



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

June 7, 2022

Zoom | ACR

A meeting of the Board of Directors of the Lennox and Addington County General Hospital (LACGH) was held in the Airhart Conference Room and via Zoom at 6:30 p.m. on June 7, 2022.

PRESENT:

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

REGRETS:

Michelle Smith
Dr. Sonal Patel
Norm Clark

GUEST:

Lori Huber (KPMG)

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| Staff in attendance: Erin Brown | Sanjeev Kumar |
| Tracy Ringrose | Andrea Nussberger (Recorder) |

* Attended via zoom

1. Meeting Opening

1.1 Call to Order/Opening Remarks

Immediately following the annual KHSC Lakeside Clinic Year-End report by Brenda Carter, the meeting was called to order at 6:30 p.m., by Deb Lowry.

1.2 Land Acknowledgement

Deb Lowry started the meeting with the following Land Acknowledgment:

A Land Acknowledgement 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 as circulated with the following additions:

- 1.6 – Highlights from the 2021/22 Audit Findings Report
- 3.8 – Foundation Report



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Motion #1

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the agenda dated June 7, 2022 with the above additions.

Moved by: Lori Francis

Seconded by: Bob Clancey

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 May 3, 2022.

Moved by: Al MacGregor

Seconded by: Robert Paul

The motion was carried.

1.6 Highlights from the Audit Findings Report

Deb welcomed guest Lori Huber from KPMG to the Board meeting. Lori highlighted the following from the 2021/22 Audit Findings Report:

- The Audit Findings Report is in draft status pending approval from the Board of Directors.
- The Audit for the year ended March 31, 2022 was in accordance with the original audit plan developed in Jan 2022 with no significant changes.
- Areas of focus: expenses including payroll, accounts payable and accrued liabilities.
- Significant auditing was done around the COVID vaccination policy and related costs. KPMG agrees with management on the treatment plan which is consistent with other Ontario Hospitals.
- The audit misstatement posting threshold was set at \$45,000, therefore a small difference was flagged (\$47,000). It was determined that the difference was not material to the financial statements as it was due to a timing difference.
- It was noted that the Hospital was not in compliance with its investment policy and the portfolio manager is aware.
- It was noted that the Hospital is introducing the use of more technology i.e.: Interact E-Transfer and payment through credit card.



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At 6:43 p.m. Lori was thanked for attending and left the meeting.

2. Business Arising

2.1 Regional Updates

Deb Lowry reported on the following items:

- The Chief Nurse Officer has departed LACGH for another position in the Region. She was a valuable member of the Organization and will be missed. Recruitment is currently underway to fill the CNO position.
- OHA Board Chair bulletins have been received recently and will be circulated post meeting to Board members.

Kim Morrison reported on the following items:

FLA-OHT

- The broader public engagement for the FLA OHT strategic plan is underway. The recent public input survey is now closed however feedback can still be submitted to info@flaoht.ca.
- OHT representatives will be guest speaking at our June 16th PFAC meeting.

Lumeo Project

- The Lumeo Project is moving forward and workshop #2 will be happening this week.
- A Primary Care pilot project has been approved and will be trialed with a clinic of up to 6 physicians in the Community.

2.2 LTC Updates

Wayne Coveyduck reported on the following items:

- There are 2 elements for the LTC funding for the 128-bed nursing home:
 1. The Ministry Licensing
 2. The OFA loan approval
- As part of the licensing application they are requesting a statement from a financial institution confirming the availability of the equity contribution amounts for the project as below:
 - Hospital - \$10 Million
 - Foundation - \$5 Million
 - Foundation, Fittings - \$3 Million
- If any portion of the equity will be covered through fundraising they will need to see a 3 year history of the previous fundraising activities including audited statements.
- The Quinte Conservation Authority has signed off on the project and we will obtain the building permit next week from the Town.

