



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

October 4, 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 October 4, 2022.

PRESENT:

Board: Deb Lowry (Chair) *	Steve Miller
Allan MacGregor	Christine Wilkinson
Bob Clancey	Dr. Kim Morrison
Norm Clark	Kelly Roantree
Geoff Griffin *	Susan Jack *
Robert Paul	Tony Brazda
Jamie Uson *	

REGRETS:

Rosaleen Cutler
Dr. Heather Khey Beldman

Staff in attendance: Erin Brown	Sanjeev Kumar
Tracy Ringrose * (left at 7:30)	Andrea Nussberger (Recorder)

* Attended via zoom

1. Meeting Opening

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:30 p.m., by Deb Lowry. Deb welcomed everyone back for the first Board meeting since the summer break and special welcome to Steve Miller, Tony Brazda and Christine Wilkinson, to their first Board of Directors meeting.

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.



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1.3 Approval of the Agenda

The agenda was approved as circulated.

Motion #1
<i>Rationale: Normal Practice</i>
<i>Motion: That the Board of Directors hereby approves the agenda dated October 4, 2022.</i>
Moved by: Bob Clancey Seconded by: Robert Paul
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
<i>Rationale: Normal Practice</i>
<i>Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated June 7, 2022.</i>
Moved by: Al MacGregor Seconded by: Bob Clancey
The motion was carried.

2. Business Arising

2.1 Regional Updates

Deb Lowry reported on the following items:

OHA Webinar

Deb reminded the Members that there are 3 upcoming OHA Governance webinar sessions and all are welcome to attend in Room 213. If interested members were asked to let Andrea know.

Board Development Retreat Satisfaction Survey

Deb provided a summary of responses from the Board Development Retreat satisfaction survey collected thus far (approximately 50%):

- All 3 speakers were excellent and well received.
- Top take away items:
 - Current HHR issues
 - LTC regulations and governance
 - Funding sustainability
 - Bed shortages

Deb will update the above list as more responses come in.



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Steve Miller reported on the following item:

Ontario's Plan to Stay Open

The Ontario Government launched Ontario's Plan to Stay Open: *Health System Stability and Recovery*. This five-point action plan was developed to 'keep the lights on in Health Care', and consists of the following 5 points.

1. Preserving our Hospital Capacity;
2. Providing the Right Care in the Right Place;
3. Further Reducing Surgical Waitlists;
4. Easing Pressure on our Emergency Departments; and
5. Further Expanding Ontario's Workforce

There are many initiatives within these 5 points however one with significant impact is Bill 7. This Act allows Hospitals, in collaboration with HCCSS, to discharge ALC patients from hospital, without their consent to a LTC facility within 70 kms of their preferred Home. If the ALC patient refuses they will be charged \$400 a day for their hospital stay. Without this plan being implemented the OHA has forecasted a 2,500 bed shortage by January 2023.

Dr. Morrison reported on the following item:

Primary Care Physicians

A current risk in Ontario is access to Primary Care. Traditionally our area has done well with the help of collaboration with the Hospital. Primary Care in its current platform is not desirable to some physicians therefore recruiting for a replacement by retiring physicians is challenging. In our immediate area we may be losing Dr. Hota. Fortunately Dr. Gonu has found a replacement for her practice that was to close if no replacement was found. The other challenge on the horizon is upcoming maternity leaves without replacement.

Kim highlighted that work is being done in the OHT to support Primary Care and their patients however given all the current challenges the road will be rocky. It will be important for Hospitals and Primary Care to work together.

2.1.1 Lumeo

Erin reported project timelines are currently being discussed within the Lumeo Leadership teams. In a recent steering committee meeting three options of proposed go-live dates were presented; fall 2023, May 2024 and June 2024. There are differences in each partners preferences and a pending cost analysis will better predict and inform the final timeline. Operational sustainability will need to be considered if the live date is pushed out from the current date of fall 2023.

Kim stated that the original image of 1 person, 1 vision, 1 record is diminishing after the regional CEO Committee overturned the Primary Care Project within Lumeo. Steve, who attended the meeting, noted this decision ultimately came down to the lack of resources for the project. KHSC does not have enough bandwidth. There is a 3rd party review under way. It was agreed by the CEO Council that Primary Care is a big piece of Health Care and a significant item for the Lumeo project.



