

# BOARD OF DIRECTORS MINUTES

Thursday, December 12, 2024 at 4:00 pm held virtually via Zoom  
Approved February 13, 2025

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**PRESENT:**

<i>Elected Directors:</i>	Dave Uffelmann	Carla Clarkson-Ladd	Jody Boxall
	Anna Landry	Marni Dicker	Bruce Schouten
	Tim Ellis	Line Villeneuve	Colleen Nisbet
	Mary Lyne	Dr. William Evans	Moreen Miller
<i>Ex-Officio Directors:</i>	Cheryl Harrison	Diane George	Dr. Khaled Abdel-Razek
	Dr. Helen Dempster	Dr. Joseph Gleeson	
<i>Executive Support:</i>	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk
<i>Guests:</i>	Carmine Stumpo, President and CEO, Orillia Soldiers' Memorial Hospital		
	Bobbie Clark, Director, Communications and Stakeholder Relations, MAHC		
	Rob and Tania Goodisor		

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## 1.0 CALL TO ORDER

Dave Uffelmann, Board Chair called the meeting to order at 4:02 pm. Guests were welcomed to the meeting. The Land Acknowledgment Statement was read aloud. In support of the Land Acknowledgement, Dr. Bill Evans shared with the Board the story Humility, one of the Seven Grandfather Teachings. It was explained that Humility is represented by the wolf and that wolves live together in a pack, with each wolf playing an important role. Humility is recognizing that no one individual knows everything and no one wolf is more important than another.

### 1.1 APPROVAL OF AGENDA

The Chair requested a re-ordering of the agenda to accommodate a conflict.

*It was moved, seconded and carried that the meeting agenda be approved as amended.*

### 1.2 DECLARATION OF CONFLICT OF INTEREST

Directors were reminded 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. Upon review of the agenda, there were no conflicts of interest declared.

### 1.3 PATIENT EXPERIENCE

Bobbie Clark introduced Ron and Tania Goodisor who joined the meeting to share their patient experience as a result of a life altering stroke, the resilience needed to navigate the challenges of recovery and the impact of the compassionate patient and family care received from the MAHC Team throughout their journey. The experience also highlighted the number of people that made a great impact and the importance of system partners such as Orillia Soldiers' Memorial Hospital in ensuring patients receive the care they need as close to home as possible.

*Bobbie Clark, Rob Goodisor and Tania Goodisor left the meeting at 4:20 pm.*

#### 1.4 EDUCATION & STRATEGIC DISCUSSION: MEDIUM SIZED HOSPITALS – CHALLENGES AND OPPORTUNITIES

Carmine Stumpo, President and Chief Executive Officer for Orillia Soldiers' Memoria Hospital was introduced and appreciation expressed for joining the meeting on short notice. A presentation was provided outlining the Medium Sized Hospital Network, how it works together on shared advocacy efforts and collaboration opportunities. The presentation also highlighted the current topics of discussion aimed at strengthening the sustainability of medium sized hospitals and future issues including funding and how to leverage existing capacity to optimize the public health system before turning to private system options. Following the presentation the floor was open to questions and comments. Discussion ensued with respect to how Boards can collectively communicate with the public about what medium size hospitals have to offer; how to leverage medium sized hospitals to keep costs down and the impact of central intake system for medium sized hospitals. There were no actions arising from the discussion.

*Carmine Stumpo left the meeting at 4:40 pm.*

#### 1.5 EDUCATION & STRATEGIC DISCUSSION: ARTIFICIAL INTELLIGENCE IN HEALTHCARE

The Board was informed that the Ontario Hospital Association is preparing for a strong position with respect to advocacy related to artificial intelligence in healthcare and as such there was value in deferring the presentation. Additionally, planning is also underway to have a group from York University's artificial intelligence and healthcare group who are looking at it from a much more technical perspective on what is possible. In preparation for these sessions, it was noted that a number of articles were provided within the meeting package for reading in advance of the February meeting.

### 2.0 BUSINESS ARISING

There was no business arising for this meeting.

