

BOARD OF DIRECTORS

MINUTES

Thursday, February 13, 2025 at 4:00 pm

Virtual via Zoom

Approved March 27, 2025

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	Dr. Khaled Abdel-Razek	Dr. Helen Dempster
<i>Executive Support:</i>	Alasdair Smith	Mary Silverthorn	Tammy Tkachuk	
<i>Guests:</i>	Katie Zammit, Manager, Women & Children's Health and Transitional Care, MAHC			
	Dr. Abi Sriharan, Scientific Director and Senior Scientist - AI and Health Sector Organizations, Krembil Centre for Health Management and Leadership; Adjunct Professor, Health Sector Innovation, Schulich School of Business			
REGRETS:	Diane George			

1.0 CALL TO ORDER

Dave Uffelmann, Board Chair called the meeting to order at 4:01 pm. Guests were welcomed to the meeting. The Land Acknowledgment Statement was read aloud. In support of the Land Acknowledgement, The Board was provided with an overview of the seven grandfather teachings broadly and a more in-depth summary of the teaching of love.

1.1 APPROVAL OF AGENDA

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

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

Katie Zammit provided a patient story regarding a patient with developmental delay, early dementia, diabetes, and hypertension that lived in the community with support but had issues with the spouse's ability to provide care. The Public Guardian and Trustee (PGT) controlled the patient's finances and flagged their passport for safety reasons. The patient was admitted to the hospital in October after being found wandering. The PGT raised concerns about their care and requested a formal review of the spouse's ability to make decisions. A complex case resolution meeting was held with various community and healthcare partners. The team explored all care options, including long-term care, group homes, and specialized beds. Miscommunications due to the spouse's limited English were identified and a professional translator was involved to ensure clear communication. The care team proposed a novel solution involving adult day programming at a local retirement home. The care team remains committed to finding the best solution for the patient, balancing ethical considerations and patient-centered care.

The situation is ongoing, with the team working diligently to ensure safety and well-being. The experience highlighted the substantial work involved in complex cases and the need for innovative and creative solutions.

Katie Zammit left the meeting at 4:15 pm.

1.4 EDUCATION & STRATEGIC DISCUSSION: ARTIFICIAL INTELLIGENCE IN HEALTHCARE

Dr. Abi Sriharan provided a presentation highlighting the components of Artificial Intelligence (AI) noting that it is not a single technology but comprises various components like machine learning, natural language processing, robotics, and computer vision. The differences between narrow AI and general AI were also outlined. AI technologies are categorized based on their capabilities, from narrow AI to more advanced stages like theory of mind AI and self-aware AI, which are not yet realized. The presentation also highlighted applications in healthcare including telemedicine, patient education, imaging, diagnostics, and administrative tasks. However, its effectiveness depends on the quality of data and digital infrastructure. AI implementation faces many challenges for healthcare organizations like data governance, privacy, workforce readiness, and the need for strong digital infrastructure. There are also risks of AI making errors or being misused. Successful AI adoption requires strategic oversight, governance, risk management, workforce training, and stakeholder engagement. Organizations need to prioritize high impact use cases and ensure ethical and regulatory compliance. Additionally, organizations must be prepared for rapid technological changes and continuously monitor and adapt AI systems to ensure they provide value and do not cause harm. The floor was open for questions and comments.

In response to a question, discussion centered around the integration of AI tools within existing health information systems (HIS). There is a potential future where AI tools are seamlessly incorporated into health information systems like Epic, Meditech, or Cerner. Hospitals need to ensure that AI modules work well together and do not create conflicts. It will be important for hospitals to create a database of AI tools and have a robust governance framework to oversee AI integration and ensure compatibility. Hospitals will need to strategically decide which AI tools to adopt, considering factors like cost, effectiveness, and the ability to replace or upgrade tools as new technologies emerge. The importance of strategic planning, governance, and continuous adaptation to successfully integrate AI into healthcare systems was reinforced. The Chair thanked Dr. Sriharan for the presentation.

Dr. Abi Sriharan left the meeting at 5:00 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 work related to capital redevelopment is ongoing and continues to be a significant focus while at the same time operations are progressing rapidly, with both challenges and positive developments. Appreciation was expressed for the resilience and efforts of the senior team, the entire organization, and the board, especially given the numerous issues faced.