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2.2 LTC Updates

Steve reported that there has been good progress in the LTC project since June’s Board meeting. The building permit has been obtained and the public consultation period is now closed without comments. Sanjeev is currently working on the financial review requirement from MLTC and if no concerns are raised the assumption is we would receive the required licensing.

It was noted that the Finance Committee raised concerns regarding escalating interest rates and building costs for the project. Many more conversations will take place in the future before final decisions are made.

Christine, Tracy, AK and Sanjeev recently did a tour of 2 Hospitals with LTC homes, 1 in Arnprior and 1 in Almonte. It was noted that the tour was helpful and discussions were had on staffing models, Board of Directors and health hubs. Arnprior & District Memorial Hospital has a 6 month developed detached LTC facility however not all beds are fully opened due to staffing challenges. Almonte General Hospital has an attached LTC facility where they pay their LTC staff the same wages as the Hospital making staffing a bit more flexible. Christine noted that she will reach out to Lakeridge Health for added information on their long-term care home.

3. Reports

3.1 Quality Committee

Bob Clancey had nothing further to report from the September 20, 2022 Quality Committee meeting.

Concerns were brought forward regarding the increase in patient complaints which were highlighted in the Committee report, in particular the one that was broadcasted in the news. A discussion ensued regarding the complaint in question. It was felt that the majority of the front line staff respond appropriately to these sort of incidents. Workgroups are being developed in departments and the goal is to better support our staff which will reflect in their performance overall.

Erin stated that the Quality Committee endorsed proceeding with a request for quote (RFQ) using the Vendor of Record (VOR) as recommended by the OHA for patient/resident satisfaction surveys. The OHA provided the region with a RFQ template which has been submitted and quotes have been received.

<p>Motion #3</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p>Motion: The Board of Directors hereby approves the proceeding with a RFQ for the VOR as recommended by the OHA for the purpose of patient/resident satisfaction evaluation, as recommended by the Quality Committee.</p> <p>Moved by: Bob Clancey Seconded by: Jamie Uson</p> <p style="text-align: right;">The motion was carried.</p>
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3.2 Medical Advisory Committee

Dr. Morrison highlighted the following in addition to the report from the June 7 and September 15, 2022 Medical Advisory Committee meeting:



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- Just today, an application has been submitted to Choosing Wisely Canada for the Using Blood Wisely Hospital Designation. The Hospital met the target of at least 4 months of 100% single-unit transfusions therefore the application was submitted. This is a great accomplishment and aligns with recent updates to our Strategic Plan. There are multiple Choosing Wisely projects underway and the goal is a full Choosing Wisely Hospital designation.

At 7:07 p.m., the Board moved into closed session #1.

Motion #4

Rationale: Normal Practice

Motion: That the Board of Directors hereby moves into closed session #1

Moved by: Geoff Griffin

Seconded by: Tony Brazda

The motion was carried.

At 7:32 p.m., the Board rose from closed session.

Motion #5

Rationale: Normal Practice

Motion: That the Board of Directors hereby rises from closed session #1.

Moved by: Geoff Griffin

Seconded by: Robert Paul

The motion was carried.

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

- Philip Lee – Locum Tenens (Emergency Medicine)
- Ben Moreau – Associate (Emergency Medicine)
- Zachary Warren - Active (Emergency Medicine)
- Jeffery Dawson - Active (Emergency Medicine)
- Jennifer Hacking – Active (Emergency Medicine)
- Joy Hataley – Active (Emergency Medicine)
- Michael McDonnel - Locum Tenens (Emergency Medicine)
- Madeline Morris – Active (Emergency Medicine)
- Mark Waldron - Active (Emergency Medicine)
- Matt Martin – Active (Emergency Medicine)
- Doug Barton – Active (Emergency Medicine)
- John P. Raleigh – Active (Emergency Medicine)
- Stephen White - Active (Emergency Medicine)
- Barbara Farnell - Active (Emergency with Family Medicine)
- Jessica Andrews – Active (General Surgery)



