



**IWK BOARD OF DIRECTORS**  
**MINUTES**

**December 3, 2024, 2024 @ 12:30 p.m.**  
**Classrooms B & C**

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**Directors Present:**

David Anderson	Gina Kinsman	Mike Morris	Sheila Woodcock
Alexa Bagnell	Aldéa Landry	Cheryl Paynter (Teams)	Catherine Woodman
Julia Donahue	David Lavigne (Teams)	Sara Piracha-McLean	
Janet Dunphy	Jane McKay-Nesbitt	Sarah Veinot	
Chris Fowles	Chalene Milner (Teams)	Kirstin Weerdenburg	

**Regrets:**

Ryan Brothers	Justin Ghosn	John Muir
Monica Foster	Lindsay Hawker	

**Ex-Officio(non-voting) Directors:** Krista Jangaard, President & CEO

**Executive Leadership Present:** Steve Ashton, Natalie Borden, Jean du Plessis, Jen Feron, LeeAnn Larocque, Frank MacMaster, Mary Lynn VanTassel

**Staff Present:** Nicole Geddes, Board Coordinator & Executive Assistant to CEO

**1. STANDING ITEMS:**

1.1. Chair's Remarks & Call to Order: The meeting was called to order at 12:33 p.m.

1.1.1. Land Acknowledgement: Chris Fowles gave the land acknowledgement.

1.1.2. Introduction of New Board Member: Chris Fowles welcomed Sarah Veinot, Chair of the IWK Foundation Board of Trustees. Dr. David Anderson was also formally introduced as he was unable to attend the September meeting. Chris noted that Dr. Alexa Bagnell will be leaving as MAC Chair and will be replaced by Dr. Narendra Vakharia. Chris thanked Alexa for her many contributions.

1.1.3. Confirmation of Quorum: Quorum was confirmed.

1.1.4. Declaration of Conflict of Interest: None to declare.

2. **IN CAMERA**: No requests were made to go In Camera.
3. **PATIENT STORY**: Julia Donahue introduced the patient story regarding age mandates and transition of care from the child to adult system. Typically, sixteenth birthday is the cut-off age for physical health, except for certain patients requiring specialty care. Patients receiving mental health care are seen until their nineteenth birthday. This often leads to confusion as different populations need varying types of care. One of our current strategic initiatives is focused on reviewing and providing recommendations regarding the provincially set age mandate. The government is awaiting our recommendations, which will be presented to the Board by March for endorsement before submission to DHW.
4. **APPROVAL OF AGENDA**: The amended agenda (as per Nicole's email of December 2<sup>nd</sup>) was approved as circulated. Motioned by Catherine Woodman; seconded by Cheryl Paynter. Discussion on the motion resulted in an amended motion being brought forth.

**MOTION**: That item 5.8 (Financial Results) be pull from the consent agenda for discussion under item 10.1. Motioned by Sara Piracha-McLean; seconded by Sarah Veinot. All in favor.

**APPROVED**

5. **CONSENT AGENDA**:

- 5.1. Approval of Minutes (September 24, 2024)
- 5.2. Approval of Special Board Minutes (November 8, 2024)
- 5.3. Privileges and Credentialing
- 5.4. Report from MAC
- 5.5. Research Committee Terms of Reference
- 5.6. Research Committee Request for Community Member
- 5.7. Compliance Report
- 5.8. Financial Results – *pulled for discussion under item 10.1*
- 5.9. Amendments to the Annual Directors Agreement - *pulled for discussion under item 10.3*
- 5.10. Budget Adjustment

**MOTION**: That the consent agenda as amended be approved, including motions therein. Motioned by Sara Piracha-McLean; seconded by Gina Kinsman. All in favour.

