

## BOARD OF DIRECTORS MINUTES

Thursday, May 8, 2025 at 4:00 pm

HDMH Boardroom

Approved June 16, 2025

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### **PRESENT:**

<i>Elected Directors:</i>	Dave Uffelmann	Carla Clarkson-Ladd	Jody Boxall	Dr. William Evans
	Anna Landry	Marni Dicker	Bruce Schouten	Mary Lyne
	Line Villeneuve	Colleen Nisbet		
<i>Ex-Officio Directors:</i>	Cheryl Harrison	Dr. Khaled Abdel-Razek		
<i>Executive Support:</i>	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk	Bobbie Clark
<i>Guests:</i>	Amanda Weaver, Director of Equity, Diversity, and Inclusion, University of Toronto			
<b>REGRETS:</b>	Dr. Joseph Gleeson	Diane George	Dr. Helen Dempster	Moreen Miller
	Tim Ellis			

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### **1.0 CALL TO ORDER**

Dave Uffelmann, Board Chair called the meeting to order at 4:01 pm. Guests and observers were welcomed to the meeting. The Land Acknowledgment Statement was read aloud. In support of the Land Acknowledgement, the Board was provided with an overview of Red Dress Day, which is observed annually on May 5th to raise awareness for missing and murdered Indigenous women, girls, and two-spirit people. Indigenous females in Canada are disproportionately affected by violence, being five times more likely to experience it and twelve times more likely to be murdered or go missing compared to other populations. The day was inspired by an art installation by Jamie Black in Winnipeg, featuring red dresses to symbolize the missing women. May 5th is also the birthday of Lisa Marie Young, a 21-year-old Indigenous woman from Nanaimo, BC, who went missing in 2022 after a night out. Her case, now treated as a homicide, saw delayed action from the RCMP despite advocacy from her family and friends. Red Dress Day has been observed since 2010 to honor victims like Lisa and promote justice, truth, and reconciliation. The Board was encouraged to visit the Native Women's Association website for more information:

- <https://nwac.ca/>
- [https://nwac.ca/assets-knowledge-centre/NWAC\\_Story\\_Telling\\_Lisa\\_Marie\\_Young.pdf](https://nwac.ca/assets-knowledge-centre/NWAC_Story_Telling_Lisa_Marie_Young.pdf)

#### **1.1 APPROVAL OF AGENDA**

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

#### **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**

Mary Silverthorn introduced Vanessa Slack, the Spiritual Coordinator at Muskoka Algonquin Healthcare since 2022, who was unable to join in person, however sent a video of her patient experience story. The experience story centered around courage related to a patient facing a palliative diagnosis who was trying to be brave and reconnect with his estranged children after years of substance abuse. The story illustrated the impact of personal connection beyond technology and acute care, highlighting the importance and need for services and compassionate individuals in healthcare.

#### 1.4 EDUCATION & STRATEGIC DISCUSSION: EQUITY, DIVERSITY, AND INCLUSION

Mary Silverthorn introduced Ms. Amanda Weaver is a member of the leadership team at the University of Toronto School of Continuing Studies, with a career focused on human resources, workplace respect, human rights, equity, diversity, inclusion, and accessibility. She has experience across various sectors, including healthcare, manufacturing, construction, government services, policing, and education.

A presentation was provided discussing foundational concepts of EDI (Equity, Diversity, Inclusion), human rights protection, centering people, today's landscape, future state, opportunities, and allowing time for strategic discussion. EDI principles highlighted included: emphasizing collective responsibility, embedding EDI principles in all activities, moving away from checklist compliance, and engaging in dialogue and lifelong learning. The presentation also outlined the relationship between EDI and Human Rights noting that EDI work is grounded in human rights, emphasizing collective responsibility for protecting these rights. In terms of the current landscape, it was noted that despite discouraging narratives, EDI work must continue, focusing on human rights and meaningful engagement. EDI should be embedded in operations, not just positioned as a commitment. Leveraging organizational challenges and opportunities to embed EDI into core operations, focusing on removing barriers, protecting employees, providing exceptional patient care, addressing discrimination and racism, and listening to community voices. EDI involves active engagement to create environments for equal access and participation, valuing diverse perspectives, and fostering belonging. This includes legislative frameworks, institutional strategies, education, community engagement, complaints resolution, and embedding EDI principles in strategic plans. With respect to truth and reconciliation, it will be important to focus on calls to action specific to health, working closely with Indigenous patient navigators, expanding programs, and partnerships with Indigenous communities. The Ontario Health EDI and Anti-Racism Framework was highlighted as a good reference for integrating best practices and expanding focus to include various forms of discrimination, engaging key voices, and collecting equity data to understand communities served. Following the presentation, the floor was open for questions and comments.

