

BOARD OF DIRECTORS

OPEN SESSION AGENDA

Thursday, May 8, 2025 at 4:00 pm

[Click here to register to attend](#)



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| Elected Directors: | Dave Uffelmann | Carla Clarkson-Ladd | Bruce Schouten | Tim Ellis | Moreen Miller | Jody Boxall |
| | Anna Landry | Line Villeneuve | Dr. William Evans | Marni Dicker | Colleen Nisbet | Mary Lyne |
| Ex-Officio Directors: | Cheryl Harrison | Dr. Khaled Abdel-Razek | <i>Diane George (R)</i> | Dr. Helen Dempster | Dr. Joseph Gleeson | |
| Executive Support: | Alasdair Smith | Mary Silverthorn | Tammy Tkachuk | Bobbie Clark | | |
| Guests: | Vanessa Slack, Spiritual Care Coordinator | | | | | |
| | Amanda Weaver, Director of Equity, Diversity, and Inclusion, University of Toronto | | | | | |

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

| PAGE # | ITEM # / LEAD | TOPIC - WHAT IS TO BE ACCOMPLISHED/MOTION ♦ denotes attachment ☒ denotes attachment to follow | LINK TO STRATEGIC INITIATIVES | LINK TO GOVERNANCE ROLE | TIME (Min.) |
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1.0 CALL TO ORDER

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| --- | 1.1 D. Uffelmann | Welcome & 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. | | | 4:00 – 4:05 (5) |
| 1 | 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 shall not attend any part of a meeting during which the matter in which they have a conflict is discussed.</i> | <i>Not applicable</i> | <i>Not Applicable</i> | |
| --- | 1.4 M. Silverthorn / V. Slack | Patient Experience <i>To provide real experiences of patients to help maintain focus on continually improving patient safety and experience.</i> | Quality Care and Safety | Oversight | 4:05 – 4:15 (10) |
| --- | 1.5 M. Silverthorn / A. Weaver | Education & Strategic Discussion – Equity, Diversity, and Inclusion | Our Team is Our Strength | Education/ Strategic Discussion | 4:15 – 4:55 (40) |

2.0 BUSINESS ARISING

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| 5 | 2.1 M. Silverthorn | Voluntary Separation and Resignation♦ To receive clarification regarding the definitions. | Our Team is Our Strength | Oversight | 4:55- 5:00 |
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3.0 REPORTS

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| --- | 3.1 D. Uffelmann | Chair's Remarks <i>To receive the report.</i> | Strengthens all Strategic Initiatives | Oversight | 4:55 – 5:00 (5) |
| 6 | 3.2 C. Harrison | Report of the President and Chief Executive Officer♦ <i>To receive and discuss the report.</i> | Strengthens all Strategic Initiatives | Oversight | 5:00 – 5:10 (10) |
| 9 | 3.3 C. Harrison / B. Clark | Corporate Communications Strategy 2025-2026♦ MOTION: That the Board of Directors endorse the Corporate Communications Strategy 2025-2026. | Strengthens all Strategic Initiatives | Oversight | 5:10 – 5:25 (15) |

4.0 PROGRAM QUALITY & EFFECTIVENESS

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| 32 | 4.1 Dr. K Abdel-Razek | Report of the Chief of Staff & Medical Advisory Committee♦ <i>To receive the report.</i> | Quality Care & Safety | Oversight | 5:25 – 5:35 (10) |
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5.0 FINANCIAL AND ORGANIZATIONAL VIABILITY

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| --- | 5.1 B. Schouten | Report of the Resources & Audit Committee <i>To receive an overview of Committee activity.</i> | Innovative Future | Oversight | 5:35 – 5:40 (5) |
| 36 | 5.2 B. Schouten | Staff/Credentialed Staff Experience Survey Results♦ <i>To receive an overview of the results and the action plans developed.</i> | Our Team Our Strength | Oversight | 5:40 – 5:50 (10) |
| 52 | 5.3 B. Schouten | People Strategy 2025-2026♦ <i>To receive an annual update.</i> | Our Team Our Strength | Oversight | 5:50 – 6:00 (10) |
| 62 | 5.4 B. Schouten | Inclusion, Diversity, Equity and Anti-Racism (IDEA) Committee Updates♦ <i>To receive an update.</i> | Our Team Our Strength | Oversight | 6:00 – 6:05 (5) |
| 64 67 | 5.5 B. Schouten | Policy Review – Resources and Audit Committee♦ MOTION: That the following amended policies be approved: a) Financial Objectives b) Financial Planning and Performance | Strengthens all Strategic Initiatives | Policy Formation | 6:05 – 6:10 (5) |