**APPROVED**

6. **BOARD CHAIR REPORT (Chris Fowles)**: Chris Fowles' report included:

- Acknowledged that today is International Day of Persons with Disabilities.
- With the recent Nova Scotia election, there is hope for continuity in terms of the returning Minister of Health and the government's continuing focus on health care.
- With the recent New Brunswick election, there is a new Premier and new Mental Health and Addictions Minister which will provide an opportunity to reconnect with that government and arrange for a potential Board meeting in New Brunswick
- One-on-one meetings were held with each Board Director over the summer – common areas of discussion included education sessions (i.e., understanding finances, funding, internal controls). Chris invited Board Directors to contact him at any time should they have questions about their

role on the board. Any queries can be brought up at Board but, if possible, advance notice (by telephone or e-mail) may be best should Chris have to reach out to ELT or other sources to find the answers elsewhere.

- In the area of oversight and fiduciary duty, it was noted by a Board member that Directors should not feel afraid to vote against, object to or abstain from, any motions made.
- Aldéa Landry offered to help with making a connection to meet with the newly formed NB government. Charlene Milner and David Lavigne would also be willing to help accommodate this.  
**ACTION:** A meeting will be scheduled for Chris, Krista, Aldéa, Charlene and David to discuss.

7. **STRATEGY (Krista Jangaard):**

7.1. Review Progress Strategic Performance- 2024-2025 Priorities, Objectives and Key Results: Dr. Jangaard provided an update on Strategy Performance (inclusive of Q2). Of the twelve strategic objectives for 2024-2025, eight are on track, four are behind, and none are at risk. We are still challenged with surgical wait times (partially due to not having enough infrastructure and people), and improvements to our no-show ambulatory appointment rates are yet to be seen (this is expected to improve with appointment reminders and the introduction of OPOR).

7.2. Provincial Accountability Agreement 2024-2025: The current Provincial Accountability Agreement which outlines governance, accountability and data reporting requirements for IWK Health is signed to the end of fiscal 2025. In 2022 changes to data reporting were made within the agreement due to development of Actions for Health. Dr. Jangaard noted that discussions are welcome should Directors have any concerns related to the results as shown in the provided appendices. The goal is to line everything up so that reporting to DHW is standardized.

7.3. Action for Health – IWK Progress Report: As per the briefing note attached with the meeting materials, public reporting can be found on the Action for Health website, however IWK Health data in the public reports is aggregated with NSH. The accompanying appendix provided context and comments of IWK Health performance for Q2.

8. **EDUCATION SESSION - “Etuaptmu’k W’loti” Addressing Mi’kmaw Health Together**”: John Sylliboy, MA, PhD (c) and Dr. Margot Latimer, RN, PhD joined the meeting to provide a presentation related to research on the Aboriginal Children’s Hurt & Healing Initiative. “The Aboriginal Children’s Hurt and Healing (ACHH) Initiative is working with Elders, health leaders, youth, communities, clinicians and universities to bridge the gap in understanding and improving Indigenous people’s healthcare”. Permission was received from the Indigenous community who participated in this study to share this information with the Board. Through research, we have learned the tragic history that colonizing policies within Canada had on our Indigenous population and taught us about their experiences with healthcare. They carry historical and intergenerational trauma with them which often leads to negative experiences within the health care system. Details regarding changes created to address harms from colonizing policies were discussed (i.e. mandatory Cultural Safety Course for all 1<sup>st</sup> year health professionals, launching of a larger study with 375 clinicians across the provinces, creation of an ENT clinic in 3 Mi’kmaq communities in Cape Breton with plans to expand, and Baby Smiles Dental Health resource). They are aiming for stronger commitment (with Memorandum of Understanding) and investment into resources and knowledge sharing which will lead the way for other partnerships to happen.

Chris thanked John and Margot for the eye-opening presentation. The presentation slide deck has been uploaded to DiliTrust under Documentation/PowerPoint Presentations.

