

# BOARD OF DIRECTORS

## OPEN SESSION AGENDA

Thursday, September 11, 2025 at 4:00 pm

[Click here to register to attend](#)



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

<b>Elected Directors:</b>	Dave Uffelmann	Carla Clarkson-Ladd	Bruce Schouten	Michael Righetti	Ruth Chalmers	Jody Boxall
	Dr. William Evans	Marni Dicker	Colleen Nisbet	Mary Lyne	Don Macintosh	Beel Yaqub
<b>Ex-Officio Directors:</b>	Cheryl Harrison	Dr. Khaled Abdel-Razek	Diane George	Dr. Helen Dempster	Dr. Rohit Gupta	
<b>Executive Support:</b>	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk			
<b>Guests:</b>						
<b>Observers:</b>						

PAGE #	ITEM # / LEAD	TOPIC - WHAT IS TO BE ACCOMPLISHED/MOTION <small>* denotes attachment    ✖ denotes attachment to follow</small>	STRATEGIC THEME	GOVERNANCE ROLE	TIME (Min.)
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### 1.0 CALL TO ORDER

	1.1 D. Uffelmann	Land Acknowledgment <b>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.</b>	<i>Not applicable</i>	Decision Making	4:00 – 4:05 (5)
	1.2 D. Uffelmann	Approval of Agenda <b>MOTION: That the meeting agenda be approved as circulated.</b>	<i>Not applicable</i>	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 is to excuse him/herself from the meeting for the duration of the discussion.</i>	<i>Not applicable</i>	<i>Not Applicable</i>	
---	1.4 M. Silverthorn/ K. Abdel-Razek	Patient Experience <i>To provide actual experiences of patients to help maintain focus on continually improving patient safety and experience</i>	<i>Not applicable</i>	Information	4:05 – 4:15 (10)

### BUSINESS ARISING

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

---	2.1 D. Uffelmann	Chair's Remarks <i>To receive the report of the Chair.</i>	Strengthens all Strategic Themes	Information/ Education	4:15 – 4:20 (5)
5	2.2 C. Harrison	Report of the Chief Executive Officer <i>To receive the report.</i>	Strengthens all Strategic Themes	Information/ Education	4:20 – 4:30 (10)

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### 3.0 BOARD EFFECTIVENESS

---	3.1 C. Ladd	Report of the Nominations Committee Chair <i>To receive the report.</i>	Strengthens all Strategic Themes	Oversight	4:30 – 4:35 (5)
---	3.2 C. Nisbet	Report of the Governance Committee Chair <i>To receive the report.</i>	Strengthens all Strategic Themes	Oversight	4:35 – 4:40 (5)

### 3.0 PROGRAM QUALITY & EFFECTIVENESS

9	3.1 Dr. K. Abdel-Razek	Report of the Chief of Staff & Medical Advisory Committee* <i>To receive the report.</i>	Quality & Safety	Oversight	4:40 – 4:50 (10)
---	3.2 Dr. B. Evans	Report of the Quality and Patient Safety Committee Chair <i>To receive the report.</i>	Quality & Safety	Oversight	4:50 – 4:55 (5)
13	3.3 Dr. B. Evans	Quality and Patient Safety Report; Q1* <i>To receive the quarterly Report</i>	Quality & Safety	Oversight	4:55 – 5:05 (10)
17	3.4 Dr. B. Evans	Patient Declaration of Values* <b>MOTION: That the Patient Declaration of Values be approved as status quo for approval.</b>	Quality & Safety	Decision Making	5:05 – 5:10 (5)

### 4.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

---	4.1 M. Lyne	Report of the Resources and Audit Committee Chair <i>To receive the report.</i>	Innovative Future	Decision Making	5:10 – 5:15 (5)
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### 5.0 LEADERSHIP

19	5.1 M. Lyne	Quarterly People Metrics and Results* <i>To receive the first quarter results.</i>	Our Team is Our Strength	Oversight	5:15 – 5:25 (10)
---	5.2 D. Uffelman	Report of the Performance Management Committee Chair <i>To receive the report.</i>	Our Team is Our Strength	Decision Making	5:25 – 5:30 (5)
24	5.3 D. Uffelman	President and CEO Annual Performance Objectives Progress Update* <i>To receive the quarterly update.</i>	Strengthens all Strategic Themes	Oversight	5:30 – 5:40 (10)
26	5.4 D. Uffelman	Chief of Staff Annual Performance Objectives Progress Update* <i>To receive the quarterly update.</i>	Strengthens all Strategic Themes	Oversight	5:40 – 5:50 (10)

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

<b>MOTION: That the following items be approved or received as indicated:</b>					
27	7.1	Approval of the Board of Director Meeting Minutes of June 16, 2025*	Strengthens all	Decision Making	5:50 – 5:55 (5)
35	7.2	Approval of the revised Quality & Patient Safety Committee Terms of Reference*	Quality & Safety	Decision Making	
42	7.3	Approval of the Quality & Patient Safety Committee Work Plan*	Quality & Safety	Decision Making	
44	7.4	Approval of the revised Resources & Audit Committee Terms of Reference*	Innovative Future	Decision Making	
50	7.5	Approval of the Resources & Audit Committee Work Plan*	Innovative Future	Decision Making	
54	7.6	Receipt of the 2025/2026 Q1 Compliance Report*	Innovative Future	Oversight	
55	7.7	Approval of the revised Performance Management Committee Terms of Reference*	Our Team is Our Strength	Decision Making	

58	7.8	Approval of the Performance Management Committee Work Plan*	Our Team is Our Strength	Decision Making	
60	7.9	Approval of the Nominations Committee Terms of Reference with no amendments*	Strengthens all	Decision Making	
62	7.10	Approval of the Nominations Committee Work Plan.*	Strengthens all	Decision Making	
64	7.11	Approval of the Board Committee and Terms of Reference Policy with no amendments.*	Strengthens all	Decision Making	
68	7.12	Approval of the Governance Committee Terms of Reference with no amendments.*	Strengthens all	Decision Making	
71	7.13	Approval of the Governance Committee Work Plan.*	Strengthens all	Decision Making	
73	7.14	Receipt of the Accreditation 2026 – Governance Planning and Preparations Report*	Strengthens all	Oversight	

## 8.0 ADJOURNMENT

---	8.1 D. Uffelman	<b>MOTION: That the open session be adjourned.</b>	<i>Not applicable</i>	<i>Not Applicable</i>	5:55
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**Break: 5:55 – 6:20**

**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		
<i>Element</i>	<i>Patient Meaning</i>	<i>Provider Meaning</i>
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.



<b>SITUATION</b> <b>Understand the Problem</b>	<b>BACKGROUND</b> <b>Set the Context</b>
<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>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>
<b>ASSESSMENT</b> <b>Consider the Options</b>	<b>RECOMMENDATION</b> <b>Develop an Action Plan</b>
<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>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>