

BOARD OF DIRECTORS OPEN SESSION AGENDA



Tuesday, July 2, 2024 at 5:30 pm at the Huntsville District Memorial Hospital Boardroom

(R) denotes regrets received

Jody Boxall

Dave Uffelmann **Elected Directors:**

Anna Landry

Carla Clarkson-Ladd Line Villeneuve

Bruce Schouten Dr. William Evans

Marni Dicker

Dr. Helen Dempster

Moreen Miller Colleen Nisbet

Dr. Joseph Gleeson

Mary Lyne

Ex-Officio Directors: Cheryl Harrison

Alasdair Smith

Mary Silverthorn

Dr. Khaled Abdel-Razek

Diane George Tammy Tkachuk

Bobbie Clark

Tim Ellis

Brady Wood Guests:

Observers:

Executive Support:

PAGE	ITEM#/	TOPIC - WHAT IS TO BE ACCOMPLISHED/MOTION	LINK TO STRATEGIC	LINK TO	TIME
#	LEAD	♦ denotes attachment denotes attachment to follow	DIRECTION	GOVERNACE ROLE	(Min.)

CALL TO ORDER

	1.1 D. Uffelmann	Welcome & Land Acknowledgment We, Muskoka Algonquin Healthcare, acknowledge that we are situated on the traditional territory of the Anishinaabe. We wish to deepen our understanding of the culture of the local Indigenous communities to develop appropriate culturally safe health care services by building trust through respectful relationships that acknowledge past harms and mistakes to move forward in the spirit of Truth and Reconciliation based on the Seven Grandfather Teachings.			
1	1.2 D. Uffelmann	Approval of Agenda MOTION: That the meeting agenda be approved as circulated.	Not applicable	Decision Making	
	1.3 D. Uffelmann	Declaration of Conflict of Interest To remind members that conflicts are to be declared for any agenda items and the Director shall not attend any part of a meeting during which the matter in which they have a conflict is discussed.	Not applicable	Not Applicable	5:30 – 5:35

STRATEGIC DIRECTION

	2.1 D. Uffelmann	Stage 1.3: Functional Programming MOTION: That upon the recommendation of the Capital Redevelopment Steering Committee, the Board of Directors:				
4		 Authorize the consultants to proceed with the formal, detailed planning and documentation for the Stage 1.3 Submission to the Ministry of Health regarding the functional programming for the redevelopment of the two hospitals based on the current proposed model as detailed in the Report. 	Sustainable Future	Decision Making	5:35 – 6:35 (60)	
		 And continue to work on the model with consultants and all stakeholders to collaborate on strategies for addressing flexible space, future capacity planning, and the key issues identified for the success of the project identified in the Report. 				



3.0 WRAP UP & ADJOURNMENT

	3.1 D. Uffelmann	MOTION: That the open session be adjourned.	Not applicable	Not Applicable	6:35	
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PATIENT- AND FAMILY-CENTERED CARE at Muskoka Algonquin Healthcare (MAHC) is a philosophy of care that ardently promotes the partnership between patients, families, and health care providers at all points of the patient's journey including key transition points such as transfer to another facility, another unit in the hospital, or discharge home.

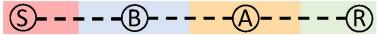
MAHC DEFINITION OF QUALITY

Quality at MAHC results in shared decision-making between the patient/family and health care team to achieve a patient identified desired health outcome. MAHC will deliver safe, effective, patient-centered services, efficiently, and in a timely fashion, resulting in optimal health status for our patients.

Defining Elements of Quality Care			
Element	Patient Meaning	Provider Meaning	
Safe	I will not be harmed by the health system.	The care my patient receives does not cause the patient to be harmed.	
Effective	I receive the right treatment for my condition, and it contributes to improving my health.	The care I provide is based on best evidence and produces the desired outcome.	
Patient Centered	My goals and preferences are respected. My family and I are treated with respect and dignity.	Decisions about my patient's care reflect the goals and preferences of the patient and his or her family or caregivers.	
Efficient	The care I receive from all practitioners is well coordinated and efforts are not duplicated.	I deliver care to my patients using available human, physical, and financial resources efficiently, with no waste to the system.	
Timely	I know how long I have to wait to see a doctor or for tests or treatments I need and why. I am confident this wait time is safe and appropriate.	My patient can receive care within an acceptable time after the need is identified.	
Equitable	No matter who I am or where I live, I can access services that benefit me. I am fairly treated by the health care system.	Every individual has access to the services they need, regardless of his/her location, age, gender, or socio-economic status.	

ISSUE FOCUSED ETHICAL DECISION MAKING FRAMEWORK

The intent of this framework is to enable decision makers to address complex and challenging issues in a comprehensive and logical manner. It is a reflective process intended to stimulate discussion to identify explicit reasons for or against a proposed course of action, and to do that in the context of the Mission, Vision and Values.



SITUATION

Understand the Problem

Tell the Story

What exactly is the problem we have to solve?

Who needs to be involved in the decision-making?

Who has the authority to make the decision?

BACKGROUND

Set the Context

What values or principles are either engaged or are in conflict?

How do MAHC's Mission, Vision and Values fit?

Is there relevant law?

Is there relevant MAHC policy/procedure?

Is there relevant professional ethical policy?

What is my personal context and/or bias?

Was the ethicists' assistance required?

ASSESSMENT Consider the Options

Ask first – is doing nothing an option?

What are the Benefits or Strengths?

What are the Harms / Limitations / Consequences?

How does this align with values?

How does this align with relevant MAHC Values/Principles/Policies and Legislation/Laws?

RECOMMENDATION

Develop an Action Plan

What is the decision?

Does the decision pass the TV test?

What is the implementation plan?

Who has to take action?

What is the communication plan?

How do we evaluate/revise the action plan if required?

