

BOARD OF DIRECTORS

OPEN SESSION AGENDA

Thursday, September 12, 2024 at 4:00 pm

[Click here to register to attend](#)



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

Elected Directors:	Dave Uffelmann	Carla Clarkson-Ladd	Bruce Schouten	Tim Ellis	Moreen Miller	Jody Boxall
	Anna Landry	Line Villeneuve	Dr. William Evans (V)	Marni Dicker	Colleen Nisbet	Mary Lyne
Ex-Officio Directors:	Cheryl Harrison	Dr. Khaled Abdel-Razek	Diane George (V)	Dr. Helen Dempster	Dr. Joseph Gleeson	
Executive Support:	Alasdair Smith	Mary Silverthorn	Bobbie Clark (R)	Tammy Tkachuk	Janet Short	
Guests:	Lindsay Bishop					

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 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.	<i>Not applicable</i>	Decision Making	4:00 – 4:20 (20)
	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>	
	1.4 Dr. Khaled Abdel-Razek	Patient Experience <i>To provide real experiences of patients to help maintain focus on continually improving patient safety and experience.</i>	Quality Care and Safety	Oversight	

2.0 BUSINESS ARISING

		<i>There is no business arising for this meeting</i>			
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3.0 REPORTS

	3.1 D. Uffelmann	Chair's Remarks <i>To receive the report.</i>	Strengthens all Strategic Directions	Oversight	4:20 – 4:25 (5)
6	3.2 C. Harrison	Report of the President and Chief Executive Officer♦ <i>To receive the report.</i>	Strengthens all Strategic Directions	Oversight	4:25 - 4:35 (5)

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4.0 PROGRAM QUALITY & EFFECTIVENESS

10	4.1 Dr. K Abdel-Razek	Report of the Chief of Staff & Medical Advisory Committee♦ <i>To receive the June report.</i>	Quality Care & Safety	Oversight	4:35 – 4:40 (5)
---	4.2 Dr. W. Evans	Report of the Quality & Patient Safety Committee <i>To receive an overview of Committee activity.</i>	Quality Care & Safety	Oversight	4:40 – 4:45 (5)
13	4.3 Dr. W. Evans	Quality and Patient Safety Report Q1♦ <i>To receive the quarterly Quality & Patient Safety Report for 2024-25</i>	Quality Care & Safety	Oversight	4:45 – 4:55 (10)
14	4.4 Dr. W. Evans	Quality Improvement Plan Revision♦ MOTION: That the Board of Directors approved the revised target as presented.	Quality Care & Safety	Decision Making	4:55 – 5:00 (5)

5.0 STRATEGIC DIRECTION

15	5.1 C. Clarkson-Ladd	Capital Redevelopment♦ <i>To receive an update on the progress of the Stage 1 submission.</i>	Strengthens all Strategic Directions	Oversight	5:00 – 5:10 (10)
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6.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

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21	6.2 B. Schouten	Approval And Signing Authority Policy♦ MOTION: That the Approval and Signing Authority Policy be approved.	Sustainable Future	Policy Formation	5:15 – 5:20 (5)
26	6.3 B. Schouten	Financial Results♦ MOTION: That the year-to-date financial results June 30, 2024 be received.	Sustainable Future	Oversight	5:20 – 5:30 (10)
36	6.4 B. Schouten	Replacement of Central Monitoring Equipment♦ MOTION: That the Board of Directors approve the signing of the Central Monitoring Contract, based on the results of the RFP review.	Sustainable Future	Decision Making	5:30 – 5:40 (10)
38	6.5 B. Schouten	Corporate Auditor Request for Proposal♦ MOTION: That the organization proceed with a Request for Proposal process for the Corporate Auditor to be appointed at the 2025 Annual Meeting.	Sustainable Future	Decision Making	5:40 – 5:45 (5)
40	6.6 B. Schouten	Cyber Security / Information Technology Update♦ <i>To receive an update on strategies in place to minimize risk.</i>	Sustainable Future	Oversight	5:45 – 5:50 (5)
43	6.7 B. Schouten	People Metrics Report♦ <i>To receive the first quarter results.</i>	People	Oversight	5:50 – 6:00 (10)

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7.0 LEADERSHIP

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46	7.2 D. Uffelmann	President and CEO 2024/2025 Performance Objectives♦ MOTION: That the Board of Directors approve the revision to the President and CEO Annual Performance Objectives 2024-2025 as presented.	Strengthens all Strategic Directions	Oversight	6:05 – 6:15 (10)
51	7.3 D. Uffelmann	Chief of Staff 2024/2025 Performance Objectives♦ <i>To receive the Q1 status update</i>	Strengthens all Strategic Directions	Oversight	6:15 – 6:25 (10)

8.0 BOARD EFFECTIVENESS

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---	8.2 M. Dicker	Report of the Governance Committee <i>To receive an overview of Committee activity.</i>	Strengthens all Strategic Directions	Oversight	6:30 – 6:35 (5)

9.0 CONSENT AGENDA - To approve or receive the items listed below without further debate.

MOTION: That the following items be approved or received as indicated:			Strengthens all Strategic Directions	Decision	6:35 – 6:40 (5)
52	9.1	Approval of the Board of Director Meeting Minutes of June 13, 2024♦			
57	9.2	Approval of the Board of Director Meeting Minutes of June 24, 2024♦			
59	9.3	Approval of the Board of Director Meeting Minutes of July 2, 2024♦			
62	9.4	Approval of the Nominations Committee Terms of Reference♦			
64	9.5	Approval of the Nominations Committee Work Plan♦			
67	9.6	Approval of the Governance Committee Terms of Reference♦			
73	9.7	Approval of the Governance Committee Work Plan♦			
75	9.8	Approval of the revised Board Meetings Policy♦			
88	9.9	Approval of the Principles of Governance and Board Accountability Policy♦			
92	9.10	Approval of the Quality and Patient Safety Committee Terms of Reference♦			
98	9.11	Approval of the Quality and Patient Safety Committee Work Plan♦			
100	9.12	Approval of the Resources and Audit Committee Work Plan♦			
103	9.13	Approval of the Performance Management Committee Terms of Reference♦			
106	9.14	Approval of the Performance Management Committee Work Plan♦			
108	9.15	Approval of the Capital Redevelopment Steering Committee Terms of Reference♦			
111	9.16	Approval of the Capital Redevelopment Steering Committee Work Plan♦			
113	9.17	Receipt of the Q1 Compliance Report♦	Oversight		

10.0 WRAP UP & ADJOURNMENT

---	10.1 D. Uffelmann	MOTION: That the open session be adjourned.	<i>Not applicable</i>	<i>Not Applicable</i>	6:40
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Break: 6:40 – 7:00

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 style="text-align: center;">SITUATION Understand the Problem</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 style="text-align: center;">BACKGROUND Set the Context</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 style="text-align: center;">ASSESSMENT Consider the Options</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 style="text-align: center;">RECOMMENDATION Develop an Action Plan</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>