



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

March 5, 2024

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 March 5, 2024.

PRESENT:

- | | |
|---------------------------------|---------------------------|
| Board: Deb Lowry (Chair) | Wayne Coveyduck |
| Allan MacGregor | Christine Wilkinson |
| Bob Clancey | Dr. Kim Morrison* |
| Norm Clark | Marg Isbester* |
| Geoff Griffin | Dr. Heather Khey Beldman* |
| Jamie Uson* | |
| Rosaleen Cutler | |
| Tony Brazda | |

REGRETS:

- Kelly Roantree
- Laurie French

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

* Attended via zoom

1. Meeting Opening

1