SOUTH BRUCE GREY
HEALTH CENTRE
CHESLEY | DURHAM | KINCARDINE | WALKERTON

**Minutes**
**Board of Directors Meeting**
**Wednesday, March 4th, 2026**
**Zoom Audio/Visual Conference (Hybrid)**

Present: A. Wickert (Acting Chair), J. Dietrich, C. Singh, J. Bagshaw, J. Haggarty, A. Thompkins, V. Ducharme, N. Shaw, L. Parsons, Dr. L. Roth, Dr. M. Ballantine, C. Morton, J. Kuntz

Staff: M. Legge, K. MacKenzie

Regrets: L. Aston, L, Roth, M, Diebel

Guests: P. Kerr, B. Scott and K. Larson

Recording Secretary: C. Cleland

## 1.0 Call to Order

The Chair called the meeting to order at 1701 hours with a quorum present. Board members, and members of the public / media were welcomed to the meeting.

Introduction of each Board members was how the meeting initiated.

## 2.0 Consent Agenda

As per the Board Meeting policy, approval of the consent agenda is obtained through the approval of the agenda.

2.1 Board of Directors Minutes – February 4th, 2026
2.2 Special Member Meeting Minutes – February 4th, 2026
2.3 Quality Improvement Minutes – February 17th, 2026
3.4 2025/26 Board of Directors Work Plan
3.5 Correspondence – none.

## 4 . 0 Approval of Agenda

Additions/Changes to Agenda

- *Add Item 6.1.1 QIP Development Plan.*

*(Motion 1)*
**MOVED by**: A. Thompkins
**SECONDED by:** J. Haggarty
**THAT the Agenda be approved as amended. Question called – Motion CARRIED.**

## 5.0 Disclosure of Conflict of interest

The Chair referenced the Mission, Vision, and Values and Ethical Decision Making, reminding members to consider their guidance through discussions and with decision making during the meeting.

None declared

## 6.0 Business/ Committee Matters

### 6.1 Quality Improvement Committee

- V. Ducharme referred to the Quality Improvement Committee Report that was circulated in the agenda package outlining Falls, Medication Errors and Hospital Acquired Pressure Injuries.
- The quality report for Q3 was presented displaying the indicators for 2025/26 including access and flow, equity, experience and safety.

6.1.1

- M. Legge presented the QIP Development 2026-27 report, which outlined the priority indicators data including access and flow, equity, experience and safety, and emergency department quality improvement.
- It was noted that our partner hospitals measure trips and falls based on those that result in harm rather than all incidents, so these metrics will be amended accordingly.
- The next steps in the process will be to submit to Ontario Health by April 1st, 2026.

The QIP Development 2026-27 report was approved as presented by consensus.

### 6.2 KROC

- A. Thompkins provided a brief verbal update regarding the KROC financials and risks provided by P. Grubb.
- It was noted that preliminary landscaping is currently underway - updated drawings and costing will be provided.
- The Ministry of Health is pleased with the progress so far - more information will be shared as it becomes available.

### 6.3 Governance & Executive Committee

- J. Dietrich provided a report on G&EC highlighting the 2026-27 work-plan updates that were addressed.
- An update was provided on the Recruitment and Onboarding process.
- It was noted that the Listening Tour was beneficial, and that the next steps will be to bring the highest-impact items, along with preliminary actions, to the April 1 Board meeting.

- 6.3.1 J. Bagshaw referred to the presentation that was circulated in the agenda package outlining the changes made to the Board policy dated June 28th, 2023.
  - It was noted that the initial policy lacked guidance for mentors and the new directors in support of the onboarding process.

*(Motion 2)*
**MOVED by**: A. Wickert
**SECONDED by:** J. Haggarty
**THAT the** Board of Directors approve the appended 'orientation – Board Policy dated March 4th

2026 **be approved as presented. Question called – Motion CARRIED.**

- J. Bagshaw outlined the revised Board of Directors application form that should be used to replace the current form on the SBGHC website.
- A suggestion was made for wording to clarify that individuals may be considered if five years have passed since their employment within healthcare.

Motion 4 was deferred.

**6.4 Board Chair Report**

- J. Dietrich Referred to Board Chair Report welcoming the newest Board of Directors Chantal Morton and Joanne Kuntz.
- It was noted that all Board policies will undergo review in the coming year.
- Congratulations were extended to Hanover District Hospital for being awarded Accreditation with Exemplary Standing by Accreditation Canada.

**6.5 CEO Report**

- N. Shaw referred to the presentation circulated in the agenda package, highlighting the January Healthcare highlight award recipient.
- Appreciation was extended to the Board of Directors for their generosity in providing Valentine's Day treats to all four sites.

**6.6 Chief of Staff Report**

- Dr. M. Ballantine referred to the COS report that was circulated in the agenda package, which provided a summary of EGFR and transfusion errors, OH change from practice related to OBSP, crash tray content and stable physician staffing.
- It was noted that staffing is relatively stable across all four sites.
- It was recognized that the change in practice related to OBSP has increased the workload for follow-up testing - concerns have been raised for reconsideration.

**6.7 Board Annual Workplan 2026/27***

- *Suggestion made to change 8.5 to 'as required.'*

*(Motion 3)*
**MOVED by**: J. Haggarty
**SECONDED by:** A. Thompkins
**THAT the** Board of Directors approve the Board Annual Workplan 2026/27 **be approved as amended. Question called – Motion CARRIED.**

**6.8 Governance & Executive Committee Work Plan 2026/27***

- *Suggestion made to change item 5.10 to 'as required.'*

*(Motion 4)*
**MOVED by**: L. Parsons
**SECONDED by:** A. Thompkins
**THAT the** Board of Directors approve the G&EC 2026/27 work plan **as amended. Question called – Motion CARRIED.**

## 7.0 Education

- A. Thompkins referred to a presentation outlining the roles and responsibilities of the Board of Directors, which include approving strategic goals and direction; establishing a framework for performance and oversight; overseeing quality, financial conditions, and resources; supervising leadership; overseeing stakeholder relationships; and managing the Board's own governance.

## 8.0 Next Regular Meeting

April 1st, 2026 @ 5:00 pm at Conference Room in Durham / Zoom (Hybrid)

## 8.0 In-Camera Meeting

A. Wickert thanked guests for attending the meeting and requested a motion to move in-camera.

*(Motion 5)*
**MOVED by:** J. Bagshaw
**SECONDED by**: J. Haggarty
**To adjourn to an in-camera meeting at 1809 hours.**
**Question called - Motion CARRIED.**

## 9.0 Return to Open Forum

The meeting moved out of in-camera at 1929 hours.

## 10.0 Motion to approve in-camera resolutions:

*(Motion 6)*
**MOVED by:** J. Kuntz
**SECONDED by:** C. Morton

**To approve in-camera resolutions**
**Question called – Motion CARRIED.**

## 11.0 Adjournment

The meeting was adjourned by C. Morton and J. Kuntz at 1931 hours.
CARRIED.