



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

January 11, 2022

Zoom

A meeting of the Board of Directors of the Lennox and Addington County General Hospital (LACGH) was held in via Zoom at 6:30 p.m. on January 11, 2022.

PRESENT:

Board: Deb Lowry (Chair)	Wayne Coveyduck
Allan MacGregor	Tracy Kent-Hillis
Bob Clancey	Dr. Kim Morrison
Lori Francis	Adrienne Harris-Hale
Geoff Griffin	Susan Jack
Robert Paul	Alice Carlson
Jamie Uson	

REGRETS:

Michelle Smith	Dr. Sonal Patel
Norm Clark	

Staff in attendance: Erin Brown	Tracy Ringrose
Darlene Moore	Sheila Mabee (Recorder)

1. Meeting Opening

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:30 p.m., by Deb Lowry.

1.2 Land Acknowledgment

Deb Lowry started the meeting with the following Land Acknowledgment:

A Land Acknowledgment recognizes the traditional territories of the Indigenous peoples, before the arrival of settlers, and their unique and continuing relationship with these lands. In particular, we acknowledge that Lennox and Addington County General Hospital is built on the ancestral and traditional territory of the Anishinaabeg and Haudenosaunee Peoples, including the Mohawks of the Bay of Quinte, and on the land of the Huron-Wendat Nation. As the LACGH Board of Directors, we are dedicated to honouring Indigenous history and culture, and are committed to moving forward in the spirit of reconciliation and respect.

1.3 Approval of the Agenda

The agenda was approved with the addition of: 2.3 Accreditation Report, and 2.4 Services and Repurchase Agreement with the Town of Deseronto.



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Motion #1

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the agenda dated January 11, 2022, with the addition of 2.3 Accreditation Report, and 2.4 Services and Repurchase Agreement (Deseronto Medical Clinic).

Moved by: Lori Francis

Seconded by: Susan Jack

The motion was carried.

1.4 Conflict of Interest

The Chair inquired if any Board member wished to declare a conflict of interest based on items identified on the Agenda. There were no identified conflicts of interest.

1.5 Approval of Previous Board Meeting Minutes

The minutes of the previous meeting were approved as circulated.

Motion #2

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated December 7, 2021.

Moved by: Bob Clancey

Seconded by: Geoff Griffin

The motion was carried.

2. Business Arising

2.1 Regional Updates

Deb Lowry reported on the following regional updates:

- The Hospital Chair/Vice Chair Forum (CVCF) continues to not be meeting.
- The Hospital has received communication that the County of Lennox & Addington has made a motion not to appoint a representative to sit on the Hospital's Board of Directors. The Governance Committee will be discussing, at their upcoming meeting, what to do about this vacant position.
- On January 4, 2022, an email was received from Karen O'Brien, indicating that Ontario Health East is looking to fill 12-15 Patient and Family Advisory positions. This information will be distributed to the Board via Sheila Mabee.
- On December 24, 2021, there was an article in the Kingston Whig-Standard about Board member, Bob Clancey, and his inspirational recovery journey following his paralyzing accident in 2018.

RHIS Project: Wayne Coveyduck highlighted that there are conversations underway about the RHIS project which will see CEOs making a decision on potentially delaying the start of this work, as Hospital volumes continue to rise and HHR become stretched, with this latest wave of the COVID-19 pandemic. The RHIS Steering Committee met earlier in the day with three options for consideration, with #2 being their preferred option. The CEOs will be tasked with weighing the following for decision:

(1) Continue on with the RHIS Project as is;



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- (2) Delay the RHIS Project for a period of 30 days; or
- (3) Delay the RHIS Project beyond 30 days.

Should option #2 be chosen, there is a financial impact of \$570k to be split amongst the 6 hospital organizations. The CEOs meet on January 14, 2022 to discuss and decide on a path forward.

Vaccines: Dr. Morrison highlighted that a call went out to the region over the holidays for all hands on deck (primary care, pharmacies, public health) to mobilize getting vaccines into the arms of the community. The KFL&A catchment area was hit early in this latest wave of the pandemic from the omicron variant, and are now leading the province in 3rd doses and vaccinations for children 5-11.

2.2 LTC Updates

Wayne Coveyduck highlighted the following updates for the LTC Development Project:

- A tremendous amount of work is being done to get the working drawings completed.
- The site plan application and drawings are scheduled for submission to the Town shortly for building permit approval and to the MLTC for drawing approval (estimated to be 140 pages or so of specifications for electrical, mechanical, civil and structural engineering plans).
- Next week is the 6-week regular scheduled meeting with our Project Manager, MLTC. It is the intent that we will be seeking approvals for licenses for the LTC beds as part of the discussion.
- A Cost Consultant has been selected and it was hoped that an agreement will have that in place when we meet with our Project Manager next week, so that won't be a barrier to moving things forward.

