

BOARD OF DIRECTORS OPEN SESSION AGENDA

Thursday, December 12, 2024 at 4:00 pm



Click here to register to attend

Ex-Off	d Directors: icio Directors: tive Support: s:	Dave Uffelmann Anna Landry Cheryl Harrison Alasdair Smith Carmine Stumpo, Pre	Carla Clarkson-Ladd Line Villeneuve Dr. Khaled Abdel-Razek Mary Silverthorn sident and CEO, Orillia Soldiers	Bruce Schouten Dr. William Evans Diane George Tammy Tkachuk S' Memorial Hospital	Tim Ellis Marni Dicker Dr. Helen Dempster Bobbie Clark	Moreen Colleen N		enotes participation Jody Boxall Mary Lyne	ı virtually
PAGE #	ITEM # / LEAD			BE ACCOMPLISHED/MOTION Comparison of the second			LINK TO STRATEGIC DIRECTION	LINK TO GOVERNACE ROLE	TIME (Min.)
1.0	CALL TO ORD 1.1 D. Uffelmann	Welcome & Lanc We, Muskoka Alg We wish to deep culturally safe he	Acknowledgment gonquin Healthcare, ackno en our understanding of t alth care services by build e forward in the spirit of T	the culture of the loo ding trust through re	cal Indigenous communes prectful relationships t	nities to de that ackno	evelop approp wledge past h	riate arms and	4:00 -
1	1.2 D. Uffelmann	Approval of Ager	•				Not applicable	Decision Making	4:05 (5)
	1.3 D. Uffelmann		onflict of Interest rs that conflicts are to be de a meeting during which the	, , ,			Not applicable	Not Applicable	
	1.4 Bobbie Clark	Patient Experient	Ce ences of patients to help maintain ;	focus on continually improv	ving patient safety and experied	nce.	Quality Care and Safety	Oversight	4:05 – 4:15 (10)
	1.5 Carmine Stumpo	Education & Stra	tegic Discussion: Medium	ı Sized Hospitals – Cl	nallenges and Opportu	nities	Strengthens all Strategic Directions	Education & Strategy	4:15 – 4:30 (15)
6	1.6 Alasdair Smith	Education & Stra	tegic Discussion: Artificial	Intelligence in Heal	thcare◆		Innovation & Technology	Education & Strategy	4:30 - 4:40 (10)

2.0 BUSINESS ARISING

There is no business arising for this meeting

3.0 REPORTS

	3.1 D. UffelmannChair's Remarks To receive the report.	Strengthens all Strategic Directions	Oversight	4:40 - 4:45 (5)	
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PAGE #	ITEM # / LEAD	TOPIC - WHAT IS TO BE ACCOMPLISHED/MOTION • denotes attachment • denotes attachment	LINK TO STRATEGIC DIRECTION	LINK TO GOVERNACE ROLE	TIME (Min.)
3.0 Re	ports Continued				
7	3.2 C. Harrison	Report of the President and Chief Executive Officer • To receive the report.	Strengthens all Strategic Directions	Oversight	4:45 – 4:50 (5)
4.0	PROGRAM QU	ALITY & EFFECTIVENESS			
12	4.1 Dr. K Abdel-Razek	Report of the Chief of Staff & Medical Advisory Committee [•] To receive the report.	Quality Care & Safety	Oversight	4:50 – 4:55 (5)
	4.2 Dr. W. Evans	Report of the Quality & Patient Safety Committee To receive an overview of Committee activity.	Quality Care & Safety	Oversight	4:55 – 5:00 (5)
21	4.3 Dr. W. Evans	Quality and Patient Safety Report Q2 [•] To receive the quarterly Quality & Patient Safety Report for 2024-25	Quality Care & Safety	Oversight	5:00 – 5:05 (10)
5.0	STRATEGIC DIF	RECTION			
25	5.1 C. Clarkson-Ladd	Capital Redevelopment ⁺ To receive an update on the work of the Committee.	Strengthens all Strategic Directions	Oversight	5:05 – 5:10 (5)
29	5.2 C. Nisbet	Muskoka & Area Ontario Health Team (MAOHT) Update [•] To receive a status update on current activities of the MAOHT.	Partnerships and Collaboration	Oversight	5:10 – 5:15 (5)
6.0	FINANCIAL AN	D ORGANIZATIONAL VIABILITY			
	6.1 B. Schouten	Report of the Resources & Audit Committee To receive an overview of Committee activity.	Sustainable Future	Oversight	5:15 – 5:20 (5)
31	6.2 B. Schouten	People Metrics Q2• To receive and discuss the Q2 results and any remedial actions.	Sustainable Future	Oversight	5:20 – 5:25 (5)
34	6.3 B. Schouten	Enterprise Risk Report• To receive and discuss the update.	Sustainable Future	Oversight	5:25 – 5:35 (10)
40	6.4 B. Schouten	Cerner (E-Nautilus) Project• To receive a status update.	Sustainable Future	Oversight	5:35 – 5:40 (5)
43	6.5 B. Schouten	Financial Results Q2* MOTION: That the year-to-date financial results September 30, 2024 be received.	Sustainable Future	Oversight	5:40 – 5:50 (10)
52	6.6 B. Schouten	Annual Operating Budget• MOTION: That the assumptions for the Annual Operating Plan be approved.	Sustainable Future	Decision Making	5:50 – 5:55 (5)