### 3.0 REPORTS

#### 3.1 CHAIR'S REMARKS

The Chair acknowledged the ongoing workload and pressures for Management despite the recent Stage 1.3 submission. Appreciation was also expressed to all Directors for their diligence in reviewing material for the meeting as well as the additional efforts over the last several months including participation in the Strategic Planning day, Remembrance Day ceremonies, Foundation events, holiday party, etc. Reflecting on the September meeting, presenters did an excellent job in being disciplined in presentation of material allowing more time for strategic and educational discussion. There were no questions from the floor.

#### 3.2 REPORT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

The December report of the President and Chief Executive Officer was received for information. Following highlights from the report including clinical activity and an emphasis on the operation of non-budgeted beds at both sites, Mobilization of Vulnerable Elders (MOVEs) Program, Trillium Gift of Life recognition and the Suboxone Program; the floor was open for questions. In response to a question regarding learnings resulting from the Code Grey event, the Board was advised that it identified that some work is

needed to ensure services is maintained during downtimes as it relates to Diagnostic Imaging. The event was also a demonstration of how well all departments worked together and were able to rely on each other for certain information and services.

#### 4.0 PROGRAM QUALITY & EFFECTIVENESS

##### 4.1 REPORT OF THE QUALITY AND PATIENT SAFETY COMMITTEE

On behalf of the Quality and Patient Safety Committee, Dr. William Evans noted the presentation provided to the Committee regarding Never Events and encouraged Directors to read the Health Quality Ontario report on Never Events. The Board was also advised that Health Quality Ontario is collecting all Never Events from hospitals and will share the collated events in 2025 for educational purposes. The Committee also continued its discussions related the need for a Corporate Balanced Scorecard; recognizing the decision support elements to support this work and the need to align with Strategic Planning the creation of the balanced scorecard is most appropriately to be considered for the next years work plan. Consideration will also be needed as to the most appropriate lead for the work such as Senior Leadership working with the Governance Committee. There were no questions from the floor.

##### 4.2 QUALITY AND PATIENT SAFETY REPORT

On behalf of the Quality and Patient Safety Committee, the second quarter Quality and Patient Safety report was presented. Highlights from the report include the 90th Percentile Time from ED to Inpatient Unit data and decrease from first quarter on Patient Safety Incidents. It was also noted that the communication that occurs between the Hospital and patients/families with respect to critical incidents is impressive.

The Board was advised that the Quality and Patient Safety Committee also reviews the Enterprise Risk Report given it contains both clinical and corporate risks. A brief overview of the clinical risks discussed by the Committee was provided. It was suggested that in future consideration might be given to how this report is structured and the appropriate Committee to be commenting on the items within the report. There were no questions or comments arising from the floor.

##### 4.3 QUALITY & PATIENT SAFETY COMMITTEE TERMS OF REFERENCE

The proposed revision to the Membership of the Committee and the rationale for change were outlined as included in the pre-circulated briefing note. There were no questions or concerns from floor.

*It was moved, seconded and carried that the revised Quality & Patient Safety Committee Terms of Reference be approved.*

*Dr. Bill Evans left the meeting at 5:05 pm.*

##### 4.4 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE

The report of the Chief of Staff was received for information and following an overview of the key highlights from the report there were no questions or comments from the floor.

## 5.0 STRATEGIC DIRECTION

### 5.1 CAPITAL REDEVELOPMENT UPDATE

On behalf of the Capital Redevelopment Steering Committee, Carla Clarkson-Ladd presented the pre-circulated executive dashboard and noted the robust updates received from the three working groups. The Committee was impressed with the level of engagement and innovative thoughts coming forward from these tables. Management has had some initial dialogue with the Ministry on the submission but nothing substantive at this point; the review efforts are continuing and a meeting is scheduled for January. A question was also raised with respect to a communications strategy specifically related to the working groups. It was explained that given the transportation and ALC groups are in partnership with other organizations, these will be joint communications efforts. MAHC has representation on these groups and will ensure communication is occurring.

