

**Health Sciences North
Board Meeting Minutes – Open Session
June 2, 2026**

Voting Members Present:

Tammy Eger	Pamela Williamson	Miriam McDonald
Tom Laughren	Louise Paquette	Lisa Smith
Michel Paulin	Marc Despatie	Chantal Makela
Christophe Leduc	Shayne Wisniewski	

Non-Voting Members Present:

David McNeil	Lisa Smith
Dr. Matt Cavanagh	Dr. Pankaj Bhatia

Non-Voting Members Excused:**Staff:**

Debbie McQuarrie	Jessica Diplock
Mark Hartman	Daniel Molke
Dr. Rob Ohle	Stephanie Winn
Jason Turnbull	Steve Volpini

Regrets :

Stéphan Plante	Dr. Ravi Singh	Anthony Keating
Francesca Grosso		

Recorder:

Christine Hryciw

1.0 Call to Order

The meeting was called to order at 5:03 p.m. with Tom Laughren at the chair. Tom Laughren provided a land acknowledgement. No conflicts of interest were declared. Tom acknowledged Shayne as this was his last meeting.

2.0 In Camera Review of Agendas (Open Session and Closed Session)

T. Laughren asked for a motion to stay in the Open Session at 5:05 p.m.

MOTION: M. Despatie/C. Leduc

BE IT RESOLVED THAT the Board of Directors review the open and closed session agendas in Open Session.

CARRIED

3.0 Approval of Agenda

Approval of the agenda by the Board constitutes approval of each item listed under the Consent Agenda portion of the meeting.

T. Laughren asked for a motion to approve the agenda as presented.

MOTION: L. Paquette/ C. Makela

BE IT RESOLVED THAT the agenda for the Open Session of the June 2, 2026 Board of Directors meeting be approved as presented.

CARRIED

7.1 Minutes of March 31, 2026 Session Board Meeting

BE IT RESOLVED THAT the minutes of the Board of Directors open session meeting held on March 31, 2026 be approved as circulated.

7.3 Review of Policies II-1, IV-4

BE IT RESOLVED THAT the Board of Directors approve the following revised Board policies, as recommended by the Governance and Nominating Committee at its meeting of April 16, 2026, and as presented at the Board meeting of June 2, 2026:

Policy II-1	CEO Succession
Policy IV-4	Borrowing

4.0 New Business

4.1 Cultural Safety and Humility and Indigenous Specific Systemic Racism

J. Diplock, S. Winn and D. Molke provided a presentation on Cultural Safety and Humility and Indigenous-Specific Systemic Racism, including its connection to Health Sciences North's Social Accountability commitments. The presentation is attached to the minutes.

Key initiatives highlighted included strengthening Indigenous health services, expanding Indigenous Patient Navigator capacity, creating outdoor spaces for the cultivation of traditional medicines, expanding the Medicine Lodge, maintaining a people-centered approach to care, and enhancing outreach efforts across Northeastern Ontario.

Discussion also focused on accreditation and the integration of related priorities into action planning. It was noted that accreditation requirements will be embedded within organizational planning processes, with ongoing review of internal data, trends over time, and incident-based analysis to support compliance and continuous improvement.

P. Williamson inquired about the demographic composition of Indigenous patients accessing services at HSN, specifically whether there is a significant Métis or Inuit population. The importance of recognizing the diversity of Indigenous cultures and avoiding a one-size-fits-all approach was emphasized. Discussion highlighted the need to ensure that cultural practices, symbols, and supports are respectful and meaningful to the specific communities being served.

The Board discussed social accountability as an important opportunity to strengthen trust and relationships with the communities HSN serves. Members considered how the Board could further engage with community perspectives and collective wisdom. It was noted that the recent education plenary marked an initial step in this process, and that opportunities for further discussion could be brought forward through the Governance and Nominating Committee. At this stage, discussions remain at a high level.

A suggestion was made to explore the development of a Board education "passport" similar to the learning resources available to HSN employees.

Dr. Cavanagh also emphasized the importance of maintaining focus on patient needs and being mindful of balancing investments in education and training with direct supports and services for patients, particularly those experiencing significant socioeconomic challenges.

Quality Committee

4.2 Patient Story:

L. Paquette provides an overview of the patient story provided by Quality Committee. There were no discussion or questions from members.

4.3 Monitoring of the 2025-2026 Quality Improvement Plan (QIP) Targets

The Committee reviewed the monitoring report for the 2025–2026 Quality Improvement Plan (QIP) targets. Discussion noted that performance related to time to inpatient bed is influenced by overall hospital capacity and seasonal fluctuations in demand. The report was reviewed and discussed at a high level, with no further questions from members.

4.4 2025-2026 Q4 Quality and Patient Safety Indicator Monitoring Report

The Committee reviewed the Q4 Quality and Patient Safety Indicator Monitoring Report, which includes 13 key performance indicators. Discussion focused on overall performance and opportunities for improvement in areas currently identified as below target. The report was reviewed at a high level, and no further discussion ensued.

4.5 Social Accountability Report: 2025–2026 Progress and Key Areas of Focus

The Committee reviewed the Social Accountability Report outlining progress to date and key areas of focus for 2025–2026. The report was reviewed at a high level. No questions or comments were raised by members.

