

# Sioux Lookout Meno Ya Win Health Centre

**Meeting:** Board of Directors Meeting

**Date/Time:** November 6, 2025 9:00 am CST

**Location/Delivery:** Boardroom A & B/Microsoft Teams

**Present:** Ms. Kristen Carroll (chair), Ms. Sadie Maxwell, Mr. Darrell Morgan, Ms. Monica Hemeon, Mr. Dennis Leney, Mr. Robert McClendon, Mr. Knowles McGill, Dr. Lianne Finn, Ms. Joyce Timpson, Ms. Teri Fiddler, Ms. Ramona Quequish, Mr. Dean Osmond, Mr. Kevin Holder, Ms. Cynthia Dwyer, Ms. Kathy Loon Ms. Dr. Joseph Dooley Selena Froude (recorder)

**Regrets:** Mr. Roy Spence, Ms. Patricia Keesickquayash, Ms. Beatrice Anderson, Ms. Connie Gray-Mckay, Ms. Thelma Morris

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An opening prayer was shared by Ms. Teri Fiddler.

Opening remarks were shared by the new board chair, Ms. Kristen Carroll.

## Opening Remarks

The responsibility of the Sioux Lookout Meno Ya Win Health Centre (SLMHC) Board of Directors is to act ethically, honestly and in good faith with a view to ensuring the best interests of the organization and exercise the care, diligence and skill that is reasonably prudent. That a reasonably prudent person would exercise in comparable circumstances. Although the organization specifically requires members from various areas and utilizes other agencies in identification of potential members, once appointed to the SLMHC Board, the individual director does not represent the specific interests of any constituency and must consider the interests of SLMHC as having first priority.

A director does not function as an advocate except to promote excellent patient care and sufficient resources to fulfill the SLMHC mandate. A director complies with the Public Hospitals Act, corporate by-laws and policies, and other relevant legislation.

As the chair, I would like to request a training plan for the board and establish a board orientation for adoption and implementation, enhance good governance, address board membership, attendance and engagement. Directors are expected to commit the time required to fulfill board and committee responsibilities. As per the by-laws, directors are to attend 66 percent of regularly scheduled board meetings and the meetings of the board standing committees of which they are a member. All directors are expected to serve on at least one board committee.

## Directors Conflict of Interest Disclosure

Mr. Darrell Morgan declared a conflict of interest regarding any financials pertaining to Morgan Fuels and any privileges pertaining to Dr. Alanna Morgan.

### 1.0 Approval of the Agenda

The agenda was reviewed and approved as presented.

**MOTION #51/25** it was moved by Ms. Sadie Maxwell that the Board of Directors approve the agenda of the regular meeting held November 6, 2025 as presented.  
Seconded by Mr. Darrell Morgan. **CARRIED**

### 2.0 Approval of the Minutes of the Regular Board Meetings held September 25, 2025

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The minutes of the regular board meetings held September 25, 2025 were reviewed for errors and omissions and were approved as amended.

**MOTION #52/25** it was moved by Mr. Darrell Morgan that the Board of Directors approve the minutes of the regular board meetings held September 25, 2025 as amended. Seconded by Mr. Robert McClendon. **CARRIED**

## 3.0 Business Arising from the Minutes

### 3.1 Lac Seul First Nation Appointment Update

- A letter was sent to Chief Clifford Bull acknowledging the resolution appointing two representatives to the SLMHC Board and the ask was to consider nominating one individual to the SLMHC board and one individual to the Quality and Patient Safety Committee of the board. A response has not been received.
- The Board Membership, Training and Development Committee member, Mr. Morgan will connect with the Lac Seul First Nation Director of the Health. **ACTION**
- A follow up letter to be sent to Lac Seul First Nation. **ACTION**

## 4.0 Reports

### 4.1 Foundation

- The foundation by-laws are now complete and registered with the appropriate government authorities.
- The Skip to Equip Bonspiel is scheduled November 7 to 9, 2025. Last year, the Skip to Equip presented \$160,000 to the foundation.
- The MRI campaign was a success. We will be looking at smaller fundraising opportunities.
- The foundation plays an important role in supporting the hospital. Annually, the foundation contributes \$100,000 towards the hospital capital expenditures.

