

# BOARD OF DIRECTORS

## OPEN SESSION AGENDA

Thursday, June 16, 2025 at 4:00 pm

[Click here to register to attend](#)



<b>Elected Directors:</b>	Dave Uffelmann	Carla Clarkson-Ladd	Bruce Schouten	Tim Ellis	Moreen Miller	Jody Boxall
	Anna Landry	Line Villeneuve	Dr. William Evans	Marni Dicker	Colleen Nisbet	Mary Lyne
<b>Ex-Officio Directors:</b>	Cheryl Harrison	Dr. Khaled Abdel-Razek	Diane George	Dr. Helen Dempster	Dr. Joseph Gleeson	
<b>Executive Support:</b>	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk			
<b>Guests:</b>	Ruth Chalmers	Michael Righetti				

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

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.			4:30 – 4:35 (5)
1	1.2 D. Uffelmann	Approval of Agenda <b>MOTION:</b> That the meeting agenda be approved as circulated.	Not applicable	Decision Making	
---	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>	Not applicable	Not Applicable	

### 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	4:35 – 4:40 (5)
X	3.2 C. Harrison	Report of the President and Chief Executive Officer♦ <i>To receive and discuss the report.</i>	Strengthens all Strategic Directions	Oversight	4:40 – 4:45 (5)

### 4.0 PROGRAM QUALITY & EFFECTIVENESS

XX	4.1 Dr. K Abdel-Razek	Report of the Chief of Staff & Medical Advisory Committee♦ <i>To receive the report.</i>	Quality Care & Safety	Oversight	4:45 – 4:50 (5)
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#### 4.0 Program Quality and Effectiveness Continued...

---	4.2 Dr. W. Evans	Report of the Quality and Patient Safety Committee	Quality Care & Safety	Oversight	4:50 – 4:55 (5)
XX	4.3 Dr. W. Evans	Quality and Patient Safety Report Q4♦ <i>To receive the quarterly report</i>	Quality Care & Safety	Oversight	4:55 – 5:05 (10)
XX	4.4 B. Schouten / Dr. W. Evans	Risk Management Board Policy♦ <b>MOTION: That the revised Risk Management Policy be approved.</b>	Quality Care & Safety	Policy Formation	5:15 – 5:20 (5)

#### 5.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

---	5.1 B. Schouten	Report of the Resources & Audit Committee <i>To receive an overview of Committee activity.</i>	Innovative Future	Oversight	5:25 – 5:30 (5)
XX	5.2 B. Schouten	Summary Report for Q4 Financials♦ <i>To receive an update.</i>	Innovative Future	Oversight	5:30 – 5:40 (10)
XX	5.3 B. Schouten	Broader Public Sector Accountability Act - Annual Attestation♦ <b>MOTION: That the Broader Public Sector Accountability Act Attestation be approved, and the Board Chair be authorized to sign the attestations for submission.</b>	Innovative Future	Decision Making	5:40 – 5:45 (5)
XX	5.4 B. Schouten	Services Accountability Agreement - Annual Attestation♦ <b>MOTION: That the Hospital Service Accountability Agreement Attestation and Multi-Sector Service Accountability Agreement Attestation be approved, and the Board Chair be authorized to sign the attestations for submission.</b>	Innovative Future	Decision Making	5:45 – 5:50 (5)
XX	5.5 B. Schouten	Enterprise Risk Program♦ <i>To receive the update.</i>	Innovative Future	Oversight	5:50 – 6:00 (10)
XX	5.6 B. Schouten	People Metrics and Results♦ <i>To receive the Q4 results.</i>	Our Team is Our Strength	Oversight	6:00 – 6:10 (10)
XX	5.7 B. Schouten	Cerner (eNautilus) Status Updates♦ <i>To receive the report.</i>	Innovative Future	Oversight	6:10 – 6:15 (5)

#### 6.0 LEADERSHIP

---	6.1 D. Uffelman	Report of the Performance Management Committee <i>To receive an overview of Committee activity.</i>	Strengthens all Strategic Directions	Policy Formation	6:15 – 6:30
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### Leadership Continued...

XX	6.2 D. Uffelmann	Chief of Staff 2025/26 Annual Performance Objectives♦ <b>MOTION: That the 2025/2026 Performance Objectives for the Chief of Staff be approved.</b>	Strengthens all Strategic Directions	Decision Making	6:15 – 6:30 (15)
XX	6.3 D. Uffelmann	President and CEO 2025/26 Annual Performance Objectives♦ <b>MOTION: That the 2025/2026 Performance Objectives for the President and CEO be approved.</b>	Strengthens all Strategic Directions	Decision Making	

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

		<b>MOTION: That the following items be approved or received as indicated:</b>			6:30 – 6:35
XX	7.1	Approval of the Board of Director Meeting Minutes of May 8 and June 5, 2025♦	Strengthens all	Decision	
XX	7.2	Receipt of the Obstetrics External Review - Status Update♦	Quality	Oversight	
XX	7.3	Receipt of the Chief of Staff Quality of Care Report♦	Quality	Oversight	
XX	7.4	Receipt of the Patient Declaration of Values Review Process Report♦	Quality	Oversight	
XX	7.5	Receipt of the Ethics Committee Report♦	Quality	Oversight	
XX	7.6	Receipt of the Banking Arrangements Report♦	Innovative Future	Oversight	
XX	7.7	Receipt of the Consultant Use Report♦	Innovative Future	Oversight	
XX	7.8	Receipt of the Insurance Coverage Report♦	Innovative Future	Oversight	

### 8.0 WRAP UP & ADJOURNMENT

---	8.1 D. Uffelmann	<b>MOTION: That the open session be adjourned.</b>	<i>Not applicable</i>	<i>Not Applicable</i>	6:35
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*Break: 6:35 – 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><b>SITUATION</b> <b>Understand the Problem</b></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><b>BACKGROUND</b> <b>Set the Context</b></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><b>ASSESSMENT</b> <b>Consider the Options</b></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><b>RECOMMENDATION</b> <b>Develop an Action Plan</b></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>