**BREAK**

9. **STRATEGIC IMPLEMENTATION – Mi'kmaq and Indigenous Health Action and Reconciliation Plan (MIHARP) Report (Natalie Borden)**: Natalie presented this report on behalf of Courtney Pennell. The co-created report which has been reviewed and endorsed by Indigenous communities in our area was developed to provide a clear path towards better care for Indigenous women, children and families. The work was informed through engagement with an Advisory Committee of Indigenous leaders and health care representatives over two years and was undertaken as part of the strategic plan. It was noted that the full report will not be shared with NSH at this time, but that the recommendations will be shared and input sought if needed. The implementation plan will include looking at financial implications as some recommendations can be started and completed in a short amount of time, but others cannot. Recommendations will be ranked and prioritized as we move forward. Planning and sharing of next steps will take place with First Nations Health Directors

The request is for Board endorsement of the recommendations within the report.

**ENDORSED**

10. **Committee Updates/ Quarterly Reporting**

- 10.1. **FA&RM (Gina Kinsman)**: Gina brought forward two motions and one endorsement for approval.

- 10.1.1. **MOTION**: Acceptance and recommendation to the IWK Board of the September 30, 2024, financial results. Motioned by Gina Kinsman; seconded by Sara Piracha-McLean.

**Discussion**: This motion was pulled from the consent agenda by Sara Piracha-McLean for further discussion/explanation as the forecasted operating results indicate a deficit. The projected deficit was calculated using known information and does not include possible mitigation strategies that can be applied before fiscal year end. The intent is to seek funding from the province to cover unanticipated costs experienced because of issues such as repairs due to flooding. At this time, it is anticipated that by year-end we will present balanced results. An amended motion indicating the deficit was discussed and the board now understands the mitigation strategy was made.

**AMENDED MOTION**: That the 2024-2025 financial results indicating a deficit, be accepted, understanding the mitigation strategies at the end of the year. Motioned by Gina Kinsman; seconded by Sara Piracha-McLean. All in favour.

**APPROVED**

- 10.1.2. **MOTION**: THAT, Policy 341: Enterprise Risk Management Policy be recommended for approval by the Board. Motioned by Gina Kinsman; seconded by Julia Donahue.

**APPROVED**

Discussion: Information regarding this motion was provided in the meeting materials and was presented at FA&RM by Katie Hollis. Discussion regarding clarifying the individual responsibility as a board member versus the responsibility of the Board committee(s) in risk oversight took place. This document sets the framework for assessing risk in the Health Centre. An updated risk registry is under development and ELT is currently going through the process of aligning the risks to the various board committees. The Board will provide oversight to the most critical risks in the registry and will be able to see the risks assigned to the committees on a risk dashboard/report.

To provide more clarity to some members, it was questioned if there would be merit in asking for further review of the policy and framework. It was noted that operational and governance policies are living documents which change based on external forces (i.e., climate, epidemic, etc.) and are constantly reviewed. The ERM Policy is an important tool which should not be delayed. No further discussion ensued, and the question was called for a vote to approve the original motion.

No votes against, three abstained and the remaining were in favour. Motion is carried but concerns were noted and will be addressed.

**APPROVED**

- 10.1.3. **ENDORSEMENT:** 2025-26 Business Plan for IWK Board of Directors feedback. Motioned by Gina Kinsman; seconded by Sara Piracha-McLean.

Discussion: The previously presented business plan was uploaded with the meeting materials. The business plan is in draft form until approved by the Minister of Health and Wellness and then formally approved by government. After ministerial approval is received, it is then updated and brought back to FA&RM and the Board for final approval. There is lots going on particularly around financial systems, transformation, time reporting and scheduling, SAP S4, time and people pressures, new billing system implementation, etc. It was clarified that the Board is endorsing where we are in the business planning process and that the board understands what was brought forward to government (which may require some changes). As a Board we are placing confidence in the management team. All in favour.

**ENDORSED**

- It was noted that there are financial updates on two unbudgeted line items. \$2M related to floods and \$7M related to OPOR structural upgrades. The appropriate procedures are in place.

## 10.2. **Quality (Julia Donahue):**

- There were no Serious Safety Events or Serious Reportable Events in Q2.
- To reinforce a culture of safety, there will be a revitalization of the Safety Coach Program which will be implemented in January or February.
- Four of the eight QIPs are on track. The reduction in surgical long waiters continues to not meet target. Emergency Department Length of Stay is not on target but is improving.

