



Listowel Wingham Hospitals Alliance
Board of Directors Meeting Minutes
 Wednesday, February 25, 2026
 WDH Boardroom / Microsoft Teams

PRESENT	Jessica Weber	Laura Phillips	STAFF PRESENT	Rhonda Scheeringa
	Mark Foxtton	Sheena Haines		Justine Leslie
	Rosalea Beyersbergen	Mike Miller		Esther Millar
	Kailey Fallis	Garrett Topic		Melissa Scott
	Dr. Stephen VanderKlippe	Erin Hall		
	Dr. Sean Henderson (V)	Derek Mendez (V)		
	Dr. Terry Suggitt (V)	Monica Dey (V)		
	Susan McLaughlin (V)			
			PATIENT REP	
ABSENT			GUESTS	Mary-Lou Albers
REGRETS	Stacey Ash		REGRETS	

1. CALL TO ORDER

1.1 Quorum

- Presiding Chair K. Fallis called the Board of Directors meeting to order at 1730 hours.

1.2 Declaration of Conflict of Interest

- There were no conflicts of interest declared.

1.3 Approval of Agenda

Moved by: S. Haines

Seconded by: R. Beyersbergen

THAT the LWHA Board of Directors approves the Agenda for Wednesday, February 25 as circulated.

MOTION: CARRIED

2. Previous Minutes

2.1 Approval of Previous Meeting Minutes

Moved by: J. Weber

Seconded by: L. Phillips

THAT the LWHA Board of Directors approves the previous Board of Directors Meeting Minutes of Wednesday, January 28, 2026, with amendment to reflect that the Chief of Staff report was provided in the meeting package but not presented verbally.

MOTION: CARRIED

3. CONSENT AGENDA MATTERS

3.1 Approval of Consent Agenda Items

Moved by: M. Miller

Seconded by: M. Foxon

THAT the LWHA Board of Directors approves the following Consent Agenda reports as circulated:

- Public Expense Reports – May to September 2025
- Board Work Plan
- Public Salary Disclosure

MOTION: CARRIED

4. BUSINESS ARISING FROM PREVIOUS MINUTES

4.1 No Business Arising from Previous Minutes

The Board requested that this section be left blank on future agendas to allow items to be raised during the meeting.

5. MATTERS REQUIRING DECISION: NEW BUSINESS

5.1 Sub-Committee Reports: Community Relations, Communications & Strategy Committee – D. Mendez

The 2026–2027 Goals and Objectives were recommended for approval at the sub-committee meeting. Amendments from the previous document were noted, including updates to surgical volumes to reflect growth opportunities at the Wingham site, adjustments related to EMR compliance, removal of the supply chain goal, addition of an objective related to artificial intelligence, and retention of the physician recruitment objective.

Moved by: S. Haines

Seconded by: J. Weber

THAT the LWHA Board of Directors receives the update from the Community Relations, Communications & Strategy Committee and approves the Committee minutes and recommendations, as presented in the minutes of the sub-committee.

MOTION: CARRIED

5.2 Sub-Committee Reports: Executive Committee – D. Mendez

Moved in-camera item 9.2.1 due to the inclusion of identifiable staff information within the succession plan.

5.3 Sub-Committee Reports: Quality, Patient Experience & Social Accountability – D. Mendez

Moved by: J. Weber

Seconded by: M. Miller

THAT the LWHA Board of Directors receives the update from the Quality, Patient experience & Social Accountability Committee, and approves the Committee minutes and approves the Committee minutes, as presented.

MOTION: CARRIED

5.4 Sub-Committee Reports: Resource & Audit Committee – M. Miller

The Q3 Financial Statements were recommended for approval at the Resource & Audit Committee meeting. Discussion also included a presentation from RBC regarding financing options related to the organization's loan, including fixed and non-fixed rate structures. The Committee will continue to review these options and bring forward recommendations to a future Board meeting.

Moved by: M. Foxton

Seconded by: G. Topic

THAT the LWHA Board of Directors receives the update from the Resource & Audit Committee, and approves the Committee minutes and recommendations, as presented in the minutes of the sub-committee.

MOTION: CARRIED

6. MATTERS FOR DISCUSSION

6.1 Draft Board Retreat Agenda – E. Millar

The retreat will focus on initiating the Board's planned strategic refresh. Members noted that information from Clinical Services Planning and broader system planning discussions may help inform the strategic refresh. Possible approaches to supporting the process were discussed, including whether external facilitation may be beneficial.

Additional topics identified for the retreat included Board governance matters such as Board self-assessment and review of the current sub-committee structure.

Possible presenters were suggested; discussion will continue at the March 4 Executive Committee meeting.