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7.0	LEADERSHIP				
	7.1 D. Uffelmann	Report of the Performance Management Committee To receive an overview of Committee activity.	People	Oversight	
54	7.2 D. Uffelmann	President and CEO 2024/2025 Performance Objectives* To receive the Q2 status update	Strengthens all Strategic Directions	Oversight	5:55 – 6:00 (5)
58	7.3 D. Uffelmann	L DIAT OT STATT /U////U//S PARTORMADCA LIDIACTIVASY		Oversight	
8.0	BOARD EFFEC	TIVENESS		1	
	8.1 M. Dicker	Report of the Governance Committee To receive an overview of Committee activity.	Strengthens all Strategic Directions	Oversight	6:00 – 6:05 (5)
59	8.2 M. Dicker	Board Work Plan and Education Plan [•] MOTION: That the 2024-2025 Board Work Plan and Education Plan be approved.	Strengthens all Strategic Directions	Decision Making	6:05 - 6:10 (5)
64	8.3 B. Schouten	Resources and Audit Committee Terms of Reference* MOTION: That the revised Resources and Audit Committee Terms of Reference be approved.	Strengthens all Strategic Directions	Policy Formation	6:10 – 6:15 (5)
71	8.4 Dr. W. Evans	Quality & Patient Safety Committee Terms of Reference*		Policy Formation	6:15 – 6:20 (5)
9.0	CONSENT AGE	NDA - To approve or receive the items listed below without further debate.		·	
		MOTION: That the following items be approved or received as indicated:			
73	9.1	Approval of the Board of Director Meeting Minutes of September 12, 2024	Strengthens all	Decision	
81	9.2	Approval of the Board of Director Meeting Minutes of October 10, 2024	Strengthens all	Decision	
85	9.3	Approval of the Board Goals and Board Work Plan Policy with no amendments •	Strengthens all	Policy	
91	9.4	Approval of the Board Policy and Governance Review Policy with no amendments*	Strengthens all	Policy	
93	9.5	Receipt of the Board Officer, Committee Chair, Committee Assignment Process*	Strengthens all	Oversight	
96	9.6	Receipt of the Quality Council Update	Quality	Oversight	6:20 – 6:25
98	9.7	Receipt of the Patient and Family Advisory Council Update ⁺	Quality	Oversight	(5)
100	9.8	Receipt of the Ethics Committee Update [◆]	Quality	Oversight	
102	9.9	Receipt of the Capital Budget Planning Process [•]	Sustainable	Oversight	
105	9.10	Receipt of the 2024/2025 Q2 Compliance Report	Strengthens all	Oversight	
106	9.11	Receipt of Expense Reports	Strengthens all	Oversight	
113	9.12	Receipt of the Executive Performance Evaluation Timeline	Strengthens all	Oversight	
115	9.13 Receipt of the Annual Board Governance Improvement Goals Status Report*		Strengthens all	Oversight	

116	9.14	Receipt of the Annual Policy Review Schedule	Strengthens all	Oversight	
119	9.15	Receipt of the Meeting Attendance Record •	Strengthens all	Oversight	

10.0 WRAP UP & ADJOURNMENT

	10.1 D. Uffelmann	MOTION: That the open session be adjourned.	Not applicable	Not Applicable	6:25	
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Break: 6:25 – 6:40





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

Tell the Story

What exactly is the problem we have to solve?

Who needs to be involved in the decision-making?

ASSESSMENT

Consider the Options

Ask first – is doing nothing an option?

What are the Benefits or Strengths? What are the Harms / Limitations /

How does this align with values?

Values/Principles/Policies and

How does this align with relevant MAHC

Consequences?

Legislation/Laws?

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?

RECOMMENDATION

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?