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- Mykola Khokhotva – Active (General Surgery)
- Wiley Chung – Consulting (General Surgery)
- Laurie Fasola - Locum Tenens (General Surgery)
- Dale C. Mercer – Consulting (General Surgery)
- David Robertson – Active (General Surgery)
- Shaila Merchant - Consulting (General Surgery)
- Samuel Adam Silver – Consulting (Nephrology)
- Christine White - Consulting (Nephrology)
- Glykeria Martou – Consulting (Plastic Surgery)
- James Michael Hendry- Consulting (Plastic Surgery)
- Doug McKay – Consulting (Plastic Surgery)

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

Motion #6

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:

- Philip Lee – Locum Tenens (Emergency Medicine)
- Ben Moreau – Associate (Emergency Medicine)
- Zachary Warren - Active (Emergency Medicine)
- Jeffery Dawson - Active (Emergency Medicine)
- Jennifer Hacking – Active (Emergency Medicine)
- Joy Hataley – Active (Emergency Medicine)
- Michael McDonnell - Locum Tenens (Emergency Medicine)
- Madeline Morris – Active (Emergency Medicine)
- Mark Waldron - Active (Emergency Medicine)
- Matt Martin – Active (Emergency Medicine)
- Doug Barton – Active (Emergency Medicine)
- John P. Raleigh – Active (Emergency Medicine)
- Stephen White - Active (Emergency Medicine)
- Barbara Farnell - Active (Emergency with Family Medicine)
- Jessica Andrews – Active (General Surgery)
- Mykola Khokhotva – Active (General Surgery)
- Wiley Chung – Consulting (General Surgery)
- Laurie Fasola - Locum Tenens (General Surgery)
- Dale C. Mercer – Consulting (General Surgery)
- David Robertson – Active (General Surgery)
- Shaila Merchant - Consulting (General Surgery)
- Samuel Adam Silver – Consulting (Nephrology)



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- Christine White - Consulting (Nephrology)
- Glykeria Martou – Consulting (Plastic Surgery)
- James Michael Hendry- Consulting (Plastic Surgery)
- Doug McKay – Consulting (Plastic Surgery)

Moved by: Geoff Griffin

Seconded by: Tony Brazda

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:

- Logan Seaman – Associate (Emergency with Family Medicine) **from Locum Tenens to Associate**
- John Matthews – Consulting (Internal Medicine) **Extend term to Dec 31/22**
- Andrei Garcia Popov – Active (Emergency Medicine) **Add ultrasound: Independent Practitioner (qualified to document negative findings)**
- Scott Rieder - Associate (General Surgery) **from Locum Tenens to Associate**

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 and approved the credentialing applications.

Motion #7

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 appointment to the LACGH Medical Staff, with the noted change, as recommended by the Medical Advisory Committee:

- Logan Seaman – Associate (Emergency with Family Medicine) **from Locum Tenens to Associate**
- John Matthews – Consulting (Internal Medicine) **Extend term to Dec 31/22**
- Andrei Garcia Popov – Active (Emergency Medicine) **Add ultrasound: Independent Practitioner (qualified to document negative findings)**
- Scott Rieder - Associate (General Surgery) **from Locum Tenens to Associate**

Moved by: Al MacGregor

Seconded by: Jamie Uson

The motion was carried.

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

- Allison Delong – Consulting (Gynaecology)
- John Puxty - Consulting (Internal Medicine- Geriatrics)
- Andrew O'Dea - Locum Tenens (Family Medicine)
- Sasha Kheyson – Locum Tenens (Anesthesia with Family Medicine)



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- *Robert Wes Edmunds – Consulting (Plastic Surgery)*

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

Motion #8

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:

- *Allison DeLong – Consulting (Gynaecology)*
- *John Puxty - Consulting (Internal Medicine- Geriatrics)*
- *Andrew O'Dea - Locum Tenens (Family Medicine)*
- *Sasha Kheyson – Locum Tenens (Anesthesia with Family Medicine)*
- *Robert Wes Edmunds – Consulting (Plastic Surgery)*

Moved by: Norm Clark
 Seconded by: Bob Clancey

The motion was carried.

3.3 Governance Committee

Allan MacGregor highlighted the following from the September 21, 2022 Governance Committee meeting:

- As the group is aware, Michelle Smith has resigned as Director on the Board leaving a vacancy.
- Board Position Descriptions were reviewed and the Chief of Staff description was forwarded to Dr. Morrison for review and feedback.
- Updates to the Strategic and Operational Plan were reviewed and approved. These updates align with the goal of the Hospital achieving the Choosing Wisely Hospital designation.
- There was a lengthy discussion about ONCA and the fact that the by-laws and letters patent will need to be approved at the AGM in June 2023. Nick from BLG, stated there is flexibility in the member’s terms but suggested that the Foundation and Volunteer Services attend as guests to meetings as them being voting members could lead to conflicts of interest in the future. There will be further discussion regarding closed vs open membership as this does not need to be decided on by the 2023 AGM.

