

## BOARD OF DIRECTORS

# MINUTES

Thursday, March 27, 2025 at 4:00 pm

Virtual via Zoom

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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	Moreen Miller
	Tim Ellis	Line Villeneuve	Colleen Nisbet	Mary Lyne
<i>Ex-Officio Directors:</i>	Cheryl Harrison	Dr. Joseph Gleeson	Diane George	Dr. Helen Dempster
<i>Executive Support:</i>	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk	
<i>Guests:</i>	Judy Moore			
	Imtiaz Daniel, Chief Innovation and Transformation Officer, Ontario Hospital Association			
<i>Observers:</i>	Don Macintosh			
<b>REGRETS:</b>	Dr. Khaled Abdel-Razek			

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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, it was explained that each of the Seven Grandfather Teachings are interconnected, meaning one cannot be fully practiced without the others. For example, wisdom requires love, respect, bravery, honesty, humility, and truth. Respect, represented by the Buffalo, was highlighted for its significance. The Buffalo symbolizes respect because it gives every part of its being to sustain human life, and Native Americans honored this by using every part of the animal and sharing it with others. Respect involves recognizing the value of all things and people, honoring families and oneself, and not causing harm. It is not just an action but a heartfelt feeling. This summary emphasizes the importance of respect within the broader context of the Seven Grandfather Teachings.

### 1.1 APPROVAL OF AGENDA

*It was moved, seconded and carried that the meeting agenda be approved with a minor amendment to the presenter for item 7.2.*

### 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

Cheryl Harrison introduced Ms. Judy Moore who joined the Board to share her recent patient experience and reflections. Ms. Moore is the manager of the ambulance communication center for Muskoka, which is the only privately run dispatch center in Ontario and is also a member of the CEO Community Advisory Group.

Ms. Moore recounted her journey as a patient starting with treatment sought at the emergency department. The urgent and diligent care received, including blood work, scans, and hydration to address dangerously low blood pressure and kidney failure were described. The excellent continuity of care provided by the family physician, and the nursing staff, who were supportive and reassuring to both the patient and their family was highlighted. Despite challenges with IVs, the medical team worked tirelessly to ensure effective treatment during her 16 day in-patient stay. The collaborative efforts of various specialists and the respectful and empathetic attitude of the healthcare staff were praised. The importance of community resources for post-discharge care was emphasized through the sharing of her experience with a clogged pick line that required further intervention. Overall, gratitude was expressed for the comprehensive and compassionate care received throughout the recovery journey. However, the experience at the emergency department also highlighted some inefficiencies and frustrations faced. It was also noted that her family, with healthcare backgrounds, played a crucial role in recognizing the signs of sepsis and advocating for timely care. In closing, gratitude was expressed for the dedicated healthcare professionals at South Muskoka Hospital and the broader network of care that contributed to their excellent treatment.

Ms. Moore was thanked for sharing her experience.

*Judy Moore left the meeting at 4:22 pm.*

#### **1.4 EDUCATION & STRATEGIC DISCUSSION: INNOVATION AND TRANSFORMATION**

Alasdair Smith introduced Mr. Imtiaz Daniel highlighting his extensive experience in hospital financial management and his recent role change to Chief Innovation and Transformation Officer at the Ontario Hospital Association (OHA).

Mr. Daniel presented a report that has sparked discussions at the OHA about future healthcare needs. Collaborating with colleagues from the University of Toronto and the UK, the report highlights the increasing demand on the healthcare system and explores how technology, including AI, can address these challenges. The presentation focused on demographic and epidemiological trends, the burden of illness, chronic diseases, and determinants of health. The report uses health administrative data to project future healthcare needs and emphasizes the importance of early detection and diagnosis of chronic illnesses.

Population growth in Ontario from 2000 to 2023 was outlined, noting significant increases, particularly in the last few years. The aging population was highlighted, with a projected 36% growth by 2040, especially among those over 65. The dependency ratio, comparing non-working to working populations, is also increasing, indicating higher economic demand. Collaborating with the UK, a study was replicated to project future healthcare needs in Ontario. They identified 22 prevalent and costly conditions, dividing the population into groups based on illness severity. The importance of planning and prevention to manage these healthcare needs and ensure high quality of life for those with major illnesses was emphasized along with the need to focus on population health and health equity, particularly by addressing community health and social determinants of health. The goal is to help people live healthier lives with chronic illnesses, delaying the need for hospital care as much as possible. This involves considering factors like aging populations, individual health factors, and social and structural influences.

