with partners, board presenters, Senior staff and Senior Executive • 301- Board Linkage with Community • Support Health Equity Committee – receive report through Board PFAC report on QGRM. • Introduction of Flex Clinic to address gap in community care
Governance	1.2.3	The governing body ensures the long-term sustainability of the organization.	<ul style="list-style-type: none"> • Innovation is encouraged – NP in the ED, Flex Clinic • Support for funding, physician recruitment and keeping ED open • Regular reports on HHR and Recruitment and Retention to keep the Board informed • Supportive of wellness and mental health initiatives for staff • Receive quarterly reports on hospital metrics pertaining to safety, finances etc.

			<ul style="list-style-type: none"> Regular reports on HHR to Board – semi-annual and as needed.
Governance	1.2.4	The governing body works with the organization to promote the value of the organization's services to all stakeholders.	<ul style="list-style-type: none"> Corporate Publications (Page 3 of communications plan) Annual Report Client Services Directory 10th Anniversary Celebration Annual Meetings and Regular Open Session Meetings Public Minutes available for Community on Website
Governance	1.2.5	The governing body works with the organization to regularly share information about the organization's services, quality of care, and performance with all stakeholders including clients, families, the community, and the workforce.	<ul style="list-style-type: none"> Website – shares QIP, Quality Goals and Objectives, Strategic Initiatives, monthly Financial updates and many other Public reports. Social media highlights performance success and programs PFAC meetings share regular committee updates and updates on projects happening within the hospital. Transparency of operations of the hospital is shown through these meetings to PFAC members.
Governance	2.1.1	The governing body achieves its defined objectives regarding its composition.	<ul style="list-style-type: none"> Recent Miller Thomson By-Law Review to meet ONCA standards and align policies and Articles of Amendment Board Manual <ul style="list-style-type: none"> 318 – Board Succession 314 – Investment in Governance Skills and Experience Audit for Directors – Appendix A to Policy # 318 (Nominating Committee) Board Directors' Self Evaluation Tool – Appendix B to Policy # 318 (Nominating Committee) Advertise according to By-Laws for particular set of skills

			<ul style="list-style-type: none"> • Interview conducted with Board Director Interview Tool – Appendix E to Policy # 318 (Nominating Committee) • Reference checks conducted • Maximum amount of terms for Board Member included in By-Laws • Corporate By-Laws Article 3
Governance	2.1.2	The governing body follows transparent procedures based on an equity, diversity, and inclusion (EDI) approach to manage its membership, including the chair.	<ul style="list-style-type: none"> • Process is through the Nominating Committee • Election held after Annual Meeting • Board Chairs are selected with the proper experience – chaired other committees • 3 year terms with a maximum of 4 terms allowed • 319 – Board Executive Succession • Chair elected on annual basis • 318 – Board Succession Policy • Nominating Subcommittee performs skills assessment and gap analysis (App A and B to 318) • 303– Board Roles and Responsibilities • 310 – Duties of Officers
Governance	2.1.3	The governing body addresses conflicts of interest among its members.	<ul style="list-style-type: none"> • 305 – Conflict of Interest • Corporate By-law Article 5 – Conflict of Interest Disclosure
Governance	2.1.4	The governing body creates subject-specific committees as needed to fulfill its accountabilities.	<ul style="list-style-type: none"> • Corporate By-Laws – Article 7 • 400 - Meetings of the Board • 401 – Board Committee Principles • Other subcommittee created when the need arises – RFP review, strategic planning etc.
Governance	2.2.1	The governing body defines its accountabilities in compliance with its jurisdictional obligations.	<ul style="list-style-type: none"> • Miller Thomson By-Law, Policies and Articles of Amendment Review (ONCA Update) • Board Manual and By-laws reviewed annually

			<ul style="list-style-type: none"> • 500- Role and Delegation of Authority to the President/Chief Executive Officer • 501 – President – Chief Executive Officer Performance Appraisal • 502 – Performance Based Compensation • Training/Mentoring/Orientation
Governance	2.2.2	The governing body defines the accountabilities of each of its members, including the chair.	<ul style="list-style-type: none"> • Corporate and Professional Staff By-laws (term lengths and limits are defined) • 304 – Code of Conduct – (Attendance Requirements – if a Board Member is absent without sufficient cause for three meetings of the Board within the June to May Board year – removal of the Director can occur) • 311 – Evaluation of Board Performance – (Attendance Requirements are evaluated during director self-evaluation process) • 310 – Duties of Officers (outlines the different positions of the governing body) • Corporate By-Laws Article 8 – (Defines Officer positions and duties) •
Governance	2.2.3	The governing body documents the required operational conditions by which it functions.	<ul style="list-style-type: none"> • Corporate and Professional Staff By-laws reviewed annually – by CEO, By-law Committee, MAC and Board • Recent Miller Thomson legal review completed on all By-Laws, Policies and Articles of Amendment • Board Manual reviewed biannually • 100 – Development and Maintenance of Board Policy Manual