4.6 Quality & Patient Safety Report: Patient Experience

The Board reviewed the Patient Experience Report and discussed the increase in patient complaints, particularly within the Emergency Department (ED). Members explored opportunities to enhance patient support during ED visits, including the potential role of volunteers and personal support workers in waiting areas. Discussion highlighted that the ED can be a stressful and intimidating environment for patients and families, and that timely complaint resolution, along with clear communication regarding wait times and delays, may help improve the patient experience.

The CEO presented HSN Emergency Department Length of Stay (LOS) data in comparison with provincial benchmarks for all ED patients. The comparative data was provided to demonstrate that HSN's Physician Initial Assessment (PIA) times are generally aligned with provincial performance. Discussion noted that the more significant challenge relates to inpatient bed availability, as admitted patients often remain in the ED while awaiting transfer to an inpatient unit, contributing to overall length of stay.

The Board discussed the pressures associated with patient flow and capacity, noting that the Emergency Department has 37 treatment spaces and continues to experience high demand. Members acknowledged the need to improve PIA times while recognizing that certain assessments, interpretations, and interventions can only be completed by a physician. The potential impact of emergency department closures in surrounding communities was also noted, as increased patient volumes may place additional pressure on wait times and capacity at HSN.

HSN ER LOS with Province ALL ED PATIENTS

							ED PORTION OF LOS			
Fiscal Month	Ambulance Offload Time (AOT) - minutes		Emergency Room Length of Stay (ER LOS) - hours		Time to Initial Assessment - Physician (PIA) - hours		Time to Disposition Decision (DISP) - hours		Time to Inpatient Bed (ADM) - hours	
	Ambulance Transfer of Care date/time - Ambulance Arrival date/time		Date/time Patient Left ED - ED Triage/Registration (whichever is		* PIA date,time - Triage or Registration date,time (whichever		ED disposition date/Time - ED Triage/Registration Date/time (whichever is earlier / valid)		Date/time Patient Left ED - ED Disposition Date/time	
Oct-25	17	36	14.2	11.6	5.4	4.2	8.7	9.0	29.6	27.5
Nov-25	18	36	14.8	11.5	5.9	4.1	9.1	8.9	38.9	30.3
Dec-25	53	46	17.2	12.5	7.3	4.6	10.4	9.3	38.3	33.2
Jan-26	27	38	17.5	12.6	5.9	4.0	9.0	9.0	44.5	35.2
Feb-26	14	36	17.3	11.8	5.9	4.0	9.2	8.9	39.2	29.9
Mar-26	18	34	14.3	11.5	5.9	4.1	9.0	9.0	37.8	25.8
FY 2025/26	16	38	14.5	11.7	5.8	4.3	9.0	9.0	33.7	28.7

4.7 Staff Engagement Scores and Updates

The Board reviewed the Staff Engagement Scores and related updates. Discussion noted positive participation rates from both staff and physicians in completing engagement surveys. Members emphasized the importance of communicating survey results and subsequent actions more effectively to demonstrate how feedback is being used to inform improvements and organizational decision-making.

4.8 Approval of 2026-27 Quality and Patient Safety Monitoring Indicators

The Board reviewed the proposed Quality and Patient Safety Monitoring Indicators for 2026–27. Discussion supported maintaining the existing 13 indicators while adding three new measures: sepsis, the percentage of patients who undergo hip fracture surgery within 48 hours of first arrival at any hospital, and conservable bed days. The additional indicators were identified as important measures to support ongoing monitoring of quality, patient outcomes, and system performance.

MOTION: L. Paquette/ T. Eger

BE IT RESOLVED THAT the Board of Directors approvals of the 2026-27 Quality and Patient Safety Monitoring Indicators, as recommended by the Quality Committee at its meeting of May 21, 2026 as presented at the meeting on June 2, 2026.

CARRIED

Governance and Nominating Committee

4.9 Approval of 2026-27 Board and Committee Work Plans

The Vice-Chair of the Committee reviewed the 2026–27 Board and Committee Work Plans. M. Paulin requested that Audit Committee meetings be extended by 30 minutes to allow additional time for discussion.

The CEO noted that Board recruitment remains ongoing and emphasized the importance of leveraging members' networks to support recruitment efforts. It was also suggested that candidates with expertise in information management and artificial intelligence be actively sought.

Action: The Board recruitment advertisement is to be circulated to members for sharing across their networks and platforms.

MOTION: T. Eger/ M. Paulin

BE IT RESOLVED that the Board of Directors approves of the 2026-2027 Board and Committee Work Plan, as recommended by the Governance and Nominating Committee at its meeting on April 16, 2026 as presented at the Board meeting of June 2, 2026.

CARRIED

5.0 Board Chair Report

5.1 Board Chair Report

The Board Chair provided a brief overview of the Chair report; received an update on its governance responsibilities, including oversight of financial stewardship, organizational sustainability, and access to high-quality care. The Chair highlighted ongoing engagement in provincial and regional health system discussions and advocacy efforts.

Adjournment of Open Session

T. Laughren asked for a motion to adjourn the open session meeting at 6:15 p.m.

MOTION: L. Paquette/ M. McDonald

THERE BEING no further business to discuss, that the Open Session of the June 2, 2026 Board of Directors meeting be adjourned.

CARRIED