The high costs associated with major illnesses, which account for a significant portion of healthcare expenses was highlighted. As the demand for healthcare services grows, there will be increased strain on

capacity and a need for system efficiency and integrated personalized care. The importance of prevention and community empowerment to manage healthcare needs effectively was stressed. In addition, the rising per capita healthcare costs and the necessity for strategic, tactical, operational, and social policy discussions was outlined. Innovation will be crucial to addressing these challenges. The Board was advised of the ongoing work to break down healthcare data by regions and communities, assign costs to different groups, and address equity issues, with plans to release regional reports soon.

To emphasize the importance of embracing innovation in healthcare the OHA has created new roles focusing on innovation and transformation. The goal is to harness existing innovations to address healthcare needs, such as early detection of chronic illnesses like dementia, diabetes, stroke, and cancer. It was stressed that there will be a need for a disciplined approach to adopting innovations and building a healthy innovation ecosystem involving academics, government, and healthcare providers. There are significant opportunities for collaboration across Canada to address healthcare demands and improve care through proven innovations. The spreading and scaling of successful innovations across hospitals to enhance healthcare delivery was encouraged.

The floor was open for questions and comments.

Comment was provided regarding the importance of not abandoning healthy public policy in addition to innovation. In terms of the differences between the results and that of the UK results, it was explained that UK's highest percentage growth for conditions like diabetes was 50%, while this data showed over 100% growth. This discrepancy was somewhat of a surprise and highlighted the challenges ahead emphasizing the urgency of the situation.

In terms of how success will be judged and if there is an identified timeframe, it was explained that capacity planning will be important and success will involve compressing morbidity, ensuring patients come to the hospital at the right time, and reducing readmissions. There will be a need for a team-based approach to care, focusing on appropriate settings like home or community rather than hospitals. The challenges were acknowledged but it was noted that the report has become valuable for planning discussions and policy tables. The goal is to bring evidence to discussions and improve healthcare planning.

In response to a question around how costs are being considered in the model to make political forces aware of the future healthcare challenges, it was explained that the model involves assumptions that may change over time due to new interventions or cures. It will be important to periodically update the study, especially with advancements in personalized medicine, AI, and genomics. Currently, they are in the early stages of examining costs, with models linking hospital and community data. Predicting total costs is challenging, as it involves primary care as well.

Comments was provided regarding the data emphasizing the need for impactful decisions and policies. The importance of involving small and rural hospitals in innovation efforts was noted and it was acknowledged that there will challenges of change management and investment. However, there is also optimism about embracing innovations and ensuring everyone benefits, not just academic institutions. It was reinforced that a goal is to lift all hospitals through innovative approaches.

Appreciation was expressed to Mr. Daniel for the presentation.

*Imtiaz Daniel left the meeting at 5:02 pm.*

## 2.0 BUSINESS ARISING

There was no business arising for this meeting.

## 3.0 REPORTS

### 3.1 CHAIR'S REMARKS

The Chair noted that this is the last virtual meeting for this Board cycle, with plans to resume in-person meetings in May. In terms of the June meeting schedule, due to a scheduling conflict that needs to be addressed further information will be forthcoming with respect to rescheduling and streamlining the pre-scheduled meeting. Appreciation was extending to all elected Directors for meeting with the Chair; these discussions were fruitful, highlighting the board's diversity and strength.

Following the recent decision regarding obstetrical services, a small group met with political leaders in Bracebridge to discuss the reopening plans. Dr. Sheena Branigan was recognized and appreciated for playing a key role in these discussions.

The staff team was commended for the handling of the two recent power outages (one planned, one unplanned) that went very smoothly, exceeding expectations.

There were no questions from the floor.