### 5.2 MUSKOKA & AREA ONTARIO HEALTH TEAM (MAOHT) UPDATE

The status update on current activities of the MAOHT was presented and Colleen Nisbet explained that this information is from the perspective of the Alliance Council. Additional context was also provided in terms of the uniqueness of the structure that is built on a collaborative model and less on a typical board structure. The Board was reminded that the MAOHT is structured on an alliance model involving an agreement between fourteen organizations. A question was raised regarding the funding source for the recently established ALC work and it was explained that was not a discussion point at the most recent meeting. It is understood that the short-term resources are coming from the current budget where there has been some surplus. A comment was also provided regarding the need for alignment between MAHC and MAOHT on broader system thinking; these comments will be brought forth to future discussions and it is hoped that the work of the Governance Task Force and movement towards incorporation will support alignment.

## 6.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

### 6.1 REPORT OF THE RESOURCES & AUDIT COMMITTEE

There were no general comments provided.

### 6.2 PEOPLE METRICS Q2

The second quarter results and remedial actions were presented; highlights included total vacancy rate changes, annualized figures replacing quarterly figures in the next report, enhanced measures for position management, a new partnership with Homewood for the adjudication of sick leave claims, return to work and specialist reviews enabling the MAHC Team to focus on WSI claims. The floor was open for questions and comments.

With respect to the exit survey response rate, the three options provided to staff were outlined and it was explained that a new strategy is being implemented for the HR team to follow up post-exit in an effort to improve responses. The Board was also provided with a brief overview of the implementation of the

engagement survey and the efforts undertaken by management to encourage participation. More details and the results will be shared with the Resources and Audit Committee in the coming months.

### 6.3 ENTERPRISE RISK REPORT

Upon presentation of the Enterprise Risk Report as circulated, the early comment with respect to simplifying the heat map and splitting into two sections was reinforced. The revision to the legend was noted and the Board was informed that in future reports the eNautilus ratings will be increased resulting from Committee discussion. There were no comments or questions from the floor.

### 6.4 CERNER (E-NAUTILUS) PROJECT

The status update on the E-Nautilus Project was presented and it was highlighted that it is currently in the discovery phase with site visits concluding by the end of the week. Also highlighted were the three areas of governance created for a more structured framework for the project as well as the overall operational component with good reporting and transparency. The go live date is not expected until 2027 and the scope is also under review and may be adjusted following the Discovery phase. The total cost of ownership will not be decided until all of the Discovery work is complete. A Board engagement with Chairs and Chairs of Resource Committees is being planned for January. Further to the report, the Board was reminded of the original approval of the funds and that the expectation is that there will need to be either a revisit of that decision or the scope will need to be adjusted to fit within the budget. In response to a questions, it was confirmed that the project is in the initial stages; a suggestion was made to make the current position more clear in the schematic. Directors were also encouraged to forward any questions or concerns that could be brought forward to the Board engagement session in January.

### 6.5 FINANCIAL RESULTS Q2

Bruce Schouten presented the second quarter financial results on behalf of the Committee and noted the lengthy discussion of Committee with respect to the operating deficit position and understanding the various components of the variances. A deeper dive is being planned at a special meeting in January to enhance understanding. It was noted for the Board that the budget had a planned deficit of \$7 million with an assumption for agency staff but no assumptions as it relates to Bill 124 given the budget was created prior to any notice of funding. It was also highlighted that both the activity and the unit costs are well above prior year, the planning assumption was for a reduction to a 5% vacancy level which has not been realized yet resulting in continued use of agency given the impact of extending orientation time as previously discussed. Management will be exploring benchmarking of specific areas to help identify those require attention and potential adjustments. There were no comments or questions from the floor.

*It was moved, seconded and carried that the year-to-date financial results September 30, 2024 be received.*

### 6.6 ANNUAL OPERATING BUDGET

The operating budget assumptions for the 2025/2026 fiscal year were presented as circulated in the agenda package. Highlighted from the report was the challenging environment with respect to expected increases in funding versus increased expense rates and the fact that the increases in inflation are greater than expected increases in funding. There were no questions or comments from the floor.

