

BOARD OF DIRECTORS MINUTES

Thursday, February 12, 2025 at 4:00 pm held virtually via Zoom

PRESENT:

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

1.0 CALL TO ORDER

Dave Uffelmann, Board Chair called the meeting to order at 4:00 pm. The Land Acknowledgment Statement was read aloud. In support of the Land Acknowledgement, Michael Righetti acknowledged National Indigenous Languages Day, emphasizing the importance of Indigenous languages in identity, culture, and self-determination. The impact of federal legislation, including the Indigenous Languages Act and the Indian Act, on Indigenous language and culture was highlighted, noting progress but ongoing work is needed. The recent renaming of Muskoka Road 38 to Kanien'keháka Iohatátie meaning "Mohawk People Road" was cited as an example of restoration and recognition. Restoring Indigenous languages to the land is a meaningful step in truth, reconciliation, and fostering culturally safe health care. For more information, Directors were welcomed to visit [The District of Muskoka Website](#) or <https://www.youtube.com/watch?v=EHbpyt70Tec> to hear the correct pronunciation.

1.1 APPROVAL OF AGENDA

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

1.2 DECLARATION OF CONFLICT OF INTEREST

Upon review of the agenda, there were no conflicts of interest declared.

2.0 BUSINESS ARISING

There was no business arising for this meeting.

3.0 REPORTS

3.1 CHAIR'S REMARKS

The Chair noted that the agenda is lighter than usual, partly because there is no patient story this round and the operating budget was not ready for discussion. Feedback from the Governance Committee meeting was highlighted about the board sometimes delving too deeply into operational matters, emphasizing the importance of staying focused on strategic and governance issues. Presenters were reminded to assume briefing notes have been read and to focus on highlights or new information rather than repeating content. The importance of submitting questions in advance is reiterated, with the recommendation that significant questions and their answers should be shared with the entire board or committee for transparency and proper documentation. The Chair thanked the members of senior team for stepping up after a recent staff departure. Finally, Andrea Lucas was welcomed to her first board meeting, noting her extensive healthcare experience of over 20 years, including 10 at the senior executive level and her strong background in clinical services and building sustainable partnerships, making her a great fit for assisting the organization achieving the mission and vision.

3.2 REPORT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

The report of the President and CEO was presented and highlights of key accomplishments and challenges over the past two months were reviewed. Efforts to develop a balanced scorecard are ongoing, with meaningful performance indicators being created in collaboration with board committees. The plan is to present a draft at the March board meeting and pilot the scorecard in the next fiscal year.

The hospital faced a significant holiday surge in emergency department volumes, largely due to higher influenza rates not seen in years. This led to gridlock escalation, prompting support from regional partners and creative solutions to patient care. Staff demonstrated exceptional dedication, and patient feedback remained positive despite difficulties.

The obstetrical program, in partnership with Soldiers' Memorial Hospital, is moving forward with a formal steering committee and shared governance model, closely monitored by Ontario Health and the Ministry of Health. The report also celebrated the "Quiet Zone" initiative to reduce medication errors, a grassroots effort driven by frontline staff and the Safe Medication Practice Committee. A new mammography machine, arriving in February, will improve cancer detection, patient comfort, and staff ergonomics, thanks to donor support. Finally, strong holiday spirit among staff was recognized, with events like pancake breakfasts boosting morale and fostering a sense of appreciation and recognition. The floor was open for questions.

In response to a question about lessons learned from the holiday surge, it was explained that the hospital's Gridlock Policy was tested at higher levels than usual. This required consideration of canceling or rescheduling surgeries to manage patient flow, a step taken reluctantly due to its impact on access to care. A debrief is underway with physicians and staff reviewing the policy and processes, aiming to identify improvements for future surges. Findings from this review will be shared once available.

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 highlighted that Emergency medicine continues to operate smoothly at both sites, maintaining uninterrupted coverage 24/7. South Muskoka anticipates two new recruits, with Ontario Health's support helping ensure full coverage. Interruptions in ultrasound services have improved under new leadership and are expected to be resolved fully in the coming weeks. The hospitalist programs at both hospitals are running well. Efforts to recruit internal medicine specialists continue. While Huntsville's schedule is nearly complete, South Muskoka continues to rely on locum or cross-coverage. Recent legislative changes have made it easier to recruit physicians from outside Ontario. Utilization and patient flow have improved, with occupancy rates dropping by 10% and reductions in both total patient days and conservable days. However, there are still opportunities for further decreases.