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

The March report of the President and Chief Executive Officer was received for information. Key highlights were provided including the E Nautilus Project which is currently marked as yellow, with potential to turn red. The team is working to understand the total cost of operations for the next 10 years. Updates will be provided in the coming months. In terms of the Family Satisfaction for ICU, it was noted that this target will remain red due to delays in survey availability until the spring. Progress is slow but steady with Respect to reducing reliance on Agency, the team are closely monitoring schedules and shifts, showing improvements and confidence in reaching targets. The team successfully managed both the planned and unplanned power outages, showcasing strong emergency preparedness. Dedicated resources have been assigned for the temporary consolidation of obstetrics who are working closely with Ontario Health and the Ministry of Health on this project. The Lab and CT Accreditation process was also noted. The Board was advised that the CEO Community Advisory Group has been very engaged in discussions including the obstetrical situations providing great feedback and valuable insights. The high participation and positive feedback regarding the Frontline Wellness and Coping Club indicated strong support for these wellness activities. The floor was open for questions and comments.

In response to a question regarding the partnership with Your Health Space, it was explained that it is an external company that comes in runs the program through various formats including lunch and learns and training sessions. There were no actions arising from the discussion or presentation of the report.

## 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. There were no questions or comments from the floor.

#### 4.2 REPORT OF THE QUALITY AND PATIENT SAFETY COMMITTEE

With respect to the work of the Quality and Patient Safety Committee, it was noted for the Board that the education session from the meeting is available on the portal. It focused on patient admission and discharge terminology, length of stay, estimated date of discharge, and care plans. The expansion of Quality portfolio with a Manager, along with two Quality Experience Leads, to strengthen efforts in the quality domain was also highlighted. Bracebridge was recognized for being a top community for donor registration in the province; April 7th was noted as "Be a Donor Month" with Green Shirt Day to promote donor commitment. Dr. Ryan was recognized as the new lead physician for the Trillium Gift of Life Network at MAHC. There were no questions from the floor.

#### 4.3 QUALITY & PATIENT SAFETY REPORT

The third quarter Quality and Patient Safety Report was presented noting that there are areas needing improvement and that the committee also wants to acknowledge the positive aspects and good work being done. The following key metrics were highlighted:

- 90th Percentile for Diagnosis to Admission: Efforts include increasing bed rounds to three times a day to manage patient flow more effectively.
- Glow-Germ Cleaning Audit Score: A drop in results due to new staff needing additional training. Corrective measures are in place to improve this.
- Hand Hygiene Compliance: Lower scores due to staff shortages for audits. Multiple interventions are being implemented to improve compliance.
- Accreditation: The next on-site visit from Accreditation Canada is scheduled for Q4 2026. Preparations are already underway.
- No critical incidents were reported in the last quarter, which is an excellent achievement.

In response to the question, clarification was provided regarding the reduction in workplace violence metric. The definition of violent incidents includes verbal assaults and physical interactions. It was confirmed that higher numbers are better because it indicates more incidents are being reported, addressing underreporting issues. In terms of the actual metrics tracked this includes the Number of Violent Incidents (total incidents reported) as well as Lost Time Due to Violent Incidents (the percentage of incidents resulting in lost work time).

#### 4.4 QUALITY IMPROVEMENT PLAN 2025-2026

The final proposed Quality Improvement Plan: for 2025-2026 was presented and it was highlighted that the final version of the document, reviewed by the Quality and Patient Safety Committee, includes the addition of Indigenous culture safety training for the Board of Directors, as discussed in the previous board meeting. The floor was open for questions and comments.

Discussion ensued regarding a question with respect to the approach to reporting data for Huntsville and Bracebridge hospitals given MAHC is one organization. While moving towards a system-oriented approach, there's value in presenting data both ways to identify differences and learn from each site. Externally, reporting as one hospital system is beneficial, but internally, detailed analysis of each area is necessary for effective quality improvement. This dual approach helps balance overall organizational performance with specific site improvements.

*It was moved, seconded and carried that the Quality Improvement Plan 2025-2026 be approved.*

## 5.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

### 5.1 REPORT OF THE RESOURCES & AUDIT COMMITTEE

The Resources and Audit Committee has had a busy period over the last few months, primarily focusing on the operating plan. They have also received updates from management on the capital budget and held sessions related to IT. The valuable input from community member Rob McPhee on IT matters was acknowledged.

### 5.2 SERVICES ACCOUNTABILITY AGREEMENTS

The Hospital Services Accountability Agreement and Multi-Sector Service Accountability agreement extensions were presented. It was noted that the documents are simple extensions of existing agreements with no changes proposed by either party. The Resources and Audit Committee reviewed the metrics required for compliance and acknowledged that there is little choice but to sign the extension letters. The committee recommended that the Board of Directors execute the agreements as presented, with the understanding that some exceptions may need to be noted.