### 4.2 CEO

- ONE Health Information Technology Services (HITS) is a consulting company overseeing the Meditech Expanse project for northwest Ontario. A meeting was held September 29, 2025 with our twin site Weeneebayko Area Health Authority (WAHA).
- The hospital participated in the Truth and Reconciliation Walk held October 1, 2025.
- Capacity is at 138 percent any given day. A proposal has been submitted to the ministry for funding for ten additional beds.
- A staff appreciation barbeque was held October 14, 2025. We served 405 meals.
- A kick-off meeting was held with Keewatin Aski. An apartment complex is not within our budget. We will be looking at building four plexes with 24 unit capacity.
- He sits on the Ontario Health Stroke Executive Table. The first meeting was October 20, 2025.
- The hospital hosted the NOSM academic days on November 24 and 25, 2025. He participated in the discussion on the recent code Orange.
- He attended the regional CEO's meeting in Thunder Bay on November 3, 2025. Every hospital had to present a three-year stabilization plan to the Ministry of Health.
- He attended the northwest regional CEO working group for Meditech Expanse in Thunder Bay on November 4, 2025.
- The drawings for Long-term Care have been submitted to the ministry.

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## 4.3 VP Health Services & CNE

- We continue to be over capacity. The hospital is funded for 65 beds. To accommodate our patients and repatriates this week, we required 20 additional beds. Patients being admitted are having to wait in the ED for beds on the nursing floor.
- We are seeing an increase in mental health patients. On average, there are three to four patients waiting in our ED to go to a Schedule 1 Facility.
- A Transfer of Accountability is being trialed on the nursing floor and ED which will allow nurses to report and end their shift on time. It is working well.
- The recruitment of RN's is good. All lines on the med surge unit have a full time RN. The ED has 18 lines and 10 are filled with our own staff. We are hopeful by spring, to have the OR fully staffed with our own staff.
- The College of Nurses has provided funding to hire a second clinical scholar.
- Recruitment continues for a Speech Language Pathologist. We are working with Firefly to bring on their services.
- An MRI technologist has been hired. We are still recruiting for the second technologist. Two full time echocardiogram technicians have been hired.
- The Rapid Access to Addiction Medicine (RAAM) clinic is offering more program and services and continues to be successful.
- The hospital hosted a movie night on September 26, 2025. It was well attended.
- We are in the preliminary talks with Ontario Health on the Hospital to Home Program, augmented care for homecare.

## 4.4 Chief of Staff

- He would like to express his gratitude to the group of physicians that are helping to provide services and to the local physicians who step in when there are gaps in service.
- Recruitment and retention of physicians continue to be a concern due to the ongoing lack of contract finalization.
- The ED is transitioning to scheduling not being done through Health Force Ontario (HFO). It is moving in a reasonable direction. There are changes to funding. We are trying to recruit locally rather than utilizing locums. We are working with University of Toronto and University Health Network (UHN) to make arrangements to bring physicians on a regular basis.
- Due to the inability to offer homecare in communities, patients are being admitted longer and patients in the hostel become admitted.
- A major concern is the transfer of mental health care patients from northern communities who should go directly to a Schedule 1 Facility but are transferred to our ED. He is working with the Chief of Emergency and Trauma Services at Thunder Bay Regional on a solution. .
- A discussion took place on the mental health crisis within the region.
- The board chair to speak with the SLFNHA Board Chair to consider a letter of support from the SLFNHA and SLPRSI Board. **ACTION**
- The CEO to follow up with the Chief of Mental Health and Addictions to draft a letter to be presented to the board. **ACTION**

**MOTION #53/25** it was moved by Mr. Darrell Morgan that the Board of Directors acknowledge the mental health crisis at Sioux Lookout Meno Ya Win Health Centre and within the region and support a letter being sent to the Ministry of Health highlighting the concern and to advocate for support of a Schedule 1 Facility in Sioux Lookout. The board will seek support from our

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stakeholders. Seconded by Ms. Joyce Timpson. **CARRIED**

## 4.5 VP Indigenous Services, Equity, Diversity & Inclusion

- The Elders and Advisory Council will be meeting December 16 and 17, 2025.
- A proposal for funding for board training was submitted to Ontario Health in August and was approved. The next step is to look at suitable training.
- We have hired a new Indigenous Transition Facilitator.
- SLMHC will be celebrating 15 years on November 10, 2025. Cake and coffee will be served in the main entrance.
- As a part of Accreditation Canada, the board of directors are required to complete the HSO Governing Body Assessment Survey. The deadline is November 21, 2025.