			<ul style="list-style-type: none"> • Corporate By-Laws 14.1 (By-laws and Amendments) & 14.2 (Amendments to Professional Staff By-law)
Governance	2.2.4	The governing body ensures that each member acknowledges their accountabilities.	<ul style="list-style-type: none"> • Appendix A to Policy 318 – Annual Declaration and Consent • 303 – Board Roles and Responsibilities
Governance	2.2.5	The governing body follows the organization's code of conduct that includes procedures to address breaches of the code.	<ul style="list-style-type: none"> • 304 – Code of Conduct • To address breaches to the Code of Conduct refer to (14) under the 304 – Code of Conduct Policy •
Governance	2.2.6	The governing body follows its defined meeting schedule.	<ul style="list-style-type: none"> • Corporate By-Laws – 4.1(a) The Board should have at least 8 regular Board meetings per annum at a time and place named. • Meeting schedule is posted on the website and Board portal • Corporate By-Laws – 4.4 – Quorum • Corporate By-Laws – 4.2 – Telephonic or Electronic Meetings • Corporate By-Laws – 4.7 – Voting • Corporate By-Laws – Article 2 (Annual Meeting)
Governance	2.2.7	The governing body ensures its members can access required information before meetings, with enough time for members to prepare for meetings and be ready to make informed decisions.	<ul style="list-style-type: none"> • 400 – Meetings of the Board (Agenda Requirements) – The meeting agenda will be sent out 5 days prior to the meeting) • The agenda is received through the the Board portal before meeting • The Board member is required are expected to thoroughly read the meeting package, including all consent agenda items. • Printed or accessible copies available upon request. • Orientation to the Board Portal and Meeting format included in new member orientation.

			<ul style="list-style-type: none"> • 303 – Board Roles and Responsibilities (Directors are responsible for reading materials in advance or meetings and coming prepared to contribute to discussions) • Appendix B to Board Policy 318 – Board Director Self Evaluation Tool (evaluation includes reflection on whether they read materials in advance to come prepared for the meeting) • Appendix A to Policy 320 – Board Director Peer Feedback Tool (topic included; Comes prepared for Board and Committee meetings) •
Governance	2.2.8	The governing body provides an up to date orientation for its new members.	<ul style="list-style-type: none"> • 2 hour orientation is scheduled with Sr Team and Board Chair (includes mission of hospital, role of board members, organization chart of hospital, Corporate and Professional Staff By-laws, Board Policies and Procedures, Strategic Plan, Tour of Facility, Introduction to Programs and Services, Introduction to Hospital Funding, Human Resources – Labour Relations, Role of Ontario Hospital Association, Role of Ontario Health, Relevant legislation and Format of Board Meetings) • 313 – Orientation of Board Members • Appendix A to Policy #313 – New Board Member Orientation Checklist • 314 – Investment in Governance • 316 – Board Director Mentorship Program • 309 – Board of Directors Position Description • Mentorship Program

			<ul style="list-style-type: none"> land acknowledgment and OH framework, Health Equity Committee included in orientation checklist form.
Governance	2.2.9	The governing body provides its members with continuing education related to governance.	<ul style="list-style-type: none"> Conferences and Webcasts, Presentations OHA Webcasts shared OHA Guide to Good Governance Board Retreats Strategic Planning Monthly Board Presentations ICS training for members of the Board 317 – Continuing Education 314 – Investment in Governance 304 – Code of Conduct 309 - Board of Directors Position Description DEI education provided to the board annually to complete and added to annual work plan. Rainbow Health education completed in 2025.
Governance	2.2.10	The governing body implements its governance decision making framework.	<ul style="list-style-type: none"> m/v/v review ethical framework ethicist – Sally Bean staff members are invited guest to provide information at meetings
Governance	3.1.1	The governing body monitors the organizational functions it has identified as requiring its oversight.	<ul style="list-style-type: none"> Finance/Audit & Property Committee Terms of Reference Quality Governance and Risk Management Committee Terms of Reference Nominating Committee Terms of Reference 309 – Board of Directors Position Description 500 – Role and Delegation of Authority to the President/CEO

