

BOARD OF DIRECTORS

OPEN SESSION AGENDA

Thursday, March 26, 2026 at 4:00 pm

[Click here to register to attend](#)



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

Elected Directors:	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
Ex-Officio Directors:	Cheryl Harrison	Dr. Khaled Abdel-Razek	Andrea Lucas	Dr. Helen Dempster	Dr. Rohit Gupta	
Executive Support:	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk			

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 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.	<i>Not applicable</i>	Decision Making	4:00 – 4:05 (5)
	1.2 D. Uffelmann	Approval of Agenda MOTION: That the meeting agenda be approved as circulated.	<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	Patient Experience <i>To ground governance discussions in real-world impacts and ensure strategic oversight remains patient-centred.</i>	Quality Care & Safety	Information	4:05 – 4:15 (10)

BUSINESS ARISING

There is no business arising for this meeting

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)
	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 PROGRAM QUALITY & EFFECTIVENESS

	3.1 Dr. K. Abdel-Razek	Report of the Chief of Staff & Medical Advisory Committee♦ <i>To receive the report.</i>	Quality & Safety	Oversight	4:30 – 4:40 (10)
	3.2 D. Uffelmann	Report of the Quality and Patient Safety Committee Chair <i>To receive a verbal report regarding the activities of the Committee.</i>	Quality & Safety	Oversight	4:40 – 4:45 (5)
	3.3 D. Uffelmann	Quality and Patient Safety Report Q3♦ <i>To receive the quarterly Report</i>	Quality & Safety	Oversight	4:45 – 4:55 (10)
	3.4 D. Uffelmann	Quality Improvement Plan 2026-2027♦ MOTION: That the indicators for 2026/2027 Quality Improvement Plan be approved .	Quality & Safety	Oversight	4:55 – 5:05 (10)

4.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

	4.1 M. Lyne	Report of the Resources and Audit Committee Chair <i>To receive a verbal report regarding the activities of the Committee.</i>	Innovative Future	Oversight	5:05 – 5:10 (5)
	4.2 M. Lyne	Enterprise Risk Management Status Update♦ <i>To receive and discuss the update</i>	Strengthens all	Oversight	5:10 – 5:20 (10)
	4.3 M. Lyne	Quarterly Financial Report (Q3)♦ MOTION: That the Board of Directors receive the year-to-date financial results December 31, 2025.	Innovative Future	Decision Making	5:20 – 5:30 (10)
	4.4 M. Lyne	Policy Review: Equity, Diversity and Inclusion♦ MOTION: That the amended Equity, Diversity and Inclusion Policy be approved.	Our Team is Our Strength	Policy Formation	5:35 – 5:40 (5)

5.0 LEADERSHIP

	5.1 D. Uffelmann	Report of the Performance Management Committee Chair <i>To receive a verbal report regarding the activities of the Committee.</i>	Our Team is Our Strength	Oversight	5:40 – 5:45 (5)
	5.2 D. Uffelmann	President and CEO Annual Performance Objectives Progress Update♦ <i>To receive the quarterly update.</i>	Strengthens all Strategic Themes	Oversight	5:45 – 5:55 (10)
	5.3 D. Uffelmann	Chief of Staff Annual Performance Objectives Progress Update♦ <i>To receive the quarterly update.</i>	Strengthens all Strategic Themes	Oversight	5:55 – 6:05 (10)
	5.4 D. Uffelmann	Policy Review – President and CEO Selection and Succession Planning♦ MOTION: That revised President and Chief Executive Officer Selection and Succession Planning be approved.	Strengthens all Strategic Themes	Policy Formation	6:05 – 6:10 (5)

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6.0 CONSENT AGENDA - *To approve/receive the items listed below without further debate.*

	6.1	MOTION: That the following items be approved or received as indicated: Approval of the Board of Director Meeting Minutes of February 12, 2026♦	Strengthens all	Decision Making	6:10 – 6:15
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	6.2	Receipt of the 2025/2026 Q3 Compliance Report*	Strengthens all	Information	(5)
	6.3	Receipt of the Physician Retreat Summary*	Our Team is Our Strength	Information	
	6.4	Receipt of the PFAC Recruitment Outline*	Quality & Safety	Information	

7.0 ADJOURNMENT

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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.



SITUATION Understand the Problem	BACKGROUND Set the Context
Tell the Story What exactly is the problem we have to solve? Who needs to be involved in the decision-making? Who has the authority to make the decision?	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?
ASSESSMENT Consider the Options	RECOMMENDATION Develop an Action Plan
Ask first – is doing nothing an option? What are the Benefits or Strengths? What are the Harms / Limitations / Consequences? How does this align with values? How does this align with relevant MAHC Values/Principles/Policies and Legislation/Laws?	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?