In response to a question, discussion ensued regarding opportunities for MAHC to drive diversification in Muskoka through recruitment campaigns. Monitoring applicants and new hires has shown increasing diversity, and efforts such as blind evaluations could aim to eliminate biases. Cultural challenges highlight the need for building trust and relationships to facilitate difficult conversations and drive cultural change. There are opportunities for data collection to understand the diversity of communities, including both visible and invisible diversity. It's important to balance surveying with meaningful ways to gather data, such as patient experiences regarding access to services and spiritual spaces. Collaboration with community partners on these efforts can also help attract new residents. Representation is crucial, ensuring it is genuine and not tokenistic. Evaluating patient diversity is a recommended step that the IDEA Committee is currently exploring.

Discussion ensued regarding the changing the language around EDI due to its negative connotations and being perceived as divisive. The term "human rights" resonates more positively, emphasizing equal treatment for everyone. However, focusing solely on human rights might lead to a complaints and legislation-based approach. The goal is to protect human rights and intersectionalities, fostering civil discourse and mutual understanding. Some institutions have changed their mandates to terms like "access," but this can dilute the impacts of colonialism and racism. The key is to have meaningful conversations, approach with humility, and focus on inclusivity and equitable access.

The Chair thanked Ms. Weaver for the presentation.

*Amanda Weaver left the meeting at 4:58 pm.*

## **2.0 BUSINESS ARISING**

### **2.1 VOLUNTARY SEPARATION AND RESIGNATION**

The briefing note outlining the definitions was reviewed. It was further explained resignations were being captured twice in the people metrics report, which has now been corrected. There was confusion about involuntary separation, which includes termination for cause and termination without cause. The impact of termination without cause on the budget will be further analyzed. Future reports will include breakdowns of these categories, although the numbers will be small.

## **3.0 REPORTS**

### **3.1 CHAIR'S REMARKS**

The Chair advised the Board that he along with the President and CEO attended the OHA (Ontario Hospital Association) Summit. A brief summary of some of the topics was provided including financial situation in hospitals, directors' duties, messaging from a UK National Health Services and Indigenous related topics. Appreciation was extended to Directors for attending the recent Auxiliary appreciation events and it was highlighted that there were a significant number of staff that also attended to show appreciation to volunteers. The 4<sup>th</sup> edition of the Guide to Good Governance is now available through the OHA. The Board was also advised that a Canadian publication, "The Handbook for Board Governance" is also available to anyone interested. Arising from the Governance Committee discussions, Committee Chairs were asked to bring forward any substantive or material questions they may have received from Directors in preparation for the meeting. There were no questions or comments from the floor.

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

The report of the President and CEO was presented and highlights provided. The focus on admission avoidance and innovative discharge planning has led to impressive results, including a decrease in long-term care patients and reduced admissions in the emergency department. Following attendance at a recent patient rounds session, it was found that the emphasis is on discharge planning, with the interdisciplinary team discussing each individual patient's needs for going home. The role of discharge planners has evolved to be more integrated into these rounds, significantly impacting patient outcomes. The Community Advisory Group has grown, and the Environmental and Sustainability Committee has been relaunched, generating excitement across the organization. The arrival of the MRI this week was a very successful event and generated significant media coverage. The floor was open for questions and comments.

In terms of patient rounds, the practices across sites are not to the same degree for a variety of reasons including differing physician models.