Dr. Dempster provided an update on behalf of the Credentialed Staff Association noted that the most recent meeting was well attended, with discussions focusing on ongoing challenges in diagnostic imaging and the impact of internal medicine shortages, especially at South Muskoka. There is continued commitment to addressing these issues, with the next meeting planned for March 31 in Huntsville. The floor was open for questions and comments.

In response to a question regarding meeting attendance, it was explained that attendance is generally strong but improved with clear communication about in-person and virtual options. The recent meeting, moving to

fully virtual due to weather, saw high participation and engagement. However, efforts to encourage in-person attendance have also helped foster collegiality between sites, while the virtual format continues to enable broader involvement and discussion.

4.2 CREDENTIALLED STAFF HUMAN RESOURCES PLAN

The Credentialed Staff Human Resources Plan was presented, and it was explained that it is developed through annual discussions with department chiefs and regular meetings to assess physician needs, including anticipated retirements and areas requiring additional support. Input is also gathered from leadership, managers, and directors to identify short-staffed services. The focus for the coming year is on internal medicine, family medicine, hospitalist medicine, as well as obstetrics and emergency medicine for SMMH. The floor was open for questions.

Clarification was provided regarding the hospitalist program and how family practice positions are funded. While the number of hospitalists is planned to increase to support the existing workload, no new funding or additional positions are being requested, these are to support the current model. Funding for hospitalist lines comes partly from a longstanding Ministry of Health stipend and partly from the hospital itself, with different models at each site to ensure quality care. The increase in hospitalist numbers is about maintaining service, not expanding it, and does not result in extra costs. Negotiations are ongoing provincially with respect to this funding as there has been no increase in the funding model for 15 years.

A typo was identified in the SMMH emergency department headcount, initially listed as 2 instead of the correct number, 12. The full-time equivalent values were confirmed as accurate, with SMMH at 7.5 FTE and Huntsville at 10 FTE.

In terms of the column referring to family practitioners it was clarified that they are credentialed, and all credentialed practitioners actively participate in the hospitalist program. MAHC has a high percentage of community family physicians with credentials who provide care in hospital, while only a minority in the community lack hospital privileges.

It was moved, seconded and carried that the Board of Directors approve the Credentialed Staff Human Resources Plan with the correction to the SMMH emergency department head count.

4.2 REPORT OF THE QUALITY AND PATIENT SAFETY COMMITTEE CHAIR

On behalf of the Quality and Patient Safety Committee, Bruce Schouten provided an update from the Quality and Patient Safety Committee meeting. Directors were encouraged to review the meeting minutes, especially the information included regarding sensitivity and cultural safety for the Indigenous population. The committee discussed several topics, including the balanced scorecard proposal, obstetrics, and emergency codes, as well as the addition of five transitional care beds at Granite Ridge Retirement Residence. Most of the meeting focused on reviewing the draft quality improvement plan and its mandated indicators for 2026-2027 mainly related to the emergency department. The plan and its metrics will be further reviewed and brought to the board for approval at the next meeting. There were no questions from the floor.

4.3 POLICY REVIEW: QUALITY IMPROVEMENT AND SAFETY

The amended policy was presented as recommended by the Quality and Patient Safety Committee. There were no questions or comments from the floor.

It was moved, seconded and carried that the revised Quality Improvement and Safety policy be approved.

5.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

5.1 REPORT OF THE RESOURCES & AUDIT COMMITTEE

Mary Lyne informed the Board that the Resource and Audit Committee met on January 30th, acknowledged Sonja Stirling's retirement (Director of Finance). The meeting addressed transitioning all staff, including physicians, to standardized MAHC emails and Microsoft Teams as part of the O365 suite, as well as reviewed capital budget funding and associated risks. The next meeting is scheduled for February 27, 2026. There were no questions from the floor.

