

## BOARD OF DIRECTORS OPEN SESSION AGENDA



Thursday, March 27, 2025 at 4:00 pm

Virtual via Zoom

| DAGE ITEM#/           |                         |                              | D BE ACCOMPLISHED/MOTION |                    | LINK TO STRATEGIC                                  |             | TIME        |
|-----------------------|-------------------------|------------------------------|--------------------------|--------------------|--|-------------|-------------|
|                       | Imtiaz Daniel, Chief Ir | nnovation and Transformation | Officer, Ontario Hospita | Association        |  |             |             |
| Guests:               | Judy Moore              |                              |                          |                    |  |             |             |
| Executive Support:    | Alasdair Smith          | Mary Silverthorn             | Tammy Tkachuk            |                    |  |             |             |
| Ex-Officio Directors: | Cheryl Harrison         | Dr. Khaled Abdel-Razek       | Diane George             | Dr. Helen Dempster | Dr. Joseph Gleeson                                 |             |             |
|                       | Anna Landry             | Line Villeneuve              | Dr. William Evans        | Marni Dicker       | Colleen Nisbet                                     | Mary Lyne   |             |
| Elected Directors:    | Dave Uffelmann          | Carla Clarkson-Ladd          | Bruce Schouten           | Tim Ellis          | (R) denotes regrets received; (V)<br>Moreen Miller | Jody Boxall | n virtually |

| 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.) |  |

| 1.0 | CALL TO ORDE                     | R  |                                  |                                       |                        |
|-----|----------------------------------|--|----------------------------------|---------------------------------------|------------------------|
|     | 1.1<br>D. Uffelmann              | Welcome & Land Acknowledgment<br>We, Muskoka Algonquin Healthcare, acknowledge that we are situated on the traditional territ<br>We wish to deepen our understanding of the culture of the local Indigenous communities to de<br>culturally safe health care services by building trust through respectful relationships that ackno<br>mistakes to move forward in the spirit of Truth and Reconciliation based on the Seven Grandfa | evelop appropr<br>wledge past ha | iate<br>arms and                      | 4:00 –<br>4:05         |
| 1   | 1.2<br>D. Uffelmann              | Approval of Agenda<br>MOTION: That the meeting agenda be approved as circulated.   | Not applicable                   | Decision<br>Making                    | (5)                    |
|     | 1.3<br>D. Uffelmann              | Declaration of Conflict of Interest<br>To remind members that conflicts are to be declared for any agenda items and the Director shall not attend any<br>part of a meeting during which the matter in which they have a conflict is discussed.   | Not applicable                   | Not<br>Applicable                     |                        |
|     | 1.4<br>C. Harrison / J.<br>Moore | Patient Experience<br>To provide real experiences of patients to help maintain focus on continually improving patient safety and<br>experience.  | Quality Care<br>and Safety       | Oversight                             | 4:05 -<br>4:15<br>(10) |
|     | 1.5<br>A. Smith / I. Daniel      | Education & Strategic Discussion – Innovation and Transformation   | Innovation &<br>Technology       | Education/<br>Strategic<br>Discussion | 4:15 –<br>4:55<br>(40) |

## 2.0 BUSINESS ARISING

|  | There is no business arising for this meeting |  |  |
|--|---|--|--|
|  |   |  |  |

## 3.0 REPORTS

|  |  | Strengthens all<br>Strategic<br>Directions | Oversight | 4:55 –<br>5:00<br>(5) |
|--|--|--|-----------|-----------------------|
|--|--|--|-----------|-----------------------|



