

# BOARD OF DIRECTORS

## OPEN SESSION AGENDA

Thursday, October 10, 2024 at 4:00 pm

[Click here to register to attend](#)



*(R) denotes regrets received; (V) denotes participation virtually*

<b>Elected Directors:</b>	Dave Uffelmann	Carla Clarkson-Ladd	Bruce Schouten	Tim Ellis	Moreen Miller	Jody Boxall
	Anna Landry	Line Villeneuve	Dr. William Evans	Marni Dicker	Colleen Nisbet	Mary Lyne
<b>Ex-Officio Directors:</b>	Cheryl Harrison	Dr. Khaled Abdel-Razek	Diane George	Dr. Helen Dempster	Dr. Joseph Gleeson	
<b>Executive Support:</b>	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk	Janet Short (R)	Bobbie Clark	Brady Wood
<b>Guests:</b>	Chuck Wertheimer, RPG	Natalie Petricca, Stantec	Bob Picken, Hanscombe	Shannon Crowder, RPG	Krista Cauz, RPG	

PAGE #	ITEM # / LEAD	TOPIC - WHAT IS TO BE ACCOMPLISHED/MOTION <small>♦ denotes attachment    ☒ denotes attachment to follow</small>	LINK TO STRATEGIC DIRECTION	LINK TO GOVERNANCE ROLE	TIME (Min.)
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### 1.0 CALL TO ORDER

	1.1 D. Uffelmann	Welcome & Land Acknowledgment <b>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.</b>			
1	1.2 D. Uffelmann	Approval of Agenda <b>MOTION: That the meeting agenda be approved as circulated.</b>	<i>Not applicable</i>	Decision Making	4:00 – 4:05 (5)
	1.3 D. Uffelmann	Declaration of Conflict of Interest <i>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.</i>	<i>Not applicable</i>	<i>Not Applicable</i>	

### 2.0 STRATEGIC DIRECTION

	2.1 D. Uffelmann	Stage 1.3 Functional Program♦ <i>To review and discuss the Stage 1.3 Functional Program components and the recommendation from the Capital Redevelopment Steering Committee.</i>	Sustainable Future	Decision Making	4:05 – 5:00 (55)
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### 3.0 WRAP UP & ADJOURNMENT

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### 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.



<p align="center"><b>SITUATION</b> <u>Understand the Problem</u></p> <p>Tell the Story</p> <p>What exactly is the problem we have to solve?</p> <p>Who needs to be involved in the decision-making?</p> <p>Who has the authority to make the decision?</p>	<p align="center"><b>BACKGROUND</b> <u>Set the Context</u></p> <p>What values or principles are either engaged or are in conflict?</p> <p>How do MAHC’s Mission, Vision and Values fit?</p> <p>Is there relevant law?</p> <p>Is there relevant MAHC policy/procedure?</p> <p>Is there relevant professional ethical policy?</p> <p>What is my personal context and/or bias?</p> <p>Was the ethicists’ assistance required?</p>
<p align="center"><b>ASSESSMENT</b> <u>Consider the Options</u></p> <p>Ask first – is doing nothing an option?</p> <p>What are the Benefits or Strengths?</p> <p>What are the Harms / Limitations / Consequences?</p> <p>How does this align with values?</p> <p>How does this align with relevant MAHC Values/Principles/Policies and Legislation/Laws?</p>	<p align="center"><b>RECOMMENDATION</b> <u>Develop an Action Plan</u></p> <p>What is the decision?</p> <p>Does the decision pass the TV test?</p> <p>What is the implementation plan?</p> <p>Who has to take action?</p> <p>What is the communication plan?</p> <p>How do we evaluate/revise the action plan if required?</p>