## 4.6 Board Membership, Training and Development Committee

- Deferred

### 4.7.1 By-law Committee

- The By-law Committee has had three meetings.
- The process started by completing a review of the current by-laws to determine which articles needed to be changed or updated.
- The committee has been reviewing and discussing the specific articles that were flagged.
- The Thunder Bay Regional Health Science Centre, Dryden Regional Health Centre and Lake of the Woods District Hospital by-laws are being referenced for comparison.

## 5.0 **Standing Agenda Items**

### 5.1 Financial Update

- The financials as of September 30, 2025 were presented.
- Cash position remains good.
- Wages are lower than budgeted. This is primarily driven by the renegotiation of agency contracts.
- We are forecasting a \$3.1 million deficit. The original forecast was \$8.2 million. It is much lower due to the one-time pressure funding and the renegotiation of agency contracts.
- Fund Type 2 has a small surplus.

## 6.0 **New Business**

### 6.1 Quality and Patient Safety Committee Membership

- The Quality and Patient Safety Committee terms of reference were circulated to the board of directors and were reviewed at today's meeting.
- A discussion took place on membership.
- Mr. Darrell Morgan volunteered to be put his name forward as the chair of the committee.
- Ms. Sadie Maxell will sit on the committee representing the tribal council.
- Mr. Dennis Leney will sit on the committee representing the southern communities.
- A communication to be sent to the board of directors for northern representation. **ACTION**
- The Quality and Patient Safety Committee meeting to be scheduled in the new year.

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**MOTION #54/25** it was moved by Mr. Dennis Leney that the Board of Directors approve the appointment of Mr. Darrell Morgan to be the chair of the Quality and Patient Safety Committee. Seconded by Ms. Joyce Timpson. **CARRIED**

## 6.2 Board Membership, Training and Development Membership

- Deferred

## 6.3 Executive Committee of the Board Membership

- The Executive Committee of the Board terms of reference were presented and reviewed.
- Article 8 of the by-laws - 8.5 Executive Committee do not align with the terms of reference regarding the membership. A review to be done at a later date.

**MOTION #55/25** it was moved by Ms. Joyce Timpson that the Board of Directors approve the appointment of Ms. Sadie Maxwell to sit on the Executive Committee of the Board. Seconded by Mr. Dennis Leney. **CARRIED**

## 6.4 Policies ADM.12, ADM.13, ADM.14, ADM.15, ADM.16, ADM.17, ADM.18

- **ADM.12 Risk Management Policy** was reviewed.
- The quality management program to be changed to the Quality and Patient Safety Committee.
- A draft will be forwarded to the board for review. **ACTION**

**MOTION #56/25** it was moved by Ms. Sadie Maxwell that the Board of Directors move this portion of the meeting in-camera. Seconded by Mr. Darrell Morgan. **CARRIED**

**MOTION #57/25** it was moved by Mr. Dennis Leney to move this portion of the meeting out of in-camera. Seconded by Mr. Darrell Morgan. **CARRIED**

## 8.0 **For Information Only**

8.1 Resource Utilization Committee Meeting Minutes April 22, June 24, and September 25, 2025.

## 9.0 **Next Meeting**

The next meeting is scheduled for December 11, 2025.

## 10.0 **Closing Prayer/Adjournment**

Ms. Kathy Loon closed the meeting in prayer. The meeting was adjourned at 12:30 pm.

**MOTION #58/25** it was moved by Mr. Robert McClendon that there being no further business, the meeting be adjourned at 12:30 pm. Seconded by Mr. Dennis Leney. **CARRIED**

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D. Osmond, Secretary

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K. Carroll, Chair

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