| PAGE<br># | ITEM # /<br>LEAD          | TOPIC - WHAT IS TO BE ACCOMPLISHED/MOTION <sup>•</sup> denotes attachment <sup>III</sup> denotes attachment to follow  | LINK TO STRATEGIC<br>DIRECTION             | LINK TO<br>GOVERNACE ROLE | TIME<br>(Min.)         |
|-----------|---------------------------|--|--|---------------------------|------------------------|
|           | <b>3.2</b><br>C. Harrison | Report of the President and Chief Executive Officer •<br>To receive and discuss the report.  | Strengthens all<br>Strategic<br>Directions | Oversight                 | 5:00 –<br>5:10<br>(10) |
| 4.0       | PROGRAM QU                | ALITY & EFFECTIVENESS  |  |                           |                        |
| xx        | 4.1<br>Dr. K Abdel-Razek  | Report of the Chief of Staff & Medical Advisory Committee <sup>•</sup><br><i>To receive the report.</i>  | Quality Care &<br>Safety                   | Oversight                 | 5:10 –<br>5:20<br>(10) |
|           | 4.2<br>Dr. W. Evans       | Report of the Quality & Patient Safety Committee<br>To receive an overview of Committee activity.  | Quality Care &<br>Safety                   | Oversight                 | 5:20 –<br>5:25<br>(5)  |
| xx        | 4.3<br>Dr. W. Evans       | Quality and Patient Safety Report Q3 <sup>•</sup><br>To receive the quarterly report   | Quality Care &<br>Safety                   | Oversight                 | 5:25 –<br>5:35<br>(10) |
| xx        | 4.4<br>Dr. W. Evans       | Quality Improvement Plan <sup>•</sup><br>MOTION: That the Quality Improvement Plan 2025-2026 be approved.  | Quality Care &<br>Safety                   | Decision<br>Making        | 5:35 –<br>5:45<br>(10) |
| 5.0       | FINANCIAL AN              | D ORGANIZATIONAL VIABILITY   |  |                           |                        |
|           | 5.1<br>B. Schouten        | Report of the Resources & Audit Committee<br>To receive an overview of Committee activity.   | Sustainable<br>Future                      | Oversight                 | 5:45 –<br>5:50<br>(5)  |
| xx        | 5.2<br>B. Schouten        | Services Accountability Agreements*<br>MOTION: That the Board of Directors accept the Hospital Services Accountability Agreement<br>Extending Letter and the Multi-Sector Service Accountability Extending Letter, to<br>amend the term and extend all Schedules to March 31, 2026, and that the Board<br>Chair and Chief Executive Officer be authorized to sign the extending letters,<br>subject to a minor amendment to reflect recognized exceptions. | Sustainable<br>Future                      | Decision<br>Making        | 5:50 –<br>5:55<br>(5)  |
| xx        | 5.3<br>B. Schouten        | Attestation – Fighting Against Child Labour in Supply Chain Act*<br>MOTION: That the Board of Directors authorize the Board Chair to sign the Bill 211<br>Attestation - Fighting Against Forced Labour and Child Labour in Supply Chains Act.  | Sustainable<br>Future                      | Decision<br>Making        | 5:55 –<br>6:00<br>(5)  |
| xx        | 5.4<br>B. Schouten        | 2025-2026 Capital Budget<br>MOTION: That the 2025/2026 Capital Budget be approved.   | Sustainable<br>Future                      | Decision<br>Making        | 6:00 -<br>6:10<br>(10) |
| xx        | 5.5<br>B. Schouten        | Enterprise Risk Management Status Update on Priorities•<br><i>To receive the quarterly update.</i>   | Sustainable<br>Future                      | Oversight                 | 6:10 –<br>6:15<br>(5)  |
| xx        | 5.6<br>B. Schouten        | Cerner (eNautilus) Status Updates *<br>To receive an update.   | Innovation &<br>Technology                 | Oversight                 | C 15                   |
| xx        | 5.7<br>B. Schouten        | Information Technology Risk and Security*<br><i>To receive an update.</i>  | Innovation &<br>Technology                 | Oversight                 | 6:15 –<br>6:25<br>(10) |
| xx        | 5.8<br>B. Schouten        | Information Technology Future Planning*<br><i>To receive an update.</i>  | Innovation &<br>Technology                 | Oversight                 |                        |

