



IWK BOARD OF DIRECTORS
MINUTES

February 3, 2026 @ 8:00 a.m.
Virtual (Microsoft Teams)

Directors Present (Voting):

Dr. Raza Abidi	Lindsay Hawker	John Muir
Dr. David Anderson	Gina Kinsman	Cheryl Paynter
Ryan Brothers	Aldéa Landry	Sara Piracha-McLean
Julia Donahue	David Lavigne	Denise Pothier
Janet Dunphy	Jane McKay-Nesbitt	Sheila Woodcock
Monica Foster	Charlene Milner	
Chris Fowles		

Regrets:

Justin Ghosn	Kyle MacDonald
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Ex-Officio (Non-voting) Directors:

Dr. Krista Jangaard, President & CEO	Dr. Narendra Vakharia, Chair of the Medical Advisory Committee	Dr. Kirstin Weerdenburg, President of MDSAS
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Executive Leadership Present: Stacy Burgess, Gina Connell, Jean du Plessis, Dr. Ken Farion, Jen Feron, Mary Lynn VanTassel

Staff Present: Glenda Hoskins, Board Coordinator & Executive Assistant to CEO

1. STANDING ITEMS:

- 1.1. Chair's Remarks & Call to Order: The meeting commenced at 8:03 a.m. Dr. Farion was extended a warm welcome to IWK Health.
- 1.2. Land Acknowledgement: Chris Fowles gave the land acknowledgement.
- 1.3. Confirmation of Quorum: Quorum was confirmed.
- 1.4. Declaration of Conflict of Interest: None to declare.

2. **IN CAMERA**: Not applicable
3. **PATIENT STORY**: Julia Donahue shared the experience of a first-time mother who recently moved to Nova Scotia. The patient faced physical and mental health issues during pregnancy and required prenatal mental health support. She had a C-section and received care from various units, such as lactation consultation and reproductive mental health services. Despite a positive overall experience and gratitude for staff, she felt the 48-hour discharge after surgery was too soon. The Committee queried regarding the standard length of stay for C-section and whether it was sufficient. It was confirmed that longer stays are not best practice. Mobilizing patients with the proper support as soon as possible is best practice. The Board Chair will be sending correspondence to patient story providers.
4. **APPROVAL OF AGENDA**: The agenda was approved as circulated with Item 11. CEO Report moved to be Item 6. Motioned by Denise Pothier; seconded by Jane Mackay-Nesbitt. All in favour.

APPROVED

5. **CONSENT AGENDA**:
Item 5.2 Privileges and Credentialing was pulled from the Consent Agenda for discussion and separate approval.

MOTION: That the consent agenda be approved, including motions therein. Motioned by Lindsay Hawker; seconded by Denise Pothier. All in favour.

- 5.1 Approval of Minutes (November 18, 2025)
- 5.3 Report from Medical Advisory Committee (MAC)
- 5.4 Board Quality Workplan Amendment

APPROVED

5.2 Privileges and Credentialing Committee

The following two individuals, Dr. Nelly Amenyogbe-Pediatric and Dr. Carlos Espinosa, are PhD scientists who are not contracted with IWK Health. As employees of Dalhousie, they can conduct research; however, as per the bylaws, they do not meet the criteria for appointment and privileges at IWK Health. Further discussions will take place with Dr. Farion and Dr. MacMaster to ensure there is a path forward for these individuals.

MOTION: That the Privileging and Credentialing applicants (*except for Dr. Nelly Amenyogbe, Pediatric, Infectious Diseases Affiliated Staff and Dr. Carlos Espinosa, Pediatric Infectious Diseases Affiliated Staff listed in the December report*) be approved. Motioned by Chris Fowles; seconded by Monica Foster. All in favour.

APPROVED

6. **CEO REPORT (Krista Jangaard)**: Please refer to the CEO's report included in the meeting package. An update was provided regarding the OPOR clinical information system (Cerner/Oracle), covering the launch timeline and implementation, progress and achievements, challenges, and corresponding mitigation strategies for stabilization. Open

communication with physicians and staff remains ongoing to address any concerns. Leadership remains committed to sustaining support, including consultants, and continues to collaborate with OPOP and Government partners to identify effective solutions while balancing priorities. IWK Health maintains a strong culture of safety; top priorities will be determined through various IT and safety reporting systems. In other locations where OPOP has been implemented, major issues typically require 3–6 months for resolution, followed by approximately one year for optimization. With regards to board governance and oversight, the Board Quality Committee would be the appropriate place to monitor safety, physician and employee statistics, and track events related to OPOP. CSDS, NSH, IWK, and OPOP continue to work collaboratively on the IWK implementation and prepare for the upcoming rollout for Central Zone.

