Sioux Lookout Meno Ya Win Health Centre

Meeting: Board of Directors Meeting
Date/Time: June 25, 2026, 10:00 am CST
Location/Delivery: Boardroom A & B/Microsoft Teams

Present: Ms. Kristen Carroll (chair), Mr. Darrell Morgan, Ms. Theresa Fiddler, Ms. Joyce Timpson, Ms. Monica Hemeon, Mr. Knowles McGill, Ms. Sadie Maxwell, Mr. Dennis Leney, Ms. Brittany Johnson, Mr. Connor Howie, Mr. Kevin Holder, Ms. Kathy Loon, Ms. Ramona Quequish, Ms. Cynthia Dwyer, Mr. Dean Osmond, Dr. Joseph Dooley, Ms. Selena Froude (recorder)

Regrets: Ms. Connie Gray-Mckay, Dr. Lianne Finn, Mr. Robert McClendon, Ms. Thelma Morris, Mr. Roy Spence

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An opening prayer was shared by Ms. Theresa Fiddler at the Annual General Meeting (AGM).

Patient Story

A patient story was shared by Ms. Kathy Loon.

Directors Conflict of Interest Disclosure

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

1.0 Approval of the Agenda

The agenda was reviewed and approved as presented.

MOTION #36/26 it was moved by Mr. Darrell Morgan that the Board of Directors approve the agenda of the regular meeting held June 25, 2026 as presented. Seconded by Mr. Dennis Leney. **CARRIED**

2.0 Approval of the Minutes of the Regular Board Meeting held May 21, 2026.

The minutes of the regular board meeting held May 21, 2026 were reviewed for errors and omissions and were approved as presented.

MOTION #37/26 it was moved by Mr. Knowles McGill that the Board of Directors approve the minutes of the regular board meeting held May 21, 2026 as presented. Seconded by Mr. Dennis Leney. **CARRIED**

3.0 Business Arising from the Minutes

3.1 Global Workforce Survey Executive Summary

- The Global Workforce Survey Executive Summary was presented.
- The survey period was August 5 to November 25, 2025. At that time, 448 staff were employed, 202 respondents, response rate was 45.1 percent.
- Results were presented in percentage and analyzed based on three categories of responses: positive, negative and neutral.
- The primary themes were: work team, people-centered care, job characteristics, immediate supervisor, patient safety, leadership and well-being and engagement.

- Burnout was one of the lowest rated items. The Quality and Patient Safety Lead along with the VP of Health Services are developing departmental focus groups.
- The Senior Executive Team will continue to review these materials and develop a workplan. The workplan to be presented at a future board meeting. **ACTION**

3.2 William A. George Extended Care Resident Experience Survey

- The William A. George Extended Care Resident Experience Survey was presented.
- The survey is completed annually.
- The survey results for 2025 to be forwarded to the board. **ACTION**

3.3 Establishment of Performance Goals - CEO

- Discussion was held on establishing a committee to evaluate templates.
- The board agreed to develop a CEO Performance Review Committee.
- A nomination was put forward for Ms. Sadie Maxwell, Mr. Knowles McGill and Ms. Kristen Carroll to sit on the committee. Ms. Brittany Johnson volunteered to sit on the committee.

3.4 Board Receive Report on Performance Review CEO

- The CEO Performance Review Committee to evaluate templates and establish objectives for the performance review of the CEO.
- The evaluation questionnaire to be circulated to the board of directors. **ACTION**
- A performance report based on the previous year, to be presented to the board for approval at the September board meeting.

MOTION #38/26 it was moved by Mr. Darrell Morgan that the Board of Directors approve the development of a CEO Performance Review Committee to include Ms. Sadie Maxwell, Ms. Brittany Johnson, Mr. Knowles McGill and Ms. Kristen Carroll. The committee will work with the CEO to identify performance goals and to receive a report on performance for the previous year. The report to be presented to the board for approval at the September meeting. Seconded by Mr. Dennis Leney. **CARRIED**

3.5 Review Succession Planning CEO

- Deferred

3.6 Director Recruitment – Governance Committee Update

- Deferred

3.7 Resource Utilization Committee Work Plan Update

- The draft Resource Utilization Committee (RUC) work plan was presented.
- The board agreed to the RUC work plan being merged into the board annual work plan. **ACTION**

4.0 Reports

4.1 CEO

- All documentation has been sent to the Ministry regarding the Long-term Care Facility. We are waiting on a response.
- There has been no update on the Schedule 1 beds.
- The MRI is scheduled to go live in September 2026.
- The new CT Scanner and a mammography unit is scheduled to be installed by the end of July.
- The agreement with Grandeur Housing has been signed for the three 4 plex units.