			<ul style="list-style-type: none"> • 208 – Quality/Safety Plan • 218 – Board Approval of Capital Equipment •
Governance	3.1.2	The governing body ensures that the organization has effective policies and procedures related to the functions and areas under the governing body's oversight.	Board of Directors Manual
Governance	3.1.3	The governing body applies the organization's accountability framework to ensure the organization is well-managed and accountable to its stakeholders.	<ul style="list-style-type: none"> • Strategic Initiatives – Annual Priorities Framework
Governance	3.1.4	The governing body ensures that the organization has effective policies and procedures related to conducting research, including policies that promote client-oriented research practices.	<ul style="list-style-type: none"> • 216 – Clinical Research
Governance	3.1.5	The governing body ensures that the organization maximizes value for its stakeholders, including clients, families, the community, and the workforce.	<ul style="list-style-type: none"> • Work-life Pulse Survey Results – Big Dot and Reported to Board • Certain Patient Satisfaction Survey questions included on QIP/Quality Goals and Objectives • PFAC Report to Board • Patient Stories shared with the Board • Patient Complaint Reports
Governance	3.1.6	The governing body regularly reviews organizational performance indicators including those related to quality and safety.	<ul style="list-style-type: none"> • Quarterly reports reviewed include an update on Strategic Initiatives, Report Card on QIP and Quality Goals and Objectives, Patient Safety Report, Staff Safety Report, Hand Hygiene Report, Hospital Acquired Infections Report

Governance	3.1.7	The governing body ensures that the organization uses client feedback to improve the quality of its services.	<ul style="list-style-type: none"> • Patient & Family Advisory Committee • Correspondence • Patient stories provided to board – include patient view • Patient satisfaction surveys added Standing Quality section. • Social Media Comments • Feedback form on website • Public Meetings •
Governance	3.1.8	The governing body regularly reviews the organization's progress towards the targets in its integrated quality improvement plan.	<ul style="list-style-type: none"> • Board works on QIP, Quality Goals and Objectives and Annual Priorities of the Strategic Plan to have ready for March • The Board takes HSAA goals into account when setting QIP • Also taken to MAC, PFAC, Professional Practice, CEO Forum and Achieving Excellence Committees for input
Governance	3.1.9	The governing body ensures it is kept informed of organizational risks in a timely manner.	<ul style="list-style-type: none"> • Board receives IRM reports, including Risk Registry, • Participate in HIROC Risk Assessment when available • Quality Governance and Risk Management Terms of Reference • Ensure linkage between IRM and Strategic Plan when writing Strategic Plans • Policies and Procedures relay to various contingencies, such as local catastrophes, Codes, Absence of Key Employees, Keep Back –Up Generator on Site, Whistleblower policies, Code Books/Quick References available in event of loss of power • 303 – Board Roles and Responsibilities (Risk Identification and Oversight Section)

			<ul style="list-style-type: none"> • 508 – Asset Protection, Financial Planning and Fiscal Responsibility • 205 – Risk Management • Operational Plan – Risk Management Report (Reviewed Annually) • 208 – Quality/Safety Plan
Governance	3.1.10	The governing body ensures that the organization has a comprehensive strategy for business continuity to minimize service disruption.	<ul style="list-style-type: none"> • Code Grey • Emergency Management Plan • Maintenance Emergency Plans • Downtime procedures
Governance	3.1.11	The governing body ensures that the organization has a comprehensive human resources strategy.	<ul style="list-style-type: none"> • Human Resource Plan • Recruitment and Retention Updates provided regularly from HR and CNE Report
ROP			
Governance	3.1.12	The governing body demonstrates accountability for the quality of care provided by the organization.	
Test for Compliance	3.1.12.1	The governing body applies a recognized framework for guiding the activities related to quality of care provided by the organization	<i>Quality of Care Framework created based on the BHS and The Canadian Quality and Patient Safety Framework for Health Sciences. Included in Hospital Operation Plan.</i>
Test for Compliance	3.1.12.2	The governing body provides its members with education and continuous learning on the topic of quality of care – quality frameworks, key quality principles, key quality indicators.	<ul style="list-style-type: none"> • Board Presentations • 314- Investment in Governance • 317- Continuing Education • Board Retreat • OHA New Board Director Conference • OHA Offered Webcasts
Test for Compliance	3.1.12.3	The governing body ensures the organization's executive leader(s), who report directly to the governing body, have	<ul style="list-style-type: none"> • Directors ask questions and give more direction to staff as reports are received • 502 – Performance Based Compensation