The topic of closed vs open membership brought on an open discussion with pros and cons of each. It was highlighted that many organizations in the region have closed memberships. A situation in a nearby hospital was shared where the Board of Directors were pressured to resign due to a large group of community members who united together to take over the Board. This event resulted in the Ministry appointing a Supervisor to the Hospital. It was noted that this would be a worst case scenario but would need to be considered. A point to factor if keeping the membership open would be community donations. The organization is here to support the community and the community supports the hospital by donating and closing the membership may burden this connection.



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- A number of motions were put forward with a recommendation for Board approval as part of the Governance Committee’s work plan.

Motion #9

Rationale: As part of their Work Plan, the Governance Committee is required to review and make updates to the Board of Directors Work Plan.

Motion: That the Board of Directors hereby approves the updated 2022-23 Board Work Plan, as recommended by the Governance Committee.

Moved by: Robert Paul

Seconded by: Norm Clark

The motion was carried.

Motion #10

Rationale: As part of the Governance Committee’s annual work plan, the Committee is tasked with reviewing the Board’s Committee Structure.

Motion: That the Board of Directors hereby approves the updated Committee Structure for 2022-23.

Moved by: Tony Brazda

Seconded by: Robert Paul

The motion was carried.

Motion #11

Rationale: The Governance Committee, as part of their work plan, is required to review the Board’s Statement of Roles and Responsibilities.

Motion: The Board of Directors approves the Statement of Roles and Responsibilities, as recommended by the Governance Committee.

Moved by: Norm Clark

Seconded by: Geoff Griffin

The motion was carried.



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Motion #12

Rationale: The Governance Committee, as part of their work plan, is required to review the Board and Officer Position descriptions.

Motion: The Board of Directors approves the following position descriptions, as recommended by the Governance Committee:

- **Board Director**
- **Chair**
- **Vice Chair**
- **Treasurer**
- **CEO**

Moved by: Robert Paul

Seconded by: Bob Clancey

The motion was carried.

Motion #13

Rationale: The Guide to Good Governance recommends that Hospitals develop a Board Accountability Statement for viewing by the public. As part of the Governance Committee's work plan, this Statement gets reviewed on an annual basis.

Motion: The Board of Directors hereby approves the Board Accountability Statement, as recommended by the Governance Committee.

Moved by: Al MacGregor

Seconded by: Norm Clark

The motion was carried.

Motion #14

Rationale: Changes to the Strategic/Operational Plan require the review and approval of the Governance Committee and the Board of Directors.

Motion: The Board of Directors hereby approves the changes to the Strategic/Operational Plan, as recommended by the Governance Committee.

Moved by: Geoff Griffin

Seconded by: Jamie Uson

The motion was carried.

3.4 Finance Committee

Sanjeev Kumar highlighted the following from the September 26, 2022 Finance Committee meeting:



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- Our surplus is \$625,088 which is higher when compared to previous months.
- Processes are improving in the Finance Department after recent change in internal controls.
- The Committee reviewed a number of motions and recommended to the Board approval of those motions, which follow.

3.4.1 August Financial Statements and Cheque List

The Finance Committee reviewed the August 2022 Financial Statements and Cheque List which totaled \$2,974,639.06. No concerns were noted by the Finance Committee or the Board.

<p>Motion #15</p> <p><i>Rationale: Normal Practice.</i></p> <hr/> <p>Motion: The Board of Directors hereby approves the following, as recommended by the Finance Committee:</p> <ul style="list-style-type: none"> • August 2022 Cheque List totaling \$2,974,639.06; • August 2022 Financial Statements. <p>Moved by: Robert Paul Seconded by: Geoff Griffin</p> <p style="text-align: right;">The motion was carried.</p>

3.4.2 Capital Equipment Requests

The Finance Committee reviewed a request for the allocation of \$6,819+tax towards the purchase of: 2 single door fridges for the Laboratory. No concerns were noted by the Finance Committee or the Board.