7. INFORMATION ONLY ITEMS

7.1 Senior Team Report – E. Millar, J. Leslie, R. Scheeringa

The CEO noted that, in support of maintaining a positive community partnership with the Municipality of North Huron, a revised staging arrangement for the standpipe project has been agreed to that limits the number of hospital parking spaces impacted while protecting patient access. The CEO also referenced work underway through the Ontario Health Team for Huron Perth to identify prevention-focused strategies in response to reduced public health capacity. Updates will be shared with Boards as this work progresses. Early exploration of potential artificial intelligence applications was discussed, including participation in Ontario Hospital Association educational programming delivered through the University of Waterloo. Redevelopment planning work remains on track.

The Vice President of Clinical Services and Quality / CNE provided an update regarding procurement and materials management. Due to current vacancies, an external expert has been engaged through Knightsbridge to review the portfolio, support the team, and provide recommendations while a longer-term plan is developed. The review will also consider opportunities to improve efficiency, including potential collaboration or integration with other organizations as part of broader sustainability planning.

The Vice President of Human Resources noted that the organization's staff newsletter (*Pulse*) has been streamlined to focus on key organizational priorities, culture, and quality improvement initiatives. A recent Ministry of Labour inspection at the Wingham site, conducted as part of a provincial workplace violence prevention initiative, reviewed organizational policies, training, and risk mitigation strategies.

No concerns were identified during the inspection.

7.2 LMH Chief of Staff Report – Dr. Suggitt

Dr. Suggitt provided brief updates including the successful transition of hospitalist program management to the hospital, currently supported by eight local physicians and locums. It was noted that Dr. Seary will be closing her Listowel practice in June, with patients expected to transition to Dr. Adineh and Dr. Arjoon. Continuation of Dr. Lei's allergy clinic was also noted. An update was provided regarding implementation of paperless processes in the Listowel emergency department, with billing workflow considerations still being addressed. Dr. Suggitt also noted that Dr. Annis will be stepping away from obstetrical practice, which may have implications for emergency department coverage. Ongoing quality improvement work related to emergency department admission and handover processes was also referenced.

7.3 WDH Chief of Staff Report – Dr. Vander Klippe

Dr. Vander Klippe highlighted the importance of effective clinical handover and rounding practices in supporting patient safety and continuity of care. Reflections were also shared regarding ongoing Joint Clinical Planning, noting that the range of clinical services available is closely tied to physician recruitment and retention, particularly in smaller rural settings. Dr. Vander Klippe also advised that Dr. Mousa will be closing his practice, with hopes that Dr. Bazazo may be able to absorb affected patients.

7.4 Board Education Session – Patient Falls – M. Albers

The presentation outlined the organization's approach to fall prevention, emphasizing that all staff share responsibility for identifying and addressing environmental hazards that may contribute to patient falls (e.g., wet floors or obstacles). Fall prevention practices are incorporated into staff orientation and ongoing training.

Patients are screened for fall risk using established assessment tools within the electronic medical record, which generate risk scores and guide appropriate interventions. Several preventative strategies were highlighted, including early mobilization to reduce patient deconditioning, regular comfort rounds to ensure patients have needed items within reach, and visible indicators identifying patients at risk of falls. Documentation and reporting protocols through the RL6 incident reporting system were also noted as part of the organization's approach to monitoring and responding to fall-related incidents.

The presentation also reviewed factors contributing to falls in hospital settings. These may include cognitive impairment, mobility or strength limitations, underlying medical conditions, medication effects, physical environment and infrastructure factors, and patient decision-making related to independence and care goals. It was noted that patients sometimes choose to assume certain risks to maintain autonomy, which is discussed and documented as part of the care process.

A detailed review of fall data was undertaken as part of the quality improvement work. Analysis identified trends including the timing of falls and contributing factors, providing opportunities to refine prevention strategies. The review also confirmed that the organization's current approach aligns with professional standards and best practices. Ongoing monitoring, auditing of practices, and review of trends will support sustained improvement in fall prevention efforts.

Board members expressed appreciation for the depth of analysis and the proactive approach taken to strengthen fall prevention practices, noting the strong emphasis on empathy and understanding

toward patients reflected throughout the presentation.

8. OTHER BUSINESS

8.1 No Other Business

9. IN-CAMERA SESSION

9.1 Move to In-Camera

Moved by: G. Topic

Seconded by: S. Haines

THAT the LWHA Board of Directors meeting move to 'In-Camera' session and that staff remain.

MOTION: CARRIED

9.2 Motions from In-Camera

Moved by: E. Hall

Seconded by: J. Weber

THAT the LWHA Board of Directors accepts all recommendations from the in-camera session.

MOTION: CARRIED

10. DATE OF NEXT MEETING

- Wednesday, March 25, 2026
- LMH Sarah Ave Building / Microsoft Teams
- 1730 Hours

11. ADJOURNMENT

Moved by: M. Foxton

Seconded by: J. Weber

THAT there being no further business the LWHA Board of Directors meeting be adjourned at 1935 hours.

MOTION: CARRIED

12. BOARD ONLY

Kailey Fallis, Presiding Chair

Esther Millar, Secretary