In response to a question with respect to engagement with local politicians, it was explained that recent interactions have been positive and encouraging. The team's focus remains on keeping officials informed about redevelopment and the obstetrical program.

### **3.3 CORPORATE COMMUNICATIONS STRATEGY 2025-2026**

The Corporate Communications Strategy for 2025-2026 was presented. In summary, it was noted that the team recognized the need for an integrated, proactive communication strategy to build trust with stakeholders, incorporating the "Made in Muskoka" branding and the refreshed strategic plan. Additionally, to complement the strategy a robust government relations plan has also been developed. The floor was open for questions and comments.

It was clarified that the "Made in Muskoka Healthcare" logo is specific to capital redevelopment and transformation efforts. The existing logo will remain the same, except the blue orb will be removed. Both logos will be used simultaneously in some cases.

In response to a question regarding the perception of some in the community regarding insufficient communications, it was explained that efforts have been made to use more inclusive language and ensure clarity, with feedback from the CEO Advisory Group and others. A multimedia approach, including social media, press releases, and postcards, has been adopted to improve communication. Recent feedback indicates a more positive tone in media and social media platforms. The CEO Advisory Group and other groups have helped ensure messages are positioned to be well-received.

Discussion ensued regarding the efforts that are being made to align communications with the vision of "one hospital, two campuses." Consistent meetings with the Foundation leads is helping to ensure message alignment, and both Foundations are also undergoing a branding exercise related to their capital campaign. The integration of Foundation executives into the senior team has improved communication. It was acknowledged that despite efforts, public perception still views the hospitals as separate entities, highlighting the continued challenge ahead. However, the team has several strategies including plans to update signage to emphasize MAHC with the aim to gradually and continually shift community perception.

It was also acknowledged that it will be crucial to remain proactive and reinforce messaging about the future direction. Comment was also provided regarding the need to communicate financial challenges well in advance to ensure the community is prepared. While positive messaging is important, it's also necessary to share the challenges faced to maintain transparency and trust. Discussion ensued regarding the importance of consistent messaging.

***It was moved, seconded and carried that the Board of Directors endorse the Corporate Communications Strategy 2025-2026.***

## **4.0 PROGRAM QUALITY & EFFECTIVENESS**

### **4.1 REPORT OF THE CHIEF OF STAFF & MEDICAL ADVISORY COMMITTEE**

The report of the Chief of Staff was received for information. It was noted that over the past few months, communication between the finance department and physician leadership has improved, translating budget issues into relatable metrics like patient days and length of stay. This has enhanced understanding of how clinical care impacts financial results. Efforts to improve patient flow and utilization have led to better length of stay and long-term care numbers, with daily snapshots showing more green and yellow indicators. Investments in discharge planners, hospitalist physicians, and the new long-term care committee have contributed to these improvements. Surgical services are enhancing communication and teamwork through learning management system modules, and family practice models between the two sites are becoming more aligned. The updated data from Q1 2025-26 will reflect these improvements. The floor was open for comments and questions.

In response to a question, it was explained that moving forward finance will bring forward information 2-3 times per year. A brief discussion occurred regarding the importance of the ongoing discussions. There were no actions arising from the discussion.

## 5.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

### 5.1 REPORT OF THE RESOURCES & AUDIT COMMITTEE

There was no report from the Committee given all items have been included on the agenda.

### 5.2 STAFF/CREDENTIALLED STAFF EXPERIENCE SURVEY RESULTS

Upon presentation of the pre-circulated report, it was explained that it was developed with Workforce Science Associates and has been shared with leaders and teams. Efforts to increase participation in the survey included QR codes and manager advocacy. The survey was kept anonymous, with demographic information limited to work location and job category. The participation rates were an improvement from 20% in 2019 to 25%, but remain below the 65% industry norm. Participation rates among peers varies between 20% and 65%. The survey results were reviewed and action plans have been developed. Actions include implement routines for frequent huddles focused on work processes, values, and success celebration. As well as leadership training for new people leaders and a culture mapping process. The action plans will focus on three areas, with reporting starting in Q1. It is planned to initiate a pulse survey in the fall to measure improvement. The floor was open for questions and comments.