5.2 INFORMATION TECHNOLOGY: FUTURE PLANNING (EMAIL & VIRTUAL MEETINGS)

The motion to transition to MAHC issued email addresses and adopt Microsoft Teams as the main virtual meeting platform was tabled. It was explained that the rationale for this change centers on standardizing technology to reduce risk and enhance cybersecurity, particularly against phishing and spam emails. By consolidating platforms, the organization will also align with regional health care partners and reduce costs associated with alternative meeting applications. There were no questions or comments.

It was moved, seconded and carried that the Board of Directors approve the full transition to MAHC-issued email addresses and the adoption of Microsoft Teams as the primary virtual meeting platform across Muskoka Algonquin Healthcare (MAHC).

5.3 CAPITAL BUDGET

The 2026-2027 capital budget was presented, and it was explained that the organization follows a thorough annual process for developing an equipment plan, using a ranking system involving input from internal teams and the Foundation. Funding needs consistently exceed what the Foundations can provide, with this year's requirements outpacing available funds by a ratio of five to one. As the organization approaches redevelopment in 2032, equipment constraints will be an ongoing concern. Discussions with the Foundations are ongoing to seek additional support. The floor was open for questions.

It was confirmed that the capital expenditures outlined on the Special Allocation list in the report is funded by a Foundation campaign and sits outside the usual \$1 million annual allocation received. It was also confirmed that these special allocations are provided in addition to the regular funding, and the Foundation has already responded positively to these campaigns.

It was moved, seconded and carried that the 2026/2027 Capital Budget be approved.

6.0 BOARD EFFECTIVENESS

6.1 REPORT OF THE NOMINATIONS COMMITTEE CHAIR

Carla Clarkson-Ladd informed the Board that the Nominations Committee met in January to plan for the upcoming recruitment of Director and Committee Advisory Members, noting five director vacancies this year all eligible for reelection. The committee discussed the necessary skills needed to fill these gaps and support MAHC's mission and set a timeline to present candidates by June. Board members were encouraged to consider any outreach to potential candidates that may be good additions to the board or as committee appointee members, whether it be for this term or future terms. There was no further discussion.

6.2 REPORT OF THE GOVERNANCE COMMITTEE CHAIR

On behalf of the Governance Committee, Colleen Nisbet highlighted that a board diversity questionnaire prompted a productive discussion, resulting in additional questions and a decision to revisit the topic in a future meeting. Additionally, the December Board meeting evaluation results received positive feedback, emphasizing the value of honest and transparent input for strengthening board governance. There were no questions from the floor.

6.3 BOARD RETREAT PLANNING UPDATE

It was reported that the agenda, speaker, and location for the April 16th board retreat have been finalized. The retreat will take place at Hidden Valley in Huntsville, with Andrew Williams serving as the facilitator. The day's focus will be on future board priorities, governance, stakeholder engagement, sustainability, and the Made-in-Muskoka model. Pre-reading materials will be provided by March 27th to allow ample preparation time, and a follow-up report will be presented in June.

6.4 POLICY REVIEW – REMOVAL OF A DIRECTOR

The proposed revisions to the policy as recommended by the Governance Committee were presented. The revisions are intended to enhance detail and streamline the process. Further revisions were tabled for consideration:

- The wording under the second bullet point was proposed to be clarified as “failure to observe board solidarity ~~that is~~, **meaning failure to** publicly supporting all decisions made by the board, irrespective of their individual opinion”.
- The bullet point regarding participation was proposed to be updated as “inappropriate or lack of participation ~~to effective~~ **in** discussion and board decision making” to “inappropriate or lack of participation in discussion and board decision making...” This change removes subjective language and strengthens the statement.
- In terms of performance deficits, the suggested change was “The director in question will be advised of performance deficits ~~as outlined in reasons for removal of a director~~ and advises that removal from the board could be a consequence of **such deficits if not corrected.**”
- In terms of authority for the process, there was discussion about whether this should include both the chair and vice chair. After debate, the consensus was to retain the reference to “chair” only, for clarity and consistency.

Following discussion, the proposed revisions were accepted.

It was moved, seconded and carried that the revised Removal of a Director policy be approved as further revised.

7.0 CONSENT AGENDA

It was moved, seconded and carried that the following items be approved or received as indicated:

7.1 Approval of the Board of Director Meeting Minutes of December 11, 2025

8.0 WRAP UP & ADJOURNMENT

It was moved that the meeting be adjourned at 5:17 pm.