<p>Motion #16</p> <p><i>Rationale: The Board of Directors is required to review and approve capital requests.</i></p> <hr/> <p>Motion: The Board of Directors hereby approves the following capital request totaling \$6,819+tax per fridge as recommended by the Finance Committee for:</p> <ul style="list-style-type: none"> • Two single door fridges for the laboratory. <p>Moved by: Norm Clark Seconded by: Tony Brazda</p> <p style="text-align: right;">The motion was carried.</p>

3.4.3 Capital and Non-Capital Equipment Policy (B-18) and Capital Equipment Request Form

The Finance Committee reviewed proposed changes to the Capital and Non-Capital Equipment to include the requirement of two signatories, the CHRO and the COO on purchasing orders to ensure cash flow impacts are considered.

The Committee also reviewed proposed changes to the Capital Equipment Form to include a box for emergency items as well as a requirement for the signatories of the COO and CEO which is now required for the issue of purchasing orders.

No concerns were noted by the Finance Committee or the Board.



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Motion #17

Rationale: The Board of Directors is required to review and approve changes to Board policies.

Motion: The Board of Directors hereby approves the amended Capital and Non-Capital Equipment Policy B-18, as recommended by the Finance Committee.

Moved by: Robert Paul

Seconded by: Bob Clancey

The motion was carried.

Motion #18

Rationale: The Board of Directors is required to review and approve changes to Board policies and forms.

Motion: The Board of Directors hereby approves the amended Capital Equipment Request Form, as recommended by the Finance Committee.

Moved by: Al MacGregor

Seconded by: Tony Brazda

The motion was carried.

3.5 Volunteer Services Report

Susan Jack noted the following items:

- Earlier in the day the Volunteer Services had their first meeting since June and next week they will be having a meeting in the Westdale Auditorium to present members with years of services pins.
- Planning is underway for the Volunteer Services Christmas Bazaar which is being held on November 15-16, 2022.
- The goal is that upcoming events will bring in recruitment to Volunteer Services.

3.6 Foundation Report

Kelly Roantree noted the Foundation 50/50 draw is now open online with great response including many staff members. The amount is now up to \$4,460 and a winner will be drawn each month.

The Foundation was named a beneficiary to a substantial amount of \$200k. It was noted that the Hospital should consider recognizing this individual for their donation.

3.7 Chief Executive Officer's Report

Further to the written report provided in the Board package, Steve Miller shared the following information:

- A meeting will be arranged in the upcoming weeks with Nick from BLG, to continue ONCA discussions.
- The deadline is firm for transition to ONCA and we will need to have our letters patent and by-laws approved at the 2023 General Meeting.
- The hospital wide firewall upgrade was completed last weekend. There were a few glitches seen Monday morning however these are now resolved.
- It has been confirmed that our 22 CVC beds that were converted into LTC beds during the pandemic will be reverted back to CVC beds.



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- The ICU was closed on the weekend from Saturday Oct. 1 at 7:00 pm to Monday Oct. 3 at 7:00 am. The patients that were in the ICU on Saturday were transferred to the ED and fortunately there were no further admissions on the weekend.

Motion #19

Rationale: Normal Practice

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

Moved by: Norm Clark
 Seconded by: Geoff Griffin

The motion was carried.

4. Other

4.1 Correspondence Received up to October 4, 2022.

There was nothing further to report for correspondence.

5. New Business

5.1 Annual Director Declaration and Consent Form

Deb reminded Board members to complete and submit the annual director declaration and consent forms to Andrea Nussberger before the next Board meeting. Electronic copies were circulated with the Board meeting package and hard copies were available in the Board room.

6. Closed Session

At 8:12 p.m., the Board moved into closed session.

Motion #20

Rationale: Normal Practice

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

Moved by: Norm Clark
 Seconded by: Jamie Uson

The motion was carried.

At 8:32 p.m., the Board rose from closed session.

Motion #21

Rationale: Normal Practice

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

Moved by: Bob Clancey
 Seconded by: Jamie Uson

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 November 1, 2022.

7.2 **Adjournment**

The meeting was adjourned at 8:32 p.m.

Motion #22

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:32 p.m. on October 4, 2022.

Moved by: Geoff Griffin

Seconded by: Robert Paul

The motion was carried.