

# BOARD OF DIRECTORS

## OPEN SESSION AGENDA

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<b>Elected Directors:</b>	Dave Uffelmann	Carla Clarkson-Ladd	Bruce Schouten	Michael Righetti	Ruth Chalmers	Jody Boxall
	Dr. William Evans	Marni Dicker (R)	Colleen Nisbet	Mary Lyne (V)	Don Macintosh	Beel Yaqub
<b>Ex-Officio Directors:</b>	Cheryl Harrison	Dr. Khaled Abdel-Razek	Andrea Lucas	Dr. Rich Trenholm	Dr. Rohit Gupta	
<b>Executive Support:</b>	Alasdair Smith (R)	Mary Silverthorn	Tammy Tkachuk			
<b>Guests:</b>	Catherine Brown					

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

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 <b>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.</b>	<i>Not applicable</i>	Decision Making	4:20 – 4:25 (5)
1	1.2 D. Uffelmann	Approval of Agenda♦ <b>MOTION: That the meeting agenda be approved as circulated.</b>	<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>	

### 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	4:25 – 4:30 (5)
X	2.2 C. Harrison	Report of the Chief Executive Officer♦ <i>To receive the report.</i>	Strengthens all Strategic Themes	Information/ Education	4:30 – 4:45 (15)
X	2.3 C. Harrison	Corporate Balanced Scorecard♦ <b>MOTION: That the Board of Directors endorse the MAHC Corporate Balanced Scorecard for fiscal year 2026/27, as presented, for implementation and reporting through the Board committee structure and to the Board in accordance with the proposed reporting cadence.</b>	Strengthens all Strategic Themes	Decision Making	4:45 – 5:00 (15)

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### 3.0 PROGRAM QUALITY & EFFECTIVENESS

XX	3.1 Dr. K. Abdel-Razek	Report of the Chief of Staff & Medical Advisory Committee* <i>To receive the report.</i>	Quality & Safety	Oversight	5:00 – 5:05 (5)
---	3.2 Dr. B. Evans	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	5:05 – 5:10 (5)
XX	3.3 Dr. B. Evans	Quality and Patient Safety Report* <i>To receive the quarterly Report</i>	Quality & Safety	Oversight	5:10 – 5:20 (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	5:20 – 5:25 (5)
XX	4.2 M. Lyne	Enterprise Risk Management Report* <i>To receive the report.</i>	Strengthens all	Oversight	5:25 – 5:35 (10)
XX	4.3 M. Lyne	Summary Report for Q4 Financials* <i>To receive the summary report.</i>	Innovative Future	Decision Making	5:35 – 5:45 (5)
XX	4.4 M. Lyne	People Metrics Report* <i>To receive the quarterly report.</i>	Our Team is Our Strength	Policy Formation	5:45 – 5:55 (10)
XX	4.5 M. Lyne	Anti-Racism Framework* <b>MOTION: That the Anti-Racism Framework be approved and adopted by the Board.</b>	Our Team is Our Strength	Decision Making	5:55 – 6:05 (10)

### 5.0 LEADERSHIP

---	5.1 D. Uffelman	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	6:05 – 6:25 (20)
XX	5.2 D. Uffelman	President and CEO 2026-2027 Performance Objectives* <b>MOTION: That the President and CEO 2026-2027 Performance Objectives be approved.</b>	Strengthens all Strategic Themes	Decision Making	
XX	5.3 D. Uffelman	Chief of Staff 2026-2027 Performance Objectives* <b>MOTION: That the Chief of Staff 2026-2027 Performance Objectives be approved.</b>	Strengthens all Strategic Themes	Decision Making	

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

<b>MOTION: That the following items be approved or received as indicated:</b>					
Xx	6.1	Approval of the Board of Director Meeting Minutes of May 7, 2026*	Strengthens all	Decision Making	6:25 – 6:30 (5)
XX	6.2	Receipt of the Q4 Compliance Report*	Strengthens all	Information	
XX	6.3	Approval of the Broader Public Sector Accountability Act Annual Attestation*	Strengthens all	Decision Making	
XX	6.4	Approval of the Services Accountability Act Annual Attestations*	Strengthens all	Decision Making	

### 7.0 ADJOURNMENT

---	7.1 D. Uffelman	<b>MOTION: That the open session be adjourned.</b>	<i>Not applicable</i>	<i>Not Applicable</i>	6:30
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**Break: 6:30 – 7:00 (30)**

**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.



<b>SITUATION</b> <b>Understand the Problem</b>	<b>BACKGROUND</b> <b>Set the Context</b>
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?
<b>ASSESSMENT</b> <b>Consider the Options</b>	<b>RECOMMENDATION</b> <b>Develop an Action Plan</b>
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?