Discussion ensued regarding the unfavorable results in more than 50% of the survey categories and, particularly the 80% unfavorable rating on having enough staff to get the job done. It was explained that this issue may stem from vacancies, processes, role descriptions, or bandwidth, and is complicated by surge capacity and sick calls. Although the unfavorable ratings are consistent with other healthcare organizations, further investigation and education are needed to align staff perceptions with actual staffing benchmarks, as some departments may be optimally staffed despite perceptions of reduction. It was also noted that resources aren't just about staffing; they also include essential tools.

With respect to the number of respondents that doubt positive change will result from the survey, it was explained that to address this, three key actions are planned: enterprise-wide communication about progress, managers and directors regularly discussing actions with their teams, and an operational plan with routine feedback loops. These steps aim to improve results, with progress measured through a pulse survey in September and October, acknowledging that change will take time and be measured in small steps. Discussion ensued regarding the need for continuous monitoring and reporting on survey responses, providing concrete examples of improvements made, and ensuring communication to build trust. The upcoming fall survey aims to expedite reporting and measure progress.

A toolkit was provided to support managers and directors to share with their teams, focusing on three key areas and offering options for meaningful implementation. This approach aimed to empower teams rather than impose new expectations. The partnership with Qualtrics was beneficial due to their extensive experience.

There were no follow up actions arising from the discussion.

### 5.3 PEOPLE STRATEGY 2025-2026

The People Strategy was presented and it was highlighted that the team has been focused on rebuilding the human resources infrastructure amidst a talent war. Despite challenges, the team has successfully filled many vacancies through partnerships with managers and the HR team, which is largely composed of recent graduates. Workplace conflict, particularly intergenerational, and workplace violence are significant issues. The strategy focuses on recruitment and retention, optimizing employee experience, and wellness. There has been a reduction in permanent vacancies from around 300 to 57 and the aim to further reduce reliance

on agency staff. The operational plan aligns with the strategic plan to improve overall workplace culture and employee satisfaction.

Discussion ensued regarding concerns that new RNs lack the skill and confidence needed when entering the workforce. It was explained that the issue is acknowledged by educational institutions, with some developing more practically focused programs. RPNs tend to be better prepared due to their practical training. Efforts are being made to hold educational centers accountable, with discussions ongoing between HR officers and educational partners to address these challenges. Additionally, the government supports programs like the extern program and clinical scholars to help new nurses gain practical experience. While these programs are beneficial, there is a need to address the curriculum to ensure nurses are well-prepared. The extern program provides hands-on experience, but it also adds stress to existing staff.

A concern about retention and separation rates was discussed, with a focus on understanding the benchmarks used by the Ontario Hospital Association (OHA). There is a need to ensure accurate definitions and calculations to compare apples to apples. Efforts are being made to increase understanding and improve data accuracy.

#### **5.4 INCLUSION, DIVERSITY, EQUITY AND ANTI-RACISM (IDEA) COMMITTEE UPDATES**

The report of the IDEA Committee was received; there were no questions or comments from the floor.

#### **5.5 POLICY REVIEW – RESOURCES AND AUDIT COMMITTEE**

The two policies requiring motion for approval, both with minor amendments were presented. It was noted that a small issue has been identified in the financial planning and performance policy regarding a reference to materiality instead of general, which needs to align with the \$500,000 policy amount. Subject to this amendment, comments or questions on the policies were invited.

***It was moved, seconded and carried that the following amended policies be approved:***

- a) Financial Objectives***
- b) Financial Planning and Performance***

### **6.0 STRATEGIC DIRECTION**

#### **6.1 2025-2026 CORPORATE OPERATIONAL PLAN FOR THE STRATEGIC PLAN**

On behalf of the senior leadership team, the 2025-2026 corporate operational plan was presented, which aims to advance the refreshed Strategic Plan with its four pillars. The comprehensive annual process involved multiple information sources, emphasizing realistic and focused goals. Recognizing that many strategic initiatives require multi-year efforts, a column for multi-year operational planning has also been incorporated. The next steps involve cascading these plans through VP teams to frontline staff, ensuring alignment with Mission, Vision, Values, and action plan. Questions and comments were invited from the floor.