2.3 Accreditation Report

Erin Brown provided the following overview, following receipt of the Accreditation Decision Letter, received January 7, 2022, from the November 2021 site visit:

- Accreditation Canada has completed the ratings change request process and is standing by their initial decision of 97% compliance for our Hospital. The Hospital will also need to submit new evidence in May 2022 demonstrating a process change related to the missed Required Organizational Practice (ROP) and device reprocessing.
- While this decision is disappointing, the Hospital maintains its "Accredited" status, which means we can continue to operate with learners on-site, including medical residents, nursing students, and laboratory and diagnostic imaging technologists in training.
- Moving forward, we will be required to have various touch points with Accreditation Canada, as the four-year cycle moves to a continuous submission process.
- Erin highlighted that a few weeks after the Accreditation site visit, she, Sheila Mabee and Sam Jackson went around to the various departments with a travelling cart where staff were treated to a snack grab bag "tea and crumpets" as a thank you for all of the hard work and effort staff had put in.

2.4 Services and Repurchase Agreement (Town of Deseronto)

Wayne Coveyduck reported that the Town of Deseronto has provided Part B to the agreement with the Town to which the Board approved last month in relation to the Deseronto Medical Clinic. This section is the *Services and Repurchase Agreement* covers additional services and the first right of refusal to repurchase the property from the Hospital.

The payment terms which they initially had as TBD, we asked to be amended, to which they updated to include no payment for additional services.



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Wayne noted if this agreement is acceptable to the Board, it will require both his and Deb Lowry's signatures. No concerns were noted by the Board.

Motion #3

Rationale: To determine the seasonal maintenance work to be carried out at the Deseronto Medical Clinic and agree on covering the cost of such work. Secondary, to establish a repurchase agreement in the event that the Hospital decided to sell the Deseronto Medical Clinic.

Motion: That the Board of Directors hereby endorses the Services and Repurchase Agreement with the Town of Deseronto in relation to the Deseronto Medical Clinic.

Moved by: Robert Paul

Seconded by: Lori Francis

The motion was carried.

3. Reports

3.1 Quality Committee

Lori Francis noted the following from the December 21, 2021 Quality Committee meeting:

- Tracy Kent-Hillis highlighted the results from the Colonoscopy Global Rating Scale, which were stellar for our small community Hospital. The report showed that our perforation rate is extremely low, as is our post-operative bleeding rate. The surgeons were noted as being highly engaged in their work which was showcased in the phenomenal report we received.
- Tracy Kent-Hillis further shared a patient story which highlighted the high quality palliative care provided in our hospital, in tandem with Hospice L&A. Lori noted she has heard very good feedback from various members of the community regarding the quality palliative care provided by our Hospital.
- The balanced scorecard (Q2) was included with the meeting package for information.

3.2 Ethics Committee

Tracy Kent-Hillis reported the following from the December 8, 2021 Ethics Committee meeting:

- Dr. David Campbell provided another excellent education session on the topic of "Science vs Spirituality".
- Clinical staff are beginning the work of updating processes and practices around how we deal with individuals with addictions. Part of this work is to transition from current practice and focus more on an "addictions harm reduction" approach to care. This concentrated work has begun, with a potential for an education session in the coming months.

3.3 Medical Advisory Committee

Dr. Morrison highlighted the following from the December 9, 2021 Medical Advisory Committee meeting:

The Medical Advisory Committee reviewed the Transfusion Committee and Laboratory Business reports. Dr. Jeannie Callum, as the regional Transfusion Specialist who supports our Hospital on transfusion protocols, attended the meeting. Dr. Callum is working to operationalize a regional approach to transfusion protocols and practices, with ongoing education and information being provided to the Committee and clinicians.



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Medical records completion was discussed. In general we have a robust system, with health records personnel engaged and Meditech is optimized to ensure clinicians notes and reports are completed in a timely manner. It has recently come to light that there are a few flags in Meditech which are not functioning as they should, or incomplete notes are not being tracked and as a result are left unfinished. Unfinished notes are then not sent to providers such as family physicians. Dr. Morrison reported that a meeting has taken place with medical records to ensure that our policies and procedures are optimized to ensure all documents get out to the right people well within the guidelines for completion of medical records.

The Medical Advisory Committee reviewed the re-appointment applications to the LACGH Medical Staff for the following:

- Darren Beiko – Consulting (Urology)
- Michael Leveridge – Consulting (Urology)
- Thomas McGregor – Consulting (Urology)
- Robert Siemens – Consulting (Urology)
- Naji Touma – Consulting (Urology)
- Keith Gregoire – Consulting (Paediatrics)

No concerns were noted by the MAC; therefore, the re-appointment applications were recommended to the Board of Directors for approval. The Board reviewed the credentialing applications and no concerns were noted.