		an accountability for quality of care in their performance objectives.	<ul style="list-style-type: none"> • 303 – Board Roles and Responsibilities (Section Oversight of Management Including Selection, Supervision and Succession Planning for President/CEO and Chief of Staff) • 501 – President/CEO Performance Appraisal
Test for Compliance	3.1.12.4	The governing body ensures there is an organizational action plan to address quality of care.	<ul style="list-style-type: none"> • <i>Quarterly Patient Safety Reports revised to include clear action plan. These plans are shared quarterly to the board.</i>
Test for Compliance	3.1.12.5	The governing body has quality of care as a standing agenda item in its regular meetings where it monitors the organization's action plan.	<i>Patient satisfaction and complaints are now reported quarterly to the Board, Reporting template has been revamped to reflect this change.</i>
Governance	3.2.1	The governing body ensures the recruitment and selection of the executive leader aligns with the organization's vision, mission, and values.	509 – President/Chief Executive Officer Recruitment
Governance	3.2.2	The governing body ensures that the accountabilities of the executive leader are defined.	<ul style="list-style-type: none"> • Reviewed bi-annually with the Board Manual • President/CEO Job Description – Appendix A to Policy # 500
Governance	3.2.3	The governing body regularly evaluates the executive leader's performance against set measurable performance objectives.	<ul style="list-style-type: none"> • 502 – Performance Based Compensation • 303 – Board Roles and Responsibilities (Section Oversight of Management Including Selection, Supervision and Succession Planning for President/CEO and Chief of Staff) • Hospital Goals and Objectives – 200 – Hospital Goals and Objectives • Quality Improvement Plan • Strategic Plan Goals and Objectives

			<ul style="list-style-type: none"> • Board monitors Quality Improvement Plan and Hospital Goals and Objectives • 501 – President /Chief Executive Officer Performance Appraisal
Governance	3.2.4	The governing body supports and regularly reviews the executive leader’s ongoing professional development plan.	<ul style="list-style-type: none"> • Conference/Webcasts • 501 – President/Chief Executive Officer Performance Appraisal • Leadership Coaching – Ahria Consulting
Governance	3.3.1	The governing body ensures that the organization establishes procedures to credential members of its workforce.	Professional Staff By-Laws CPSO, CMA, Certificates, Resume, Course Completed and Dates
Governance	3.3.2	The governing body ensures that the organization establishes procedures to manage privileges for the clinical service providers who require them to provide client care.	<ul style="list-style-type: none"> • Manager of Health Records, Registration & Privacy Officer Credentialing Package, Yearly Reappointment, (CPSO checks, References, Certifications) Physician by laws, granted by Credentialing committee, MAC and then board for approval.
Governance	3.3.3	The governing body ensures that the organization establishes procedures to regularly evaluate the performance of clinical service providers who have been granted privileges and address any performance issues identified.	<ul style="list-style-type: none"> • Professional Staff By-laws (4.1 – Monitoring Practices and Transfer of Care) • Common Credentialing • Professional Staff By-laws (4.2 – Suspension, Restriction or Revocation of Privileges)
Governance	3.3.4	The governing body ensures that the organization establishes procedures to appeal decisions regarding privileges.	<ul style="list-style-type: none"> • By-laws • Public Hospitals Act • Common Credentialing
Governance	3.4.1	The governing body monitors the workforce’s experiences in the workplace.	<ul style="list-style-type: none"> • Work-Life Pulse Survey • Exit Interviews/Surveys • Performance Appraisals • Rounding • RL6 Reporting

