MUSKOKA ALGONQUIN HEALTHCARE

BOARD OF DIRECTORS
OPEN SESSION AGENDA

Thursday, September 10, 2026 | Click here to register to attend

ACCREDITED WITH EXEMPLARY STANDING – ACCREDITATION AGRÉMENT CANADA

Elected Directors:	Carla Clarkson-Ladd	Bruce Schouten	Mary Lyne	Dave Uffelmann	*Ruth Chalmers(R)*	Jody Boxall
	Catherine Brown	Marni Dicker	Colleen Nisbet	Michael Righetti	Don Macintosh	Beel Yaqub
Ex-Officio Directors:	Cheryl Harrison	Dr. Khaled Abdel-Razek	Andrea Lucas	Dr. Rich Trenholm	Dr. Rohit Gupta	
Executive Support:	Alasdair Smith	Bobbie Clark	Tammy Tkachuk		(V) denotes participation virtually; *(R) denotes regrets received*	

PAGE #	ITEM # / LEAD	TOPIC - WHAT IS TO BE ACCOMPLISHED/MOTION ♦ *denotes attachment* ☒ *denotes attachment to follow*	STRATEGIC THEME	GOVERNACE ROLE	TIME (Min.)
1.0 CALL TO ORDER					
	1.1 C. Ladd	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.**	*Not applicable*	Decision Making	4:00 – 4:05 (5)
	1.2 C. Ladd	Approval of Agenda **MOTION: That the meeting agenda be approved as circulated.**	*Not applicable*	Decision Making	
---	1.3 C. Ladd	Declaration of Conflict of Interest *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.*	*Not applicable*	*Not Applicable*	
2.0 REPORTS					
---	2.1 C. Ladd	Chair's Remarks *To receive the report of the Chair.*	Strengthens all Strategic Themes	Information/ Education	4:05 – 4:10 (5)
5	2.2 C. Harrison	Report of the President and Chief Executive Officer♦ *To receive the report.*	Strengthens all Strategic Themes	Information/ Education	4:10 – 4:20 (10)
3.0 PROGRAM QUALITY & EFFECTIVENESS					
X	3.1 Dr. K. Abdel-Razek	Report of the Chief of Staff & Medical Advisory Committee♦ *To receive the report.*	Quality & Safety	Oversight	4:20 – 4:30 (10)
---	3.2 D. Uffelmann	Report of the Quality and Patient Safety Committee Chair *To receive the report.*	Quality & Safety	Oversight	4:30 – 4:35 (5)
XX	3.3 D. Uffelmann	Quality and Patient Safety Report; Q1♦ **MOTION: That the Q1 Quality & Patient Safety Report be received for information.**	Quality & Safety	Oversight	4:35 – 4:45 (10)
XX	3.4 B. Clark	Accreditation Readiness Update♦ *To receive an update on the organization's readiness for the November survey*	Quality & Safety	Oversight	4:45 – 4:55 (10)

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4.0 FINANCIAL AND ORGANIZATIONAL VIABILITY					
---	4.1 M. Lyne	Report of the Resources and Audit Committee Chair *To receive the report.*	Innovative Future	Decision Making	4:55 – 5:05 (5)
XX	4.2 M. Lyne	Quarterly People Metrics and Results (Q1)♦ **MOTION: That the Q1 People Metrics Report 2026/2027 be received for information.**	Our Team is Our Strength	Oversight	5:05 – 5:15 (10)
XX	4.3 M. Lyne	Quarterly Financial Report (Q1)♦ **MOTION: That the Board of Directors receive the year-to-date financial results June 30, 2026.**	Innovative Future	Oversight	5:15 – 5:25 (10)
5.0 LEADERSHIP					
---	5.1 C. Ladd	Report of the Performance Management Committee Chair *To receive the report.*	Our Team is Our Strength	Decision Making	5:25 – 5:30 (5)
XX	5.2 C. Ladd	President and CEO Annual Performance Objectives Progress Update♦ **MOTION: That the Progress Update Q1 – President and CEO Performance Objectives 2026-2027 be received.**	Strengthens all Strategic Themes	Oversight	5:30 – 5:35 (10)
XX	5.3 C. Ladd	Chief of Staff Annual Performance Objectives Progress Update♦ **MOTION: That the Progress Update Q1 – Chief of Staff Performance Objectives 2026-2027 be received.**	Strengthens all Strategic Themes	Oversight	5:35 – 5:45 (10)
6.0 STRATEGIC DIRECTION					
---	6.1 M. Dicker	Report of the Capital Redevelopment Steering Committee Chair *To receive the report.*	Strengthens all Strategic Themes	Oversight	5:55 – 6:05 (5)
7.0 BOARD EFFECTIVENESS					
---	7.1 B. Yaqub	Report of the Nominations Committee Chair *To receive the report.*	Strengthens all Strategic Themes	Oversight	6:05 – 6:10 (5)
---	7.2 B. Schouten	Report of the Governance Committee Chair *To receive the report.*	Strengthens all Strategic Themes	Oversight	6:10 – 6:15 (5)
8.0 CONSENT AGENDA - *To approve/receive the items listed below without further debate.*					
		MOTION: That the following items be approved or received as indicated:			
XX	8.1	Approval of the Board of Director Meeting Minutes of June 23, 2026♦	Strengthens all	Decision Making	6:15 – 6:20 (5)
XX	8.2	Approval of the amended Quality & Patient Safety Committee Terms of Reference♦	Quality & Safety	Decision Making	
XX	8.3	Approval of the Quality & Patient Safety Committee Work Plan♦	Quality & Safety	Decision Making	
XX	8.4	Approval of the Resources & Audit Committee Terms of Reference with no amendments♦	Innovative Future	Decision Making	
XX	8.5	Approval of the Resources & Audit Committee Work Plan♦	Innovative Future	Decision Making	
XX	8.6	Receipt of the 2026/2027 Q1 Compliance Report♦	Innovative Future	Oversight	
XX	8.7	Approval of Performance Management Committee Terms of Reference with no amendments♦	Our Team is Our Strength	Decision Making	
XX	8.8	Approval of the Performance Management Committee Work Plan♦	Our Team is Our Strength	Decision Making	
XX	8.9	Approval of the Nominations Committee Terms of Reference with no amendments♦	Strengthens all	Decision Making	

XX	8.10	Approval of the Nominations Committee Work Plan♦	Strengthens all	Decision Making	
XX	8.11	Approval of the Board Committee and Terms of Reference Policy with no amendments♦	Strengthens all	Decision Making	
XX	8.12	Approval of the Governance Committee Terms of Reference with no amendments♦	Strengthens all	Decision Making	
XX	8.13	Approval of the Governance Committee Work Plan♦	Strengthens all	Decision Making	
XX	8.14	Approval of the revised Capital Redevelopment Steering Committee Terms of Reference♦	Strengthens all	Decision Making	
XX	8.15	Approval of the Capital Redevelopment Steering Committee Work Plan♦	Strengthens all	Decision Making	

9.0 ADJOURNMENT

---	9.1 C. Ladd	**MOTION: That the open session be adjourned.**	*Not applicable*	*Not Applicable*	6:20

Break: 6:20 – 6:45

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.

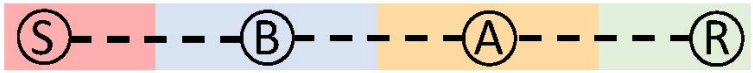
MAHC DEFINITION OF QUALITY

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		
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.



SITUATION
Understand the Problem

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?

BACKGROUND
Set the Context

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?

ASSESSMENT
Consider the Options

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?

RECOMMENDATION
Develop an Action Plan

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?