*It was moved, seconded and carried that the assumptions for the Annual Operating Plan be approved.*

## 7.0 LEADERSHIP

### 7.1 REPORT OF THE PERFORMANCE MANAGEMENT COMMITTEE

On behalf of the Performance Management Committee, Dave Uffelmann provided an overview of Committee discussions and explained that one of the policies reviewed at Committee was deferred pending additional information. With respect to performance objectives, the Board was reminded that in addition to review by the Committee, the Board Chair and Vice-Chair also review progress monthly. A number of objectives arise through other reports as well and it was noted that particular emphasis has been added to the relationship areas with staff, physicians as well as external partners with the goal of building trust.

### 7.2 PRESIDENT AND CEO 2024/2025 PERFORMANCE OBJECTIVES

Following a brief overview of the status of the performance objectives as circulated with the agenda package, there were no questions or comments from the floor.

### 7.3 CHIEF OF STAFF 2024/2025 PERFORMANCE OBJECTIVES

Following a brief overview of the status of the performance objectives as circulated with the agenda package, there were no questions or comments from the floor.

## 8.0 BOARD EFFECTIVENESS

### 8.1 REPORT OF THE GOVERNANCE COMMITTEE AND BOARD WORK PLAN AND EDUCATION PLAN

On behalf of the Governance Committee, Marni Dicker noted that the Committee reviewed and recommended several policies as included on the Board agenda. It was reinforced for the Board that policy reviews can occur more frequently than the 3-year cycle should a need arise. The discussion and decision of the Committee with respect to posting approved Board meeting minutes on the public website was also noted; there was good discussion around transparency. With respect to the Board Work Plan the Committee's focus was on the education components and creating a schedule of topics that are of true importance for the Board. It was also highlighted for the Board that the annual Officer and Committee assignment process will be initiated tomorrow. All Directors will have the opportunity to express their interest in various positions and Directors attention was drawn to ensuring that all have the opportunity to cycle through the Quality and Patient Safety Committee. The Committee also review the meeting attendance record and have no concerns to note; a reminder was provided that virtual attendance when in-person meetings occur are also being tracked through the record.

*It was moved, seconded and carried that the 2024-2025 Board Work Plan and Education Plan be approved.*

### 8.3 RESOURCES AND AUDIT COMMITTEE TERMS OF REFERENCE

On behalf of the Resources and Audit Committee, Bruce Schouten presented the proposed revisions to the Terms of Reference. Appreciation was extended to Committee Appointee Member, Rob McPhee, for the changes related to strengthening the language as it pertains to information technology oversight responsibilities. It was also noted that the membership change correlates to the change previously presented as it relates to the Quality and Patient Safety Committee. There were no questions or comments from the floor.

*It was moved, seconded and carried that the revised Resources and Audit Committee Terms of Reference be approved.*

### 9.0 CONSENT AGENDA

Due to a question of clarification, Consent Agenda Item 9.3 Board Goals and Work Plan Policy will be removed; Governance Committee will be requested to undertake some additional work. In addition to the expression of interest process for Board Officer, Committee Chair and Committee Assignments, the Board was also informed that in mid-January material will be received via email with respect to the Director assessment process.

*It was moved, seconded and carried that the following items be approved or received, with the above noted amendments, as indicated:*

- 9.1 Approval of the Board of Director Meeting Minutes of September 12, 2024*
- 9.2 Approval of the Board of Director Meeting Minutes of October 10, 2024*
- 9.3 Approval of the Board Policy and Governance Review Policy with no amendments*
- 9.4 Receipt of the Board Officer, Committee Chair, Committee Assignment Process*
- 9.5 Receipt of the Quality Council Update*
- 9.6 Receipt of the Patient and Family Advisory Council Update*
- 9.7 Receipt of the Ethics Committee Update*
- 9.8 Receipt of the Capital Budget Planning Process*
- 9.9 Receipt of the 2024/2025 Q2 Compliance Report*
- 9.10 Receipt of Expense Reports*
- 9.11 Receipt of the Executive Performance Evaluation Timeline*
- 9.12 Receipt of the Annual Board Governance Improvement Goals Status Report*
- 9.13 Receipt of the Annual Policy Review Schedule*
- 9.14 Receipt of the Attendance Record*

### 10.0 WRAP UP & ADJOURNMENT

*It was moved that the open session be adjourned at 6:02 pm.*