In response to a question from the floor, it was confirmed that the same extensions have been granted for all hospitals.

*It was moved, seconded and carried that the Board of Directors accept the Hospital Services Accountability Agreement Extending Letter and the Multi-Sector Service Accountability Extending Letter, to amend the term and extend all Schedules to March 31, 2026, and that the Board Chair and Chief Executive Officer be authorized to sign the extending letters, subject to a minor amendment to reflect recognized exceptions.*

### 5.3 ATTESTATION – FIGHTING AGAINST CHILD LABOUR IN SUPPLY CHAIN ACT

Upon presentation of the report, it was explained that the item was introduced last year to comply with federal legislation against child labor and the Supply Chain Act. The board discussed the knowns and unknowns regarding the supply chain and supplier compliance. This year, additional information from our main buyer group confirms their adherence to the legislation, reducing overall risk.

*It was moved, seconded and carried that the Board of Directors authorize the Board Chair to sign the Bill 211 Attestation - Fighting Against Forced Labour and Child Labour in Supply Chains Act.*

### 5.4 2025-2026 CAPITAL BUDGET

The proposed Capital Budget was presented as circulated with the agenda and it was noted that the Resources and Audit Committee spent time to ensure additional clarity was provided with respect to additional carry over funds and where those funds are being allocated. The floor was open for questions and comments.

A question was raised with respect to the complexity of expenditures and any impact of tariffs on procurement, including capital. It was noted that a \$50K contingency has been added at each site to address unknowns. Efforts are being made to mitigate tariff impacts through buying groups and strategic procurement. The team will continue to monitor the situation and address significant changes as they arise but overall the impact is unknown at this time.

With respect to the lifespan of central monitoring systems and other assets in relation to the new builds, it was explained that these types of systems cannot be transferred to the new buildings, as both facilities need active monitoring systems during the transition. The Team is exploring options such as leasing equipment for a shorter term to avoid buying long-term assets that will need replacement when moving to the new facility. This approach ensures equipment remains valid and usable until the move.

In response to a question it was confirmed that the operating room tables being purchased are regular tables, approved for up to 500 lbs in the correct configuration. Bariatric tables, which are wider, would be ideal but pose challenges for the surgical team due to their size. The current OR tables are deemed appropriate for the patient population, and the hospital does not engage in true bariatric surgery due to a lack of necessary infrastructure like specialized CT machines.

In terms of the back up generator at the SMMH Site, the Board was advised that it has been repaired and that there is now one fully functional backup generator.

*It was moved, seconded and carried that the 2025/2026 Capital Budget be approved.*

*Tim left the meeting at 5:40 pm*

## 5.5 ENTERPRISE RISK MANAGEMENT STATUS UPDATE ON PRIORITIES

The report was tabled as circulated with the agenda and the floor was open for questions. Discussion ensued regarding concerns about equipment in the critical or high-risk category. The Facilities team's approach is to examine whether major renovations or repairs can keep equipment functional until the new buildings are ready in 7-8 years. Regular maintenance and specific funding from the Ministry are strategies used to manage these risks. Leasing equipment is also considered as an option for items that cannot be fixed. It was also noted that some equipment is high-risk because there is only one of them, and as such more of a risk to service provision. Balancing current needs with future plans will be crucial and an ongoing focus. There were no actions arising from the discussion.

## 5.6 CERNER (eNAUTILUS) STATUS UPDATES

Given the ongoing activity on the eNautilus project, the Board was provided with an update. The CEO group has met to discuss options for delivery and platforms, while the Clinical Steering Committee and Chief Nursing Executives have been reviewing program rationalization to manage costs. They are



considering various options and assessing the total cost of ownership for the next 10 years. The goal is to balance needs, wants, and affordability. The team is focused on ensuring sustainability and fit-for-purpose solutions, acknowledging the need for constant upgrades and change management. Updates will be provided once all necessary information is gathered for informed decision-making. There were no questions from the floor.