| PAGE<br># | ITEM # /<br>LEAD           | TOPIC - WHAT IS TO BE ACCOMPLISHED/MOTION   | LINK TO STRATEGIC<br>DIRECTION             | LINK TO<br>GOVERNACE ROLE | TIME<br>(Min.)         |
|-----------|----------------------------|---|--|---------------------------|------------------------|
| 6.0       | LEADERSHIP                 |   |  |                           |                        |
| xx        | 6.1<br>B. Schouten         | People Metrics Q3•<br>To receive and discuss the Q3 results and any remedial actions.   | People                                     | Oversight                 | 6:25 –<br>6:35<br>(10) |
|           | <b>6.2</b><br>D. Uffelmann | Performance Management Committee Report   | People                                     | Oversight                 | 6:35 –<br>6:45<br>(5)  |
| xx        | <b>6.3</b><br>D. Uffelmann | President and CEO Annual Performance Objectives Progress Update•<br>To receive the quarterly update.  | People                                     | Oversight                 | 6:45 –<br>6:55<br>(10) |
| xx        | <b>6.4</b><br>D. Uffelmann | Chief of Staff Annual Performance Objectives Progress Update*<br>To receive the quarterly update.   | People                                     | Oversight                 | 6:55 —<br>7:05<br>(10) |
| 7.0       | BOARD EFFEC                | TIVENESS  |  |                           |                        |
| хх        | 7.1<br>D. Uffelmann        | <ul> <li>Policy Review – Performance Management Committee</li> <li>MOTION: That the following amended policies be approved:         <ul> <li>a) Chief of Staff Selection and Succession Planning*</li> <li>b) President &amp; CEO and Chief of Staff Compensation*</li> </ul> </li> </ul> | Strengthens all<br>Strategic<br>Directions | Policy<br>Formation       | 7:05 –<br>7:10<br>(5)  |
| xx        | 7.2<br>D. Uffelmann        | Policy Review – Resources and Audit Committee*<br>MOTION: That the following amended policies be approved:<br>a) Board Award of Excellence Policy*<br>b) Investment Policy*<br>c) Borrowing Policy*   | Strengthens all<br>Strategic<br>Directions | Policy<br>Formation       | 7:10 –<br>7:15<br>(5)  |
| 8.0       | CONSENT AGE                | NDA - To approve or receive the items listed below without further debate.  |  |                           | •                      |
| xx<br>xx  | 8.1<br>8.2                 | MOTION: That the following items be approved or received as indicated:Approval of the Board of Director Meeting Minutes of February 13, 2025*Receipt of the Quality Council Update*   | Strengthens all<br>Quality                 | Decision<br>Oversight     |                        |
| XX        | 8.3                        | Receipt of the Patient Family Advisory Council Report*  | Quality                                    | Oversight                 | 7:15 –<br>7:20         |
| XX        | 8.4                        | Receipt of the Trillium Gift of Life Network Report*  | Strengthens all                            | Oversight                 | (5)                    |
| XX        | 8.5                        | Receipt of Expense Reports*   | Strengthens all                            | Oversight                 |                        |
| XX        | 8.6                        | Approval of the Insurance and Asset Protection Policy with no amendments<br>DJOURNMENT  | Strengthens all                            | Policy                    |                        |
|           | 9.1<br>D. Uffelmann        | MOTION: That the open session be adjourned.   | Not applicable                             | Not<br>Applicable         | 7:20                   |

Break: 7:20 – 7:35





**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<br>my condition, and it contributes<br>to improving my health.   | The care I provide is based on<br>best evidence and produces the<br>desired outcome.   |
| Patient<br>Centered               | My goals and preferences are<br>respected. My family and I are<br>treated with respect and<br>dignity.   | Decisions about my patient's<br>care reflect the goals and<br>preferences of the patient and<br>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<br>using available human, physical,<br>and financial resources<br>efficiently, with no waste to the<br>system. |
| Timely                            | I know how long I have to wait<br>to see a doctor or for tests or<br>treatments I need and why. I<br>am confident this wait time is<br>safe and appropriate. | My patient can receive care<br>within an acceptable time after<br>the need is identified.  |
| Equitable                         | No matter who I am or where I<br>live, I can access services that<br>benefit me. I am fairly treated<br>by the health care system.                           | Every individual has access to<br>the services they need,<br>regardless of his/her location,<br>age, gender, or socio-economic<br>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?