			<ul style="list-style-type: none"> • ADM 1-100 Incident Reporting
Governance	3.4.2	The governing body ensures that the organization adopts a comprehensive approach to organizational health and safety.	<ul style="list-style-type: none"> • OHS Act • DEI – Equity Strategic Plan developed and included in Operational Plan.
Governance	3.4.3	The governing body ensures that the organization facilitates the reporting of safety incidents or concerns.	<ul style="list-style-type: none"> • RL6 Reporting • ADM 1-100 Incident Reporting • OHS Act • OHS GEN 85 – Accident Incident Reporting and Investigation • ADM 1-55 – Management of Adverse Events Including Critical Incidents, Multi-Patient Events and Disclosure • PH 5-60 – Medication Incidents • GN 4-60 – Medication Incident Policy • Form A-136 – Critical Reflection Tool • MDR 5-10 – Occupational Health & Safety and Incident Occurrence Reporting
Governance	3.4.4	The governing body ensures it is kept informed of the organization’s progress towards organizational health and safety goals.	<ul style="list-style-type: none"> • HIROC Risk Assessment • Strategic Plan • Big Dots • Scorecard • Patient Safety Reports • Staff Safety Reports • QIP • 208- Quality Safety Plan
Governance	3.4.5	The governing body ensures that the organization has an effective policy and procedure for people to bring forward	<ul style="list-style-type: none"> • ADM 1-120 Whistleblower Policy

		complaints or concerns without negative consequences.	
Governance	3.4.6	The governing body ensures that the organization has effective policies and procedures to manage complaints in a timely and transparent manner.	<ul style="list-style-type: none"> • Complaint Report on Board Agenda • Governing of Internal and External Complaints, utilizing HIROC recommendations • ADM 1-70 Patient Complaint Follow Up
Governance	3.5.1	The governing body ensures that the organization complies with its legal, regulatory, and contractual obligations.	<ul style="list-style-type: none"> • Director's Oversight Framework • OHA Backgrounder Documents • Legislation Updates via CEO Report
Governance	3.5.2	The governing body ensures that the organization allocates adequate resources to meet the forecasted level of demand for services.	<ul style="list-style-type: none"> • Monthly Finance and Property Report • Capital Equipment List • Regular Recruitment and Retention Updates • HAPS
Governance	3.5.3	The governing body approves the organization's capital and operating budgets.	222 – Board Approval of Capital Equipment HAPS Finance/Audit and Property Committee TOR
Governance	3.5.4	The governing body defines the organization's approval procedures for capital investments including major asset purchases.	218 – Board Approval of Capital Equipment RFP Involvement – ED Ministry Application
Governance	3.5.5	The governing body regularly reviews the organization's financial control system to ensure its integrity.	<ul style="list-style-type: none"> • Regularly audited – BDO LLP • Monthly reports to the board • Finance/Audit & Property Committee
Governance	3.5.6	The governing body regularly reviews the organization's financial performance.	<ul style="list-style-type: none"> • Staff Safety Report • Finance/Audit & Property Committee • QGRM Committee • Presentations • HIROC Conference and HIROC Risk Lists

Governance	3.5.7	The governing body ensures that the organization protects the privacy and confidentiality of all stakeholder information.	<ul style="list-style-type: none"> • ADM 1-80 Privacy Policy • ADM 1-85 Privacy Policy – Discipline for a Patient • ADM 11-35 Privacy Complaints under FIPPA • 307 – Patient Confidentiality • 306 – Confidentiality of Board Business and Affairs
Governance	3.5.8	The governing body ensures that the organization has effective information management systems, including systems for information security.	ADM 9-10 Computer System Impacted by New Clinics or Functions ADMIN 9-15 Information Services Security Policy ADM 9-20 Workplace Electronic Monitoring
Governance	3.5.9	The governing body ensures that the organization manages information flow and access in a manner that maximizes the quality of care for the client.	Public Hospital Act, PHIPA, FIPPA, Bedside transfer of care, bedside white boards with care goals, paper and electronic record with role access to ensure all staff have the information they require, Privacy Policy, Retention Policy.
Governance	3.5.10	The governing body ensures that the organization promotes environmental stewardship in its operations.	Refer to the Conservation and Demand Management Plan part of the Operational Plan.
Governance	4.1.1	The governing body implements a policy on its public disclosure of information.	<ul style="list-style-type: none"> • Current Board Membership is posted on website • HDH Communications and Engagement Plan is posted on the website • 207 – Hospital Business Travel Expenses (Parameters for public disclosure of information about expenses) • Ministry requires public reporting of certain items as well • Website (media releases, board agendas and minutes, financial reports) • Big Dots • Open meetings can be attended • AGM open to the Public • Corporate/Professional Staff By-Laws are open to the Public