4.2 VP Health Services & CNE

- Blastomycosis is known to this area.
- Mechanisms are being put in place in the ED to help identify blastomycosis in the early stages. Signage is being displayed to make patients aware of symptoms.
- A medical directive to allow nurses to order an x-ray immediately is being presented to the Medical Advisory Committee for approval.
- The University Health Network is working on validating equipment that allows faster testing. We will look at bringing the equipment.

4.3 Chief of Staff

- Blastomycosis has been problematic as it is often a secondary diagnosis. We are working to ensure our physicians and nurses are aware and testing early.
- The Lac Seul Band Council Resolution has highlighted the need to have a regional response.
- Staffing in the ED and hospitalist continue to be a challenge. We are working with our partners to identify how we can keep our doors open.
- He would like to commend all the dedicated physicians we have providing all the services locally.
- NIHB services are impacting our ability to provide services to the people in our region.

4.4 VP Indigenous Services, Equity, Diversity & Inclusion

- The NAN Special Chiefs Assembly was held June 2 to 3, 2026. She was in attendance.
- She spoke at a NIHB rally that was held June 8, 2026. Organizations are working together regarding the concerns with lack of services provided by NIHB, missed appointments.
- The Accreditation Canada surveyors provided a preliminary draft report. The final report could take up to three months.
- The Elders Advisory Council was held June 17 to 18, 2026. The council has one elder. A request has been made to the health directors and communities to appoint elders.
- The Anishinaabe Giizhigan Day celebrations was held June 19, 2026. The event was a huge success and well attended.

4.5 Quality and Patient Safety Committee

- The Quality and Patient Safety Committee held a meeting June 17, 2026.
- Mr. John Fox has joined the committee as the northern community member.
- Ms. Brittany Johnson has agreed to join the committee as a board member representing the northern First Nations.
- The top safety events and workplace violence were presented to the committee. Discussion was held on falls and gaps in medication reconciliation.
- The workplan is almost finalized and will be brought to the September board meeting.
- The southern community member withdrew their application. The Communications Department has sent out an expression of interest on our social media page.

MOTION #39/26 it was moved by Mr. Darrell Morgan that the Board of Directors approve the appointment of Ms. Brittany Johnson to sit on the Quality and Patient Safety Committee as the northern First Nations board member. Seconded by Ms. Joyce Timpson. **CARRIED**

5.0 Standing Agenda Items

5.1 N/A

6.0 New Business

6.1 2025-26 Multi-Sector Service Accountability Agreement Declaration/Compliance

- An overview was done of the 2025-26 Multi-Sector Service Accountability Agreement Declaration of Compliance. We are in compliance.

MOTION #40/26 it was moved by Mr. Knowles McGill that the Board of Directors endorse the 2025-2026 Multi-Sector Service Accountability Agreement Declaration of Compliance and recommend signing and submitting to Ontario Health. Seconded by Mr. Darrell Morgan. **CARRIED**

6.2 2025-26 Hospital Sector Service Accountability Agreement Declaration

- An overview was done of the 2025-26 Hospital Service Sector Service Accountability Agreement Declaration of Compliance. We are in compliance.

MOTION #41/26 it was moved by Mr. Darrell Morgan that the Board of Directors endorse the 2025-2026 Hospital-Sector Service Accountability Agreement Declaration and recommend signing and submitting to Ontario Health. Seconded by Ms. Brittany Johnson. **CARRIED**

6.3 2025-26 Broader Public Sector Accountability Act Hospital Attestation

- An overview was done of the 2025-26 Broader Public Sector Accountability ACT Hospital Attestation. We are in compliance.

MOTION #42/26 it was moved by Ms. Joyce Timpson that the Board of Director endorse the 2025-2026 Broader Public Sector Accountability Act Hospital Attestation and recommend signing and submitting to Ontario Health. Seconded by Mr. Darrell Morgan. **CARRIED**

6.4 Quality and Patient Safety Committee Membership

- Refer to item 4.5

6.5 Resource Utilization Committee Membership

- The Resource Utilization Committee is in need of northern representation.
- A nomination was put forward for Mr. Connor Howie, Independent First Nation Alliance representative. Follow up to be done with the IFNA representative for discussion at the September board meeting. **ACTION**

7.0 For Information Only

7.1 Resource Utilization Committee Meeting Minutes May 14, 2026.
7.2 Quality and Patient Safety Committee Meeting Minutes February 19, 2026.
7.3 St. Lawrence College Appreciation Letter

8.0 Next Meeting

The next meeting is scheduled for September 24, 2026.

9.0 Closing Prayer/Adjournment

Ms. Theresa Fiddler closed the meeting in prayer. The meeting was adjourned at 11:42 am.

MOTION #43/26 it was moved by Mr. Darrell Morgan that there being no further business, the meeting be adjourned at 11:42 am. Seconded by Ms. Joyce Timpson. **CARRIED**

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D. Osmond, Secretary K. Carroll, Chair

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