<p>Motion #4</p> <p><i>Rationale: Applications for appointment to the Medical Staff require the review and approval of the Medical Advisory Committee and the Board of Directors.</i></p> <p>Motion: The Board of Directors hereby approves the following re-appointments to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:</p> <ul style="list-style-type: none"> • <i>Darren Beiko – Consulting (Urology)</i> • <i>Michael Leveridge – Consulting (Urology)</i> • <i>Thomas McGregor – Consulting (Urology)</i> • <i>Robert Siemens – Consulting (Urology)</i> • <i>Naji Touma – Consulting (Urology)</i> • <i>Keith Gregoire – Consulting (Paediatrics)</i> <p>Moved by: Geoff Griffin Seconded by: Lori Francis</p> <p style="text-align: right;">The motion was carried.</p>

The Medical Advisory Committee reviewed the appointment applications to the LACGH Medical Staff for the following:

- Man-Yam “Maggie” Siu – Locum Tenens (Family Medicine)
- Laurie Fasola – Locum Tenens (General Surgery)



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No concerns were noted by the MAC; therefore, the appointment applications were recommended to the Board of Directors for approval. The Board reviewed the credentialing applications and no concerns were noted.

Motion #5

Rationale: Applications for appointment to the Medical Staff require the review and approval of the Medical Advisory Committee and the Board of Directors.

Motion: The Board of Directors hereby approves the following appointments to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:

- Man-Yam “Maggie” Siu – Locum Tenens (Family Medicine)
- Laurie Fasola – Locum Tenens (General Surgery)

Moved by: Allan MacGregor

Seconded by: Robert Paul

The motion was carried.

3.4 Volunteer Services Report

Susan Jack highlighted that Volunteer’s support at the Hospital closed down as of December 17, 2021 until at least February 1, 2022. This was in response to the latest wave of the COVID-19 pandemic and spike in local cases.

3.5 Foundation Report

Adrienne Harris-Hale noted that the Foundation’s Winter Campaign and Tribute Tree continue to be a popular way of reaching the community. Over the last 2 months \$262,402.65 has been donated to the Foundation through these initiatives.

3.6 Chief Executive Officer’s Report

Further to the written report provided in the Board package, Wayne Coveyduck requested that Darlene Moore provide a finance update:

- COVID-19 funds outstanding from the Ministry, as of the end of November 2021 totaled \$1.1 million.
- The majority of the outstanding monies was from the COVID Assessment Centre (CAC) for the period of April 2021 to November 2021; with other funds outstanding from the lost revenue side (lost copayment, lost rent, cafeteria lost revenue and other areas of our operations lost revenue).
- A good portion of that money has now come in, which helps with cash flow, some as recently received as today.

Motion #6

Rationale: Normal Practice

Motion: The Board of Directors hereby accepts the reports from the Quality Committee, Ethics Committee Medical Advisory Committee, Volunteer Services, Foundation, and the CEO.

Moved by: Bob Clancey

Seconded by: Jamie Uson

The motion was carried.



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4. Other

4.1 Correspondence Received up to January 2, 2022

There was nothing further to report for correspondence.

5. New Business

5.1 2021 Board Self-Assessment Results

The 2021 Board Self-Assessment Results were circulated with the meeting package. Deb Lowry highlighted the following from the assessment results:

- Overall the feedback was well received. There are a couple of areas which can be worked on, including:
 - Board composition and quality (deepening conversations started at the most recent Board Development Retreat);
 - Feedback around recruitment practices for new Board members will be discussed at the next governance meeting;
 - Comments around diversity and being reflective of the community served and Board turnover were also helpful.
- *Action:* Sheila Mabee to add the results to the next governance committee agenda.

5.2 Director Eligibility Forms

Deb Lowry highlighted that the director eligibility forms, for elected directors, have been circulated. Directors were encouraged to have these completed and returned to Sheila Mabee by January 21, 2022, to ensure a better understanding of recruitment efforts needed for the upcoming year.

6. Closed Session

At 7:30 p.m., the Board moved into closed session. Elected Board members, Wayne Coveyduck, Tracy Ringrose and Sheila Mabee were asked to stay.

Motion #7

Rationale: Normal Practice

Motion: That the Board of Directors hereby moves into closed session.

Moved by: Allan MacGregor

Seconded by: Bob Clancey

The motion was carried.

At 8:08 p.m., the Board rose from closed session.

Motion #8

Rationale: Normal Practice

Motion: That the Board of Directors hereby rises from closed session.

Moved by: Geoff Griffin

Seconded by: Robert Paul

The motion was carried.



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7. **Meeting Closing**

7.1 Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday February 1, 2022.

7.2 Adjournment

The meeting was adjourned at 8:08 p.m.

Motion #9

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:08 p.m. on January 11, 2022.

Moved by: Allan MacGregor

Seconded by: Jamie Uson

The motion was carried.