7. BOARD CHAIR REPORT (Chris Fowles): The Board Chair report and subsequent discussion included the following topics:

- On behalf of the Board, a deep appreciation to everyone involved in the OPOP launch was extended to Management. It was acknowledged as an immense undertaking and being the first site to go live added to the complexity. The learning curve is steep, and the Board recognizes the frustration and fatigue. Many issues raised are resolved or in process of resolution. It is an extra ordinary effort. On launch day, there was a great sense of pride by the team. It remains as important now as it did then. On behalf of the Board, thank you for your perseverance and commitment to accomplish our shared mission. The CEO acknowledged several key leaders including LeeAnn Larocque and Katie Hollis.
- On November 18th, Jean du Plessis and Jeff Harding led an Infrastructure tour visiting the Kitchen and Air Handler Units. Physicians and staff discussed the challenges they face.
- The Board Executive Committee met on January 8th. Discussion points appear in today's agenda.
- January 16th meeting with the Minister's Office focused on topics including budget impacts, OPOP rollout, data and analytics support, women's health, mental health and addictions, Emergency Department and Integrated Youth Services updates and legislature preparation.
- Recent key events since the last meeting included the HIROC Cybersecurity session, Celebration of Lights, Dr. Oulton's announcement, the OPOP system launch, and the African Heritage Month kickoff.
- A brief update was provided on the former CEO trial and sentencing.
- The Committee discussed future opportunities for site tours. The next in-person meeting would be a good opportunity to add a site tour post meeting.

8. STRATEGY (Krista Jangaard):

8.1 Q3 Strategic Performance 2025-26 Priorities, Objectives and Key Results (Krista Jangaard): The Committee was updated on progress toward objectives in the strategic plan. Data on OPOP slowdowns and effects on Women's and Pediatric Surgery wait

times will be available this month. Viva Goals will be replaced by Tableau soon for improved reporting. The Committee discussed risk thresholds for unmet key results; a result is considered “unmet” if not started. Infrastructure and deferred maintenance challenges were noted. Some priorities were delayed due to staffing and compensation issues, though initiatives are resuming. Full progress is deferred to next fiscal year.

8.2 Proposed 2026-27 Strategic Priorities and Objectives (Krista Jangaard): The Committee reviewed an initial draft of the 2026-2027 Priorities and Objectives. Most priorities remain unchanged, with previous items reset as needed and objectives being updated. Ambulatory wait times are now added as a separate metric from surgery. Goals will be redefined based on OPOR impact. A new objective is proposed to develop a formal external engagement plan with Maritime partners and the community for input on the strategic plan. Other proposed changes include: streamline surgical wait time reduction, merge infrastructure items for alignment, embed OPOR focus to address optimization for our new platforms within the data and analytics objective.

8.3 2025-26 Provincial Accountability Agreement Update (Krista Jangaard): Deferred

9. BOARD GOVERNANCE (Chris Fowles / Sara Piracha-McLean)

9.1. Re-structure, Board Committees, Mandates and Terms of Reference: All updated Committee Terms of Reference (TORs) (except Infrastructure which was approved in September) have been thoroughly reviewed by the Committees. Once the TORs are approved, the Corporate Bylaws will be updated to align changes and sent for Government review and approval. Once ministerial approval is received Governance, Finance and Audit and Quality committees can begin to utilize the new TORs. As the Research Committee functions have not changed, its TOR can be effective once approved by the Board. The Committee requested the omitted appendix from the October speed dating exercise, which will be shared and posted on Dilitrust.

MOTION: THAT the Board Committees’ Terms of References be approved by the IWK Board of Directors. Motion by Sara Piracha-McLean; seconded by Denise Pothier. All in favour.