- The four unmet Accreditation criteria have progressed. The next round of Accreditation is in 2027, and preparation work has begun.

### **10.3. Governance, Nominating and Human Resource (Sara Piracha-McLean):**

- 10.3.1. **MOTION:** THAT, the IWK Board of Directors approve the amended Annual Director Agreement. Motioned by Sara Piracha-McLean; seconded by Julia Donahue. All in favour.

**APPROVED**

Due to a language change in article 1 after the initial package was posted to the portal, the Annual Director Agreement was pulled from the consent agenda for discussion and approval by the Board.

- The recent EDIRA survey helps inform GNHR’s work and helped to meet requirements. Our results will now move to the EDIRA Committee to inform their overall objectives.
- The Skills Matrix survey was circulated and will be used as a tool to begin recruitment work. In January will be advertising for a skill set in Information Technology specifically in the areas of cybersecurity, analytics, AI, Information Management and IT systems.
- GNHR is ready to move ahead with appointing a vice chair and requested that Board members who wish to self-nominate, or nominate a board colleague, to please e-mail Sara or Nicole. The formal process will begin in January with individual conversations taking place with those who were nominated. The vice chair role would not start until after the AGM in June, they would serve for 1 year, and subject to any unforeseen circumstances, would transition into the role of chair in 2026. The reason for beginning the role after the AGM rather than immediately is to establish a standardized recruitment process.

### **10.4. Building and Infrastructure (Monica Foster):** Mike Morris reported for Monica who was unable to attend the Board meeting:

- Aiming for ED construction completion in October 2026 with full opening in January 2027. There are associated risks with budget and schedule. Some tender package requests have not been responded to; therefore, may have to go through an alternate procurement process.
- Progress is being made in strategic objectives and optimizing capital structure.
- Capital projects are progressing well.
- KPI report includes the Facility Condition Index which is fair except for the parking garage.

### **10.5. Research (Sheila Woodcock):**

- The committee reviewed and discussed the process for allowing Dalhousie research personnel to do specific tasks and the levels of access to patient data required.
- Reviewed the KPIs for the 2023/24 fiscal year which was included in the Board package.
- Drs. Lori Wozney and Jill Chorney gave a presentation about their work in youth mental health and addictions, using a team approach. This is an excellent practical example of a

learning health system, with adjustments to treatment continually being made based on feedback of individual patient needs.

- The Quality and Patient Safety Report illustrated the high standards of quality and safety required of the researchers and monitored by the Research Ethics Board (REB).

**10.6. Digital Transformation (Mike Morris):**

- Presentations on OPOR and cybersecurity took place.
- OPOR is scheduled to go live at the IWK in August 2025. Oracle has completed building the system and will not take any new changes unless necessary. Go live plans include a patient reduction slowdown. Oracle has been announcing enhancements which we will get initially
- The CIO for NSH and IWK gave a presentation regarding the audits and ongoing work around cybersecurity.
- An Ad Hoc Digital Transformation meeting took place last week regarding Terms of Reference and converting from a special committee to a standing committee. The group is working to pull together initial responsibility chart. A revised ToR will be presented to the Board hopefully by the Spring.
- Clarification of remuneration for physicians who must undertake OPOR training will be addressed by Krista Jangaard.

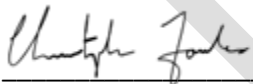
11. **CEO Report (Krista Jangaard):** Please refer to Krista's written CEO report.

12. **IWK Foundation Report:** Please refer to the detailed note from the Foundation indicating the many wonderful initiative which have taken place.

13. **In Camera:** The board went In Camera at 4:23 p.m. Motioned by Alexa Bagnell; seconded by Sara Piracha-McLean. No motions to bring forward.

A motion to adjourn the meeting was made at 4:40 p.m. by Sara Piracha-McLean.

Respectfully submitted by,



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Chris Fowles  
IWK Board Chair