6.0 STRATEGIC DIRECTION

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| 72 | 6.1 C. Harrison | 2025-2026 Corporate Operational Plan for the Strategic Plan♦ <i>To receive an overview of the strategic actions established for the 2025-2026 year.</i> | Strengthens all Strategic Initiatives | Oversight | 6:10 – 6:25 (15) |
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7.0 BOARD EFFECTIVENESS

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| --- | 7.1 M. Dicker | Report of the Governance Committee <i>To receive an update on the activity of the Committee.</i> | Strengthens all Strategic Directions | Oversight | 6:25 – 6:30 (5) |
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Board Effectiveness Continued...

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| 76 | 7.2 M. Dicker | Governance Structure Changes Assessment♦ MOTION: That the Board of Directors approve the continuation of the six (6) regular Board meetings and that 2-3 separate education focused meetings be incorporated into the schedule, with flexibility to adjust based on management's assessment. | Strengthens all Strategic Directions | Policy Formation | 6:30 – 6:35 (5) |
| 79 | 7.3 M. Dicker | Annual Board Governance Improvement Goals♦ MOTION: That the following Annual Board Governance Improvement Goals for the 2025-2026 Board cycle be approved: 1. Ensure compliance with the Governance Standard in readiness for the Accreditation Survey projected to occur 2026, Quarter 4. 2. That the Governance Committee work with Management to develop the implementation plan for a Corporate Balanced Scorecard. | Strengthens all Strategic Directions | Decision Making | 6:35 – 6:40 (5) |
| 80 | 7.4 M. Dicker | Nominations Process for Committees♦ MOTION: That the amended Nominations Process for Committees policy be approved. | Strengthens all Strategic Directions | Policy Formation | 6:40 – 6:45 (5) |
| 85 | 7.5 C. Nisbet | MAHC Muskoka Almaguin OHT Committee Terms of Reference♦ MOTION: That the amended Terms of Reference be approved. | Partnerships and Collaboration | Policy Formation | 6:45 – 6:50 (5) |

8.0 CONSENT AGENDA - To approve or receive the items listed below without further debate.

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| | | MOTION: That the following items be approved or received as indicated: | | | |
| 87 | 8.1 | Approval of the Board of Director Meeting Minutes of March 27, 2025♦ | Strengthens all | Decision | 6:50 – 6:55 (5) |
| 97 | 8.2 | Receipt of the Meeting Attendance Record♦ | Strengthens all | Oversight | |
| 100 | 8.3 | Approval of the Responsibilities of Individual Directors policy with no amendments♦ | Strengthens all | Policy | |
| 105 | 8.4 | Approval of the Responsibilities of the Board policy with no amendments♦ | Strengthens all | Policy | |
| 110 | 8.5 | Approval of the Conflict of Interest policy with no amendments♦ | Strengthens all | Policy | |

9.0 WRAP UP & ADJOURNMENT

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| --- | 9.1 D. Uffelman | MOTION: That the open session be adjourned. | Not applicable | Not Applicable | 6:55 |
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Break: 6:55 – 7:25

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 | | |
|-----------------------------------|--|--|
| Element | Patient Meaning | Provider Meaning |
| 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.



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| <p>SITUATION Understand the Problem</p> <p>Tell the Story</p> <p>What exactly is the problem we have to solve?</p> <p>Who needs to be involved in the decision-making?</p> <p>Who has the authority to make the decision?</p> | <p>BACKGROUND Set the Context</p> <p>What values or principles are either engaged or are in conflict?</p> <p>How do MAHC's Mission, Vision and Values fit?</p> <p>Is there relevant law?</p> <p>Is there relevant MAHC policy/procedure?</p> <p>Is there relevant professional ethical policy?</p> <p>What is my personal context and/or bias?</p> <p>Was the ethicists' assistance required?</p> |
| <p>ASSESSMENT Consider the Options</p> <p>Ask first – is doing nothing an option?</p> <p>What are the Benefits or Strengths?</p> <p>What are the Harms / Limitations / Consequences?</p> <p>How does this align with values?</p> <p>How does this align with relevant MAHC Values/Principles/Policies and Legislation/Laws?</p> | <p>RECOMMENDATION Develop an Action Plan</p> <p>What is the decision?</p> <p>Does the decision pass the TV test?</p> <p>What is the implementation plan?</p> <p>Who has to take action?</p> <p>What is the communication plan?</p> <p>How do we evaluate/revise the action plan if required?</p> |