APPROVED

10. EDUCATION SESSION:

10.1. Clinical Wait: Standards, Status and Strategy (Stacy Burgess):

Stacy Burgess led an educational session providing the Board with an overview of wait times, inclusive of standards and measurement, current performance, and improvement strategies across ambulatory, surgical, and mental health services at IWK Health. The full presentation including speaker notes will be circulated to the Committee.

11. Committee Updates/ Quarterly Reporting: Draft minutes from each committee were included as part of the package. Highlights shared by committee chairs are noted below.

11.1. FA&RM (Charlene Milner):

The Committee received an Internal Audit report regarding HST. The OAG attended and presented the fiscal 2025-26 audit plan that is included in today's materials for approval.

11.1.1 Fiscal 2025-26 Audit Plan

MOTION: THAT the Fiscal 2025-26 Audit Plan as presented be accepted and approved by the IWK Board of Directors. Motioned by Charlene Milner; seconded by Gina Kinsman. All in favour.

11.2. Governance, Nominating and Human Resource (Chris Fowles for Sara Piracha-McLean):

The Vice Chair nomination process will be led by the Board Chair.

11.2.1 Board Governance Policies – Conflict of Interest Policy and Procedure

The Conflict of Interest (COI) Policy and Procedure was presented to the Committee for review and approval. The policy applies to all, with distinct procedures for the Board and for Physicians, Staff and Volunteers. The Committee discussed COI education sessions. The education session presented at the October Strategy session aligned with the new policy. During each Board education session cycle, there will be an update on the procedure for the Board. Jen Feron will check with the Policy Office about education plans and whether an acknowledgement form is needed to confirm the policy and procedure have been read and understood.

MOTION: THAT the Conflict-of-Interest Policy and Procedure be approved by the IWK by the IWK Board of Directors. Motioned by Chris Fowles; seconded by Denise Pothier. All in favour.

APPROVED

11.2.2 Governance Decision Making Tool

The tool was shared with the Committee for review and approval. The tool will be included in each board package posted to the portal.

MOTION: THAT the Governance Decision Making Tool be approved by the IWK by the IWK Board of Directors. Motioned by Chris Fowles; seconded by Julia Donahue. All in favour.

APPROVED

11.3. Infrastructure (Monica Foster):

Updates from the meeting included a presentation on Data Governance: OAG Report on Cybersecurity, ED Redevelopment update, digital projects update including OPOR and the patient billing system, standards compliance reporting including the Fire Marshal Report, resource and infrastructure challenges. A proposal has been submitted to DHW for infrastructure funding to help address compliance issues.

11.3.1 Fiscal 2026-27 Capital Grants Funding Envelope

MOTION: THAT the Fiscal 2026-27 Capital Grants Funding Envelope prioritization be approved by the IWK Board of Directors. Motioned by Monica Foster; seconded by Ryan Brothers. All in favour.

APPROVED

11.4. Quality (Julia Donahue): On January 10th, the Committee met and received updates on several items including the SSE report analysis, common cause analysis report, CLAIBC rates, OPOR implementation and safety claims. The QIP was also reviewed. It was noted that 10 of the 47 current process improvement projects are related to quality. Accreditation has been finalized, and all outstanding follow-up actions have been completed.

11.5. Research (Sheila Woodcock): The January 9th Committee approved revised Terms of Reference, noted increased publications and strong performance indicators, and highlighted Dr. Jeanette Comeau's achievements in Infectious Diseases. Progress is ongoing for research infrastructure and Director recruitment, with staff recognition and efforts to streamline research operations focusing initially on finance. No major incidents occurred; two protocol deviations were resolved, and one study was suspended after audit non-response. OPOR staff training continues.

12. IWK Foundation Report: Please reference the Foundation's report included in the meeting package. Chris updated that Kyle is participating in the Women's Health Equity Now session, which is also being held this morning. The Foundation has relocated to its new space at Richmond Yards. A Board of Trustees strategy session is scheduled for February 19th.

13. In Camera: The Board went In Camera at 11:38 a.m. Motioned by Cheryl Paynter; seconded by Denise Pothier. The following topic was discussed in camera.

13.1. Succession Planning

A motion to adjourn the meeting was made at 11:53 p.m. Motioned by Monica Foster.

Respectfully submitted by,

Chris Fowles, IWK Board Chair