Discussion ensued on the technological section regarding the eNautilus project, which aims to identify a direction, implementation plan, and roadmap by March 2026; concerns were raised regarding the timeline. It was clarified that a decision on the direction will be made within the next three months, followed by the creation of a detailed roadmap and execution plan. The March 2026 date refers to having the complete plan in place, not the decision-making process itself.



With respect to the culture mapping, results will be received in the next few weeks, followed by meetings with the leadership and physician teams to develop a plan. Although the plan is expected to be completed before March 2026, the timeline allows flexibility to ensure thorough completion within the fiscal year. Improving staff and credentialed staff experience by 1-2% will be measured through pulse surveys, with the big survey providing the main assessment.

Further comments were provided regarding the comprehensiveness of the and its easy layout for the leadership team to track progress. The multi-year approach was appreciated and it was recognized that the plan includes large projects like the HR system and eNautilus, indicating significant ongoing work.

## 7.0 BOARD EFFECTIVENESS

### 7.1 REPORT OF THE GOVERNANCE COMMITTEE

There was no separate report from the Committee.

### 7.2 GOVERNANCE STRUCTURE CHANGES ASSESSMENT

In April, the Governance Committee discussed the efficiency of board meetings and the inclusion of educational sessions. After reviewing three options, the committee recommended continuing with six regular board meetings and incorporating two to three separate educational sessions, about one hour each, with board members logging in virtually. The format (hybrid or virtual) will depend on the educational component. It was also noted that attendance at these sessions will be tracked. In response to a question, it was confirmed that these separate education sessions would replace the sessions that are currently included as part of the board meetings.

***It was moved, seconded and carried that the Board of Directors approve the continuation of the six (6) regular Board meetings and that 2-3 separate education focused meetings be incorporated into the schedule, with flexibility to adjust based on management's assessment.***

### 7.3 ANNUAL BOARD GOVERNANCE IMPROVEMENT GOALS

The proposed annual board governance improvement goals were presented and it was highlighted that the focus is on ensuring compliance with governance standards for the 2026 Q4 accreditation survey, particularly related to anti-racism and IDEA. Additionally, based on feedback, the Governance Committee is recommending working with management to develop an implementation plan for a corporate balance scorecard. While the scorecard won't be ready this year, the plan will be developed for future implementation.

Discussion ensued regarding the timeline for the development of the balanced scorecard. It was explained that while some indicators from the corporate operational plan could be used, additional "big dot" indicators need exploration. The current capacity limits the ability to accelerate the process, and time is needed to develop a valuable and meaningful scorecard rather than rushing it.

***It was moved, seconded and carried that the following Annual Board Governance Improvement Goals for the 2025-2026 Board cycle be approved:***

- 1. Ensure compliance with the Governance Standard in readiness for the Accreditation Survey projected to occur 2026, Quarter 4.***
- 2. That the Governance Committee work with Management to develop the implementation plan for a Corporate Balanced Scorecard.***

**7.4 NOMINATIONS PROCESS FOR COMMITTEES**

*It was moved, seconded and carried that the amended Nominations Process for Committees policy be approved.*

**7.5 MAHC MUSKOKA ALMAGUIN OHT COMMITTEE TERMS OF REFERENCE**

*It was moved, seconded and carried that the amended Terms of Reference be approved.*

**8.0 CONSENT AGENDA**

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

***8.1 Approval of the Board of Director Meeting Minutes of March 27, 2025***

***8.2 Receipt of the Meeting Attendance Record***

***8.3 Approval of the Responsibilities of Individual Directors policy with no amendments***

***8.4 Approval of the Responsibilities of the Board policy with no amendments***

***8.5 Approval of the Conflict of Interest policy with no amendments***

**9.0 WRAP UP & ADJOURNMENT**

*It was moved that the open session be adjourned at 6:21 pm.*