3. Reports

3.1 Quality Committee

Allan MacGregor highlighted the following from the May 17, 2022 Quality Committee meeting:

- The 2022 Committee evaluation summary was presented and overall the results were positive with no new trends.



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- Justin presented the Business Continuity Plan and the group suggested adding a brief description for each emergency readiness code as well as adding physicians to the emergency notification contact list.

3.2 Medical Advisory Committee

Dr. Morrison highlighted the following from the May 12, 2022 Medical Advisory Committee meeting:

The Medical Advisory Committee spent a fair bit of time discussing Lumeo with guest speaker Dr. Daniel Glatt. Dr. Glatt/Lumeo will be a standing item for discussion until the Lumeo project goes Live in the fall of 2023.

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

- Heather Khey-Beldman – Active (Family Medicine)
- Laura Walmsley – Associate (Family Medicine with Emergency)

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.

Motion #3

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 re-appointments to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:

- Heather Khey Beldman – Active (Family Medicine)
- Laura Walmsley – Associate (Family Medicine with Emergency)

Moved by: Geoff Griffin
Seconded by: Al MacGregor

The motion was carried.

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

- Lindsay Anderson – Associate (Internal Medicine)
- Andrew Moses – Associate (Internal Medicine)

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

Motion #4

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



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Motion: The Board of Directors hereby approves the following re- appointment to the LACGH Medical Staff, with the noted change, as recommended by the Medical Advisory Committee:

- Lindsay Anderson – Associate (Internal Medicine)
- Andrew Moses – Associate (Internal Medicine)

Moved by: Lori Francis
Seconded by: Bob Clancey

The motion was carried.

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

- Taleen Haddad – Consulting (Geriatrics)
- Ben Moreau – Associate (Emergency Medicine)

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:

- Taleen Haddad – Consulting (Geriatrics)
- Ben Moreau – Associate (Emergency Medicine)

Moved by: Al MacGregor
Seconded by: Geoff Griffin

The motion was carried.

3.3 Governance Committee

Al MacGregor highlighted the following from the May 12, 2022 Governance meeting.

Nick from BLG joined the Governance Committee for a great discussion on the ONCA legislation, largely around the option of open vs closed Board membership. He suggested a closed membership, and a town hall meeting be arranged to explain this decision. The ONCA approval will be on the 2023 Annual General Meeting agenda.

Tony Brazda and Rosaleen Cutler have been put forward by the Nominating Committee for election by the membership at the June Annual General Meeting..

As in previous year, Deb noted that the Executive Committee acts on behalf of the Board of Directors during the summer months. No concerns were noted.



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Motion #6

Rationale: As the Board of Directors does not meet in July and August, the Board is asked to endorse the Executive Committee to act on behalf of the Board during the summer months.

Motion: The Governance Committee hereby recommends to the Board of Directors, that the Executive Committee, composed of the Chair, Vice Chair, Treasurer, Secretary/CEO and an additional resource (if required), be enabled to act on behalf of the Board until they reconvene in October.

Moved by: Lori Francis

Seconded by: Geoff Griffin

The motion was carried.

3.4 Ethics Committee

Deb Lowry highlighted the following from the May 25, 2022 Ethics Committee meeting.

Deb stated that the Ethics Committee are a group of caring, compassionate professionals who always have useful discussions. Dr. Campbell presented a slideshow on MAID for Mental Disorders which was excellent.

3.5 Audit Committee

Lori Francis reviewed the following from the May 30, 2022 Audit Committee meeting:

Katie Mahon, KPMG, was in attendance at the meeting to provide the Year-End Audit Findings Report with no concerns noted. Sanjeev Kumar reviewed the Draft Year-End Audited financial Statements for the year ending March 31, 2021.

There were no questions or comments related to the Audit Findings Report, nor the Draft Audited Financial Statements, therefore they were approved by the Board of Directors.

Motion #7

Rationale: Normal Practice.

Motion: The Board of Directors hereby accepts the Year-End Audit Findings Report for the year ending March 31, 2022.