It was also noted that there is a continuous effort to improve governance and meeting efficiency with a focus on balancing strategy, education, and necessary tasks. It was emphasized that there is a need to respect the work done by committees allowing time for focus at the board level on significant issues not already addressed by committees. The Board was also reminded that one of the objectives for this year is to reflect on the different meeting approaches and undertake an evaluation. Directors were encouraged to continue to provide feedback through the evaluations.

3.2 REPORT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

The February report of the President and Chief Executive Officer was received for information. Key highlights were provided including appreciation to the Steering Committee for their work on the Strategic Plan refresh and the Board's availability for the special meeting scheduled for February 18th. The acute care bed occupancy continues to be consistently high, often exceeding capacity. The team was commended for providing excellent care despite space challenges. The Board was also reminded of the several partnerships in place providing for 16 additional beds for hospice and transitional care, all with high occupancy rates. The Emergency Department was noted for achieving the 10-minute target for ECGs in heart attack patients 100% of the time in December. The organization is grateful for the reintroduction of the Indigenous Patient Navigator role made possible in partnership with the Barrie and Area Native Advisory Circle. The Political Leaders Forum was a successful forum and provided the opportunity to review accomplishments and discuss future plans. The increased traffic to the microsite and successful communication efforts were also highlighted; the communications team was acknowledged for their innovation and expertise. The Board was informed that management has submitted its responses to the questions from the Ministry of Health regarding the Stage 1.3 submission; follow-up meetings will be planned after the provincial election. The floor was open for questions and comments.

Clarification was sought regarding the Indigenous Patient Navigator role. It was explained that initially, the position was a pilot to assess its effectiveness. It has now received funding, requiring yearly reapplication. The role is now exclusively focused on patient care and supporting Indigenous traditions and teachings in patient care, rather than team member education. Efforts include providing comfort measures like parking passes and meals for family members, which were not previously offered. Overall, the position has been refined to better support Indigenous patients and their families. Interest was expressed in receiving further reports in the future.

In relation to recent the closure of eight assisted living units at Oakwood Heights and its potential impact on hospital occupancy, it was explained that the closure poses a risk as residents will need alternative housing, and retirement homes have limited subsidized spots. Without alternatives, these individuals could end up in hospital, impacting ALC volumes.

The Chair posed a question to the Board around opportunities for the Board to recognize staff achievements in a similar manner to the "high-five" recognition system. The board was encouraged to think creatively about how to provide this recognition and share suggestions via email.

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. Key highlights from the report included the updates from Ontario Health Central and Ontario Hospital Association on future health needs planning. Also noted were the quarterly reports on length of stay, with improvements noted in ALC patient length of stay. The Medical Advisory Committee will be taking part in the approved leadership development program along with a cultural mapping process. In terms of Surgical Services, efforts are underway to improve communication and booking processes. The coverage of shifts for the Emergency Department is being supported through the emergency department locum program. There is stable coverage in Internal Medicine with some reliance on locums at the South Muskoka site. As it relates to Family Practice and Hospitalists, there are some challenges due to increased beds and unattached patients, with ongoing recruitment efforts for hospitalists. The floor was open for questions and comments.

In response to a question related to the differences in staffing of the two emergency departments, it was explained that there have been ongoing difficulties in recruiting long-term ER physicians, particularly in Bracebridge, for the past two years. Recently, through the Muskoka and Area Ontario Health Team a new recruiter has been introduced who has made significant progress, including two potential full-time ER physician recruits for South Muskoka. Overall, there is optimism about improving staffing in the coming months. In terms of the support from Health Force Ontario (HFO) for locum coverage, there is a slight additional cost for HFO physicians. However, HFO support is not universally available; organizations must meet certain criteria to qualify.

In terms of improving communication within surgical services, it was confirmed that the improvements are being implemented at both sites. The booking process for add-on cases has been standardized. Additionally, the organization has purchased the MORE OB program, which includes a one-day communication module for the entire surgical team at both sites. There were no follow up actions arising from the discussion.

4.2 CREDENTIALLED STAFF HUMAN RESOURCE PLAN

The Credentialed Staff Human Resource Plan was presented as circulated with the agenda package. A few changes over the prior year plan were highlighted including that staffing needs are now quantified in terms of Full-Time Equivalents (FTEs). For emergency medicine, 1 FTE equals 13-14 shifts per month, with a need for 4 FTEs at South Muskoka. The Hospitalist program is now separated from family medicine. Each site will have 4 lines for hospitalists, totaling 16 hospitalist weeks per month, with a current need of 3 FTEs per site. There are physicians in the pipeline for hospitalist positions, and the system for hospitalists is being updated to ensure minimal differences between sites. The floor was open for questions and comments.

