

BOARD OF DIRECTORS MINUTES

Thursday, June 5, 2025 at 4:30 pm

Virtual via Zoom

Approved June 16, 2025

PRESENT:

| | | | | |
|------------------------------|--|------------------------|--------------------|--------------------|
| <i>Elected Directors:</i> | Dave Uffelmann | Carla Clarkson-Ladd | Jody Boxall | Dr. William Evans |
| | Anna Landry | Marni Dicker | Bruce Schouten | Mary Lyne |
| | Line Villeneuve | Colleen Nisbet | Tim Ellis | Moreen Miller |
| <i>Ex-Officio Directors:</i> | Cheryl Harrison | Dr. Khaled Abdel-Razek | Dr. Joseph Gleeson | Dr. Helen Dempster |
| <i>Executive Support:</i> | Alasdair Smith | Mary Silverthorn | Tammy Tkachuk | |
| <i>Guests:</i> | Dr. Caroline Correia, Quality Lead, HDMH | | | |
| | Kathryn Patterson, Patient and Family Advisory Committee | | | |
| | Dr. Scott Whynot, Quality Lead, SMMH | | | |
| | Yasser Shaker, Director - Quality, Risk, Patient Experience & Interprofessional Practice | | | |
| REGRETS: | Diane George | | | |

1.0 CALL TO ORDER

Dave Uffelmann, Board Chair called the meeting to order at 4:31 pm. Guests were welcomed to the meeting. The Land Acknowledgment Statement was read aloud. In support of continuous learning with respect to past harms and mistakes, a passage from *Speaking Our Truth* by Monique Gray Smith was read aloud in relation to health and wellness. It highlighted the immense suffering, neglect, and systemic abuse Indigenous children endured in residential schools. The stories of Shirley Restovich and Dorothy Noli show both the cruelty of the system and the resilience of those who lived through it and underscore how Indigenous children were treated not as human beings, but as subjects of unethical and dehumanizing practices. Recognizing the generational trauma caused by residential schools is a crucial step toward reconciliation.

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

Kathryn Patterson was welcomed to the meeting. Mrs. Patterson shared her patient experience from an approximate 10-week stay in hospital with 7 of those weeks in Huntsville. She shared the challenges with obtaining a diagnosis and the collaboration of care providers with other organizations including both Sunnybrook and Royal Victoria Hospital. Deep gratitude was expressed for the care received at HDMH which was also credited with saving her life. The Board was informed that simultaneously her spouse also required treatment and care which added to the emotion and logistical strains on the family. The importance of communication and support systems, especially for patients without strong family networks or those with cognitive challenges, was highlighted as an area needing some improvement. Appreciation was expressed for the coordination between hospitals and the dedication of healthcare team. The floor was open to questions and comments.

Kathryn Patterson left the meeting at 4:50 pm

1.4 EDUCATION & STRATEGIC DISCUSSION: QUALITY PROGRAM AT MAHC AND THE FUTURE

Dr. Bill Evans, Dr. Khaled Abdel-Razek, Dr. Caroline Correia, Dr. Scott Whynot and Yasser Shaker collectively provided a presentation outlining the quality program at MAHC. The presentation highlighted MAHC's commitment to quality and patient safety as a core responsibility of the Board, emphasizing the need for accurate oversight and informed decision-making. The Quality and Patient Safety Committee, guided by legislation like the *Excellent Care for All Act (ECFAA, 2010)* and *Quality of Care Information Protection Act (QCIPA, 2016)*, operates within a Just Culture framework that promotes learning over blame. Continuous quality improvement is driven by system-level reviews and individual accountability. MAHC follows six core dimensions of quality, safe, effective, patient-centered, efficient, timely, and equitable, which is supported by a robust governance structure and an expanded quality team. Initiatives include proactive discharge planning for ALC (Alternate Level of Care) patients, use of incident management systems for tracking and learning from events, and structured reviews of harm severity. Regular quality improvement committees and M&M rounds ensure shared learning and system improvement. Data from the IMRS (Incident Management Reporting System) informs strategic planning, while the Quality Improvement Plan (QIP) as approved by the Board sets annual goals tied to executive accountability. Patient and family engagement is also central to MAHC's program, with an active and growing PFAC (Patient and Family Advisory Committee) contributing to care improvement across the organization. The floor was open for questions and comments.

In response to a question from the floor, the biggest quality gaps identified by the Team MAHC include limited time and capacity for frontline staff and managers to engage in quality improvement due to high workloads and staffing challenges. Overcapacity, particularly related to ALC patients, was highlighted as a major barrier, as it strains resources and impacts care across all departments. Additionally, human resource shortages and inadequate physical infrastructure were noted as significant obstacles, diverting management attention from proactive quality initiatives to crisis management. Despite these challenges, the team acknowledged progress in building systems and culture to support ongoing quality improvement.

Comment was also provided with respect to the significantly improved collaboration between the two previously siloed medical-surgical Quality Improvement Committees. Under the leadership of Quality Leads, these committees now work closely together, with all major case reviews and potential critical incidents reviewed by a unified senior quality team. Additionally, Morbidity and Mortality (M&M) rounds, once held separately at each site, are now shared across both locations via Zoom, enhancing learning and engagement among all credentialed staff. Grand rounds follow the same inclusive format. A new initiative, "Awesome and Amazing Rounds," has also been introduced annually to celebrate positive outcomes and recognize exceptional care, fostering a more balanced and appreciative quality culture.

Appreciation was expressed to all for the presentation.

Dr. Correia and Dr. Whynot left the meeting at 5:37 pm.

2.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

2.1 AUDITED FINANCIAL STATEMENTS

The two items related to the audited financial statements were presented to the Board for approval after review by the Audit Subcommittee and the Resources and Audit Committee. It was noted that the organization ended the fiscal year with a \$6.2 million deficit, although an unfavorable result, it is still better than forecasted due to positive variances in revenue and reduced agency staffing costs.

In response to a question regarding the rationale for keeping interest earned on the reserve account within the reserve itself, it was explained that it is primarily to maintain clarity and a conservative financial approach. While the Board retains the authority to reallocate reserve funds if needed, this policy ensures that interest remains in the reserve by default, preserving those funds for future strategic or emergency use rather than routine operating expenses.

It was moved, seconded and carried that the Draft Audited Financial Statements for April 1, 2024 – March 31, 2025 be approved for presentation to the Members of the Corporation.

It was moved, seconded and carried that the Board of Directors approves that on an ongoing basis all interest generated by the Reserve account accrues to the Reserve account, unless otherwise authorized by the Board of Directors.

2.2 ANNUAL REAPPOINTMENT OF AUDITORS

The recommendation to reappoint KPMG as the organization's auditors was presented and it was explained that the Resource and Audit Committee has also requested the assignment of a new audit partner to bring a fresh perspective. Discussions are ongoing with KPMG to address the timing of this change, with a preference for it to happen sooner rather than later. There were no questions or comments from the floor.

It was moved, seconded and carried that the Board of Directors recommend to the Members of the Corporation the appointment of KPMG as the Corporate Auditors for the 2025-2026 fiscal year.

3.0 WRAP UP & ADJOURNMENT

It was moved that the open session be adjourned at 5:43 pm.