Moved by: Robert Paul

Seconded by: Al MacGregor

The motion was carried.

Motion #8

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the draft Audited Financial Statements for the year ending March 31, 2022, as recommended by the Audit Committee.



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Moved by: Robert Paul
Seconded by: Geoff Griffin

The motion was carried.

3.6 Finance Committee

Lori Francis reviewed the following from the May 30, 2022 Finance Committee meeting:

3.6.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for April 2022 which totaled \$79.08. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #9

Rationale: The Broader Public Sector Accountability Act requires that the expenses of the Board, CEO and Senior Management be reviewed and/or approved by the Board.

Motion: The Board of Directors hereby approves the following Board, CEO and Senior Management Expenses which totaled \$79.08, as recommended by the Finance Committee.

April 2022

Table with 8 columns: Name, Meals, Hospitality, Accommodation, Vehicle Rental/Own Used Mileage, Incidentals (Parking, tolls, etc.), Fares, Total. Row 1: Wayne Coveyduck, 20.29, 58.79, 79.08. Row 2: TOTAL, 20.29, 58.79, 79.08.

Moved by: Geoff Griffin
Seconded by: Al MacGregor

The motion was carried.

3.6.2 April Cheque List

The Finance Committee reviewed the April 2022 Cheque List which totaled \$3,406,305.11. No concerns were noted by the Finance Committee or the Board.

Motion #10

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the following, as recommended by the Finance Committee:

- April 2022 Cheque List totaling \$3,406,305.11.

Moved by: Robert Paul
Seconded by: Bob Clancey

The motion was carried.

3.6.3 Business Case – Cybersecurity/IT Infrastructure Risk Assessment & Remediation

The Finance Committee reviewed a business case for the allocation of \$524,277 towards IT priority projects: Sanjeev noted that there is already an approved budget for IT under Transformational Funding however some of the items will need to be deferred to allow funding for these priority items. No concerns were noted by the Finance Committee or the Board.



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Motion #11

Rationale: Each year we submit a capital budget to The Board for approval. Because our Hospital receives Transformational funding each year, we also submit a Transformational funding budget separate from the Hospital Capital budget. In our most recent Transformational budget, we submitted a number of priority items that were approved by The Board. At this time several more urgent items have arisen and we want to change a couple of the priorities to include Firewall Cybersecurity and renewing our Microsoft licenses from Exchange 2010 to office 365. This is estimated to be \$175,000. We will hold off on previously approved items to carry over to next year. The amount of money in the Transformational Funding account is significant enough to enable this change in priority purchasing.

Motion: The Board of Directors, hereby approves the business case for priority IT projects for developing Enterprise Cybersecurity Risk Assessment & IT Strategy and Roadmap at the cost of \$524,227 as outlined in the cost list, as recommended by the Finance Committee.

Moved by: Al MacGregor

Second by: Robert Paul

The motion was carried.

3.6.4 BPS Attestation Compliance Reports

The finance Committee went over the BPSAA Hospital Attestation and no concerns were noted by the Finance Committee or the Board.

Motion #12

Rationale: Under the Broader Public Sector Accountability Act (BPSAA), the hospital is required to review and prepare attestations with respect to compliance with the requirements confirming:

- *completion and accuracy of reports on the use of consultants;*
- *compliance with the prohibition on engaging lobbyist services using public funds;*
- *compliance with the expense claim directives issued by the government;*
- *compliance with any applicable perquisite directive issued by the government;*
- *compliance with procurement directives issued by the government;*
- *compliance with preparation and publication of business plans and other business or financial report documents.*

Motion: The Board of Directors hereby approves the Attestation Compliance Report.

Moved by: Robert Paul

Second by: Bob Clancey

The motion was carried.