Governance	4.1.2	The governing body maintains records of its activities and decisions.	<ul style="list-style-type: none"> • Minutes are recorded and archived. • Minutes available on website for open session meetings and annual meeting
Governance	4.1.3	The governing body ensures that information about its activities and decisions are available to the organization and the organization's stakeholders.	<ul style="list-style-type: none"> • Posted on HDH Documents • Minutes available on website for open session meetings •
Governance	4.2.1	The governing body regularly evaluates its effectiveness, to make improvements as needed.	<ul style="list-style-type: none"> • Meeting Survey Evaluations completed at the end of each meeting • Annual Director Self- Evaluation • Board Chair Evaluation • 320 – Peer Feedback of Board Members • GCE Board Evaluation – Compares to peer hospitals • 311- Evaluation of Board Performance •
Governance	4.2.2	The governing body regularly evaluates the performance of its chair to provide them with feedback based on the results.	<ul style="list-style-type: none"> • 311- Evaluation of Board Performance • Meeting attendees complete evaluation including question around feedback on how the Chair ran the meeting • Mentorship by past chair • 318 – Board Succession (App H: Board Chair Evaluation)
Governance	4.2.3	The governing body chair regularly reviews the contributions of its individual members to provide feedback to them based on the results.	<ul style="list-style-type: none"> • 311- Evaluation of Board Performance • Nominating Committee reviews Board Directors Self-Evaluation Tools – any concerns are brought forward to the Chair. • 318- Board Succession Appendix B- Board Director's Self Evaluation Tool • Assigned a mentor, communicate monthly • GCE Board Survey Evaluation

			<ul style="list-style-type: none"> The Chair participates in the Peer Feedback Process – 320 – Peer Feedback of Board Members
Governance	4.2.4	The governing body shares an annual report of its achievements with stakeholders.	<ul style="list-style-type: none"> Annual Reports are distributed in June and posted on website and social media
Governance	5.1.1	The governing body uses a recognized framework for acknowledging systemic racism.	New EDI Strategic Plan OH Framework Indigenous Cultural Safety Plan Land Acknowledgement
Governance	5.1.2	The governing body implements an action plan, in partnership with community partners, to address systemic racism in the organization.	<ul style="list-style-type: none"> EDI Strategy Indigenous Cultural Safety Plan Land Acknowledgement Partnership with Indigenous Elder, Shirely, to provide on-site learnings and provide input to our hospital. Partnership with SOAHAC – Indigenous Patient Navigators. Meeting with A shared Journey – Diane Giroux
Governance	5.1.3	The governing body provides its members with education and continuous learning on cultural safety and humility and systemic racism.	<ul style="list-style-type: none"> EDI Strategy Indigenous Cultural Safety Plan Rainbow Health – 2SLGBTQ training Cultural Mindfulness Indigenous Relationship and Cultural Awareness on line training courses from Cancer Ontario Mennonite training – South Grey Community Health Centre
Governance	5.1.4	The governing body ensures the organization's policies reflect cultural safety	Code of Conduct HR-3 Recruitment and Selection

		and humility practices and encompass the culture and rights of the communities receiving services from the organization.	HR-13_Religious Accommodation HR-53_Equity Diversity Inclusion HR-54_Non-Discrimination Indigenous Cultural Safety Plan
Governance	5.1.5	The governing body monitors its action plan for addressing systemic racism.	Reviewed by Health Equity quarterly, PFAC and Board annually
Governance	6.1.1	The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.	HDH Indigenous Cultural Safety Plan includes a framework based on recognized frameworks HDH EDI Strategic Plan includes a framework based on recognized frameworks
Governance	6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	<ul style="list-style-type: none"> • Indigenous Cultural Safety Plan • EDI Strategy • Partnership with SOAHAC – Indigenous Patient Navigators. • Meeting with A shared Journey – Diane Giroux • Partnership with indigenous Elder, Shirely, to provide teachings and education
Governance	6.1.3	The governing body provides its members with education and continuous learning on cultural safety and humility and Indigenous-specific systemic racism.	<ul style="list-style-type: none"> • Cultural Mindfulness • Indigenous Relationship and Cultural Awareness on line training courses from Cancer Ontario • San'say Cultural Safety Training
Governance	6.1.4	The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the Indigenous peoples and communities receiving services from the organization.	EDI Strategic Plan & Indigenous Cultural Safety Plan/Framework ADM 6-88_Smudging Ceremonies for Spiritual Purposes

			Partnership with SOAHAC – Indigenous Patient Navigators.
Governance	6.1.5	The governing body monitors its action plan for addressing Indigenous-specific systemic racism.	Action plans are updated through the Operational Plan – the EDI and Cultural Safety Plan are reviewed and shared