A question was raised with respect to the budget implications of expanding the hospitalist program. It was clarified that there are two lines per site funded by the Ministry of Health, but the proposed additional lines are not yet in the budget. The additional positions are necessary to maintain current capacity and avoid closing beds or reducing services. Planning for the additional lines needs to start three months in advance for scheduling purposes. The financial impact will be part of the 2025-2026 budget discussions at the upcoming Resources and Audit Committee. There was general discussion regarding the need to understand the financial implications before approving additional positions, especially given budget constraints. There was agreement to support the motion subject to the discussion regarding the budget at the Resources and Audit Committee.

A question of clarification regarding the family health teams and it was explained that the Burk's Falls Family Health Team covering the Almaguin area is not included in the current family practice complement as those physicians do not hold privileges at Muskoka Algonquin Healthcare. here are discussions about closer cooperation between the teams, which may lead to changes in the future.

It was moved, seconded and carried that the Board of Directors approves the Credentialed Staff Human Resources Plan subject to review of the budget by the Resources and Audit Committee.

4.3 REPORT OF THE QUALITY & PATIENT SAFETY COMMITTEE

The Quality of Patient Safety Committee meeting on January 21st and welcomed new member Dr. Scott Whynot. The Committee received an educational session on falls prevention highlighting the screening process for all patients and the use of yellow wristbands for those at risk. The recording of this session is available on the Board portal. An external review by London Health Sciences provided recommendations for obstetrical care; a working group is developing a prioritization of actionable items and will be bringing more detail back to the Committee. A regular update on quality-of-care issues from all departments was received, including the safety of surge units. In general, the meeting emphasized ongoing efforts to improve patient safety and care quality, with specific focus areas and actionable plans.

4.4 QUALITY IMPROVEMENT PLAN 2025-2026

The draft Quality Improvement Plan: for 2025-2026 was presented and it was highlighted that it includes metrics for access and flow, equity, experience, and safety, focusing on emergency department efficiency. The Board was reminded that it is required by the Excellent Care for All Act, must be approved annually by the Board, and publicly reported. The plan emphasizes improving care quality and efficiency, with specific metrics to track progress and ensure accountability. Ontario Health mandates specific metrics in access and flow, equity, experience, and safety. Access and flow focuses on emergency department efficiency, including offload times, initial assessments, and length of stay. Experience measures patient satisfaction with information received about their care at discharge, targeting over 70%. Safety includes medication reconciliation and tracking violent workplace incidents. With respect to the equity section, the Board was asked for comments and feedback on whether the Board should also complete Indigenous cultural safety training, alongside executive and management teams, to lead by example and enhance understanding. There was full support from the Board for this inclusion.

New this year is the collaborative metric working with partners towards improvement in ALC. The Committee had some discussions on whether it should be included in the QIP and generally there was agreement it should given the importance of the issue for the hospital. It was explained that although not required by the Ministry or Ontario Health, including this metric is seen as important for public reporting and demonstrating system-wide impact. Discussion ensued regarding concerns about setting a target reliant on external partners and the challenges and risks associated with the approach. It was explained that a target of 28% is considered achievable with collaborative efforts, despite historical challenges in meeting lower targets. Overall, the discussion supported including the ALC metric to drive improvement and accountability. There was endorsement from the Board to take the draft back to Committee for finalization.

4.5 POLICY REVIEW – PRIVACY, CONFIDENTIALITY AND SECURITY OF INFORMATION

The Privacy, Confidentiality and Security of Information policy was presented and it was explained that the Committee felt clarification was needed with regards to who the policy applied to. In addition, cross references to other applicable policies have been added.

It was moved, seconded and carried that the Privacy, Confidentiality, and Security of Information policy be approved.

Jody Boxall left the meeting at 6:00 pm

5.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

5.1 REPORT OF THE RESOURCES & AUDIT COMMITTEE

The Resources and Audit Committee met on January 31st with a full agenda. Most items discussed are on the current meeting's agenda. The only item not included here was the audit plan discussion, which follows the usual processes and has historically met deadlines.

5.2 ENERGY PLAN ENVIRONMENTAL, SOCIAL AND GOVERNANCE (ESG) ISSUES

Following presentation of the pre-circulated report, discussion ensued regarding the inclusion of spiritual care in such a report, and if it would be more suited with clinical care report rather than sustainability. Consideration was given to the definition of ESG, which encompasses social activities not just environmental. It was also questioned if spiritual care fits with the Committee's mandate or if it needs a new home. Overall, the discussion highlighted the need to appropriately categorize initiatives. Management will take this into account going forward.

In response to a question regarding Greening Healthcare, it was explained that the hospital has been a member since 2010, focusing on energy savings and sustainability projects. The value of this membership was discussed along with the benefits in learning opportunities and project focus moving forward.

5.3 INCLUSION, DIVERSITY, EQUITY AND ANTI-RACISM (IDEA) COMMITTEE UPDATES

The IDEA Committee report was presented, and it was highlighted is a management committee that has provided information on its activities over the past year. The committee's work is ongoing with plans to enhance metric reporting and ensure quarterly measurements, especially in clinical areas.

A comment from the floor expressed appreciation for the committee's efforts, noting the importance and impact of their work. Overall, the committee's initiatives are recognized as valuable and impactful, with a focus on continuous improvement.

5.4 COMMITTEE TERMS OF REFERENCE

The revised Terms of Reference was presented with amendments to ensure alignment and delineation of roles and responsibilities. There were no questions or concerns from the floor.

It was moved, seconded and carried that the amended Resources and Audit Committee Terms of Reference be approved.

6.0 BOARD EFFECTIVENESS

6.1 REPORT OF THE NOMINATIONS COMMITTEE

The Board was informed that the Committee met on January 13th and discussed the marketing approach and a press release for board member recruitment. To date, five external applications have been received, with a goal to generate more interest before the March 7th deadline. Four board positions and three community member spots are open. The emphasis will be on recruiting candidates with skills in strategic planning, community relationship building, and integration and systems enabling, due to upcoming transformative projects. Specific dates have been scheduled for in-person interviews. Board members were encouraged to promote the opportunity and help generate more applications.

6.2 REPORT OF THE GOVERNANCE COMMITTEE

There was no business to report as all items were included on the agenda and the remaining business is self-explanatory through the minutes.

6.3 POLICY REVIEW - BOARD GOALS AND BOARD WORK PLAN POLICY

In follow-up to the December meeting, additional amendments have been made to further clarify that the goals referenced are for the Board and not committee goals. There were no questions from the floor.

It was moved, seconded and carried that the amended Board Goals and Work Plan policy be approved.

6.4 POLICY REVIEW - BOARD ORIENTATION AND EDUCATION

The revised Board Orientation and Education policy revisions were presented. It was explained that the amendments reflect the change to the timing of orientation sessions to follow the first regular Board of Directors meeting. Additionally, the policy emphasizes the orientation as being a comprehensive program, not just a single day and includes a reference manual, mentor assignment, site tours, and orientation sessions. The floor was open for questions and comments.

A question was raised regarding whether a situation was to arise where the Board Chair could not find a mentor for a specific director. Following discussion, it was agreed to amend the language in the policy to state "In the event a mentor cannot be found the board chair or vice chair shall assume such role."

Discussion ensued regarding the rationale for the timing of board orientation sessions after the first regular board meeting and a concern that new members might feel overwhelmed without an initial orientation. It was explained that this timing is intended to help new members better understand and absorb the information while recognizing that mentors are available to help. In addition, past feedback has indicated that new members found orientation more effective after attending a regular board meeting. Several members supported the post-meeting orientation, noting it allows for more meaningful questions and better understanding. Overall, the consensus was to move forward with holding orientation after the first full board meeting as it enhances the learning experience for new members.

It was moved, seconded and carried that the Board Orientation and Education policy be approved with the following additional amendment:

"In the event a mentor cannot be found the board chair or vice chair shall assume such role"

6.5 POLICY REVIEW - POSITION DESCRIPTION FOR OFFICERS AND COMMITTEE CHAIRS

Upon presentation of the revised Position Description for Officers and Committee Chairs, there were no questions or comments from the floor.

It was moved, seconded and carried that the amended Position Description for Officers and Committee Chairs policy be approved.

7.0 CONSENT AGENDA

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

7.1 Approval of the Board of Director Meeting Minutes of December 12, 2024

7.2 Receipt of the Chief of Staff Quality-of-Care Report

7.3 Receipt of the Emergency Preparedness Annual Report

7.4 Receipt of the Meeting Attendance Record

8.0 WRAP UP & ADJOURNMENT

It was moved that the open session be adjourned at 6:35 pm.