3.7 Volunteer Services Report

Susan Jack provided the following highlights in addition to her report:

- The volunteers will return to the Bone Density and Mammography departments in the next couple weeks which is earlier than anticipated.
- An advertisement seeking volunteers was submitted to MyFm Radio.
- A significant number of volunteers are not returning to Volunteers Services or have chosen to return in the fall.



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- A fair amount of volunteer applications were distributed at the Leisure Home Show last month.

3.8 Foundation Report

Adrienne Harris-Hale provided a verbal report:

- The invoice for the bladder scanner is pending and needed for the Foundation’s annual audit
- Morning spots are available for the Foundation golf tournament; afternoon spots are booked.

Adrienne shared a recent LACGH patient experience with the group. She noted the professionalism and caring nature of the Acute Care staff and was happy to state she is proud of the Hospital in its entirety.

3.9 Chief Executive Officer’s Report

Further to the written report provided in the Board package, Wayne Coveyduck shared the following information:

In a recent meeting with 3SO it was stated that there is a proposed integration with 3SO, MedBuy and The Ottawa Hospital as a combined Management System.

At the June 6, 2022 Board meeting the 3SO endorsed moving these partnerships to the next phase through a formal MOU to look at further alignment of strategy. As a small shared service, 3SO has reached to limit in terms of operating and procurement savings. Deeper alignment with MMC and TOH will provide opportunities for economies of scale and contract leverage to maintain costs and improve services. The goal is to create a model that supports services provided to partner hospitals in a manner that aligns to provincial direction and creates a service that others in Champlain may be interested in.

Based on previous experience gained through their merger with Northern Supply Chain, MMC has templates and methods in place that will help us evaluate opportunities and risks. At this time, all discussions are non-binding and will need to ensure services are not compromised and that risk is managed. 3SO Board will be informed of progress through the process and any models will need to be approved through the 3SO and Hospital Boards as appropriate. As noted in the motion, communications will be developed and issues mutually and we will ensure that hospital CEOs are aware of any planned messaging.

Motion #13

Rationale: Normal Practice

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

Moved by: Bob Clancey

Seconded by: Lori Francis

The motion was carried.

4 Other

4.1 Correspondence Received up to May 31, 2022

There was nothing further to report for correspondence.

4.2 Lori Francis – End of Board Term



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Deb announced that this would be Lori’s last Board meeting and presented her with a gift in thanks for her valuable contributions to the Board over the last 5 years.

Deb also recognized Adrienne’s fulfillment of term as Chair of the Foundation and thanked her for her efforts over the years. Kelly Rountree will be stepping in as Chair to the Foundation.

5 **New Business**

5.1 Board Portal Education

Erin Brown walked the Board of Directors through the new Board Portal which is accessible on the LACGH website. She explained all the tabs and what was available for review. Meeting minutes will be published once approved. Any suggestions for content changes can be forward to Erin or Andrea. An information sheet on how to log in will be circulated post meeting.

Deb noted that the new portal is easy to access and all improvements are positive.

6 **Closed Session**

At 7:38 p.m., the Board moved into closed session.

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| Motion #14 |
| <i>Rationale: Normal Practice</i> |
| <i>Motion: That the Board of Directors hereby moves into closed session.</i> |
| Moved by: Lori Francis |
| Seconded by: Jamie Uson |
| The motion was carried. |

At 8:07 p.m., the Board rose from closed session.

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| Motion #15 |
| <i>Rationale: Normal Practice</i> |
| <i>Motion: That the Board of Directors hereby rises from closed session.</i> |
| Moved by: Geoff Griffin |
| Seconded by: Bob Clancey |
| The motion was carried. |

7 **Meeting Closing**

7.1 Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday October 4, 2022.

7.2 Adjournment

The meeting was adjourned at 8:07 p.m.

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| Motion #16 |
| <i>Rationale: Normal Practice</i> |



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Motion: That the Board of Directors hereby adjourns their meeting at 8:07 p.m. on June 7, 2022.

Moved by: Lori Francis

Seconded by: Robert Paul

The motion was carried.