## **5.7 INFORMATION TECHNOLOGY RISK AND SECURITY 5.8 INFORMATION TECHNOLOGY FUTURE PLANNING**

The Information Technology reports were presented and it was explained that the Resources and Audit Committee discussed the challenges of maintaining safe and secure IT systems within the hospital infrastructure and planning for the future. They were reassured by the team's focus on these issues, noting that significant work has been done. Cybersecurity remains a continuous battle, but the Committee felt more confident knowing the level of attention that the IT Team are dedicating to this matter. No further comments or questions were raised.

## **6.0 LEADERSHIP**

### **6.1 PEOPLE METRICS Q3**

Upon presentation of the third quarter People report, it was noted that the team is making good progress on metrics. The vacancy rate for all positions is now 8.81%, close to the OHA benchmark, thanks to efforts by nurse leadership team. There were 53 new hires and only six employees left in the first 90 days this quarter. Position management is being manually tracked until a new HR system is implemented. Challenges with multi-site positions and nursing staff resignations persist, but mentoring programs are in place to support new hires. Approximately 75% of students return as employees, highlighting the success of that program. An increase in workplace violence incidents has led to increased security staff to address the issue. The floor was open for comments and questions.

With respect to housing as a barrier for recruitment, it was explained that housing remains a concern, but the issue has shifted from a lack of availability to a lack of affordable housing. Talent acquisition specialists advise applicants to negotiate, which has been somewhat successful. Recent feedback indicates that securing accommodation is less of a crisis now, with new staff managing to find rental options.

A suggestion was provided that there may be opportunity to target recruitment at recent Colleges that have been reducing part-time contract instructors due to fewer foreign students.

Discussion ensued regarding the challenges of multi-site positions, with feedback indicating that travel time is a significant factor. Employees who already commute 45 minutes may find an additional 25 minutes burdensome. Personal preferences and living locations also play a role. Future redevelopment plans, including potential transportation services, may mitigate these concerns. Additionally, the sense of team dynamics varies between sites, which can affect employee satisfaction. Standardizing programs and services across sites may help reduce these issues over time. It was also confirmed that if a staff member is asked to attend the opposite site after starting their shift, they are compensated for mileage.

Clarification was sought regarding the definitions of voluntary separation and resignation. Further follow-up is needed to confirm these definitions and understand the implications, as voluntary separation may involve additional costs for the organization.



## 6.2 PERFORMANCE MANAGEMENT COMMITTEE REPORT

There was no report as all items are included on the agenda.

## 6.3 PRESIDENT AND CEO ANNUAL PERFORMANCE OBJECTIVES PROGRESS UPDATE

The third quarter report was presented and the Board was reminded that in addition to the Committee reviewing status updates, progress is also reviewed at the regular Board Chair/Vice Chair meetings that occur monthly. It was confirmed that the employee engagement survey results have been presented to the Resources and Audit Committee and will come forward to the Board in May.

## 6.4 CHIEF OF STAFF ANNUAL PERFORMANCE OBJECTIVES PROGRESS UPDATE

Following presentation of the progress update, a question was raised regarding minor procedures like vasectomies and carpal tunnels, when moved out of the operating room to increase efficiency. It was confirmed that they do still count as day surgeries if done in a clinic. It was also noted that some procedures are underfunded regardless of location, and increasing operating room time for higher-weighted cases is more beneficial for funding.

## 7.0 BOARD EFFECTIVENESS

### 7.1 POLICY REVIEW – PERFORMANCE MANAGEMENT COMMITTEE

The policy revisions were presented as circulated with the meeting package; there were no questions from the floor.

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

- a) Chief of Staff Selection and Succession Planning*
- b) President & CEO and Chief of Staff Compensation*

### 7.2 POLICY REVIEW – RESOURCES AND AUDIT COMMITTEE

Upon presentation of the policy amendments, it was clarified that the Resources and Audit Committee had agreed that the addition to the Investment Policy was not necessary and thus is to be removed.

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

- a) Board Award of Excellence Policy*
- b) Investment Policy as further amended.*
- c) Borrowing Policy*

## 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 February 13, 2025*
- 8.2 Receipt of the Quality Council Update*
- 8.3 Receipt of the Patient Family Advisory Council Report*
- 8.4 Receipt of the Trillium Gift of Life Network Report*
- 8.5 Receipt of Expense Reports*
- 8.6 Approval of the Insurance and Asset Protection Policy with no amendments*

## 9.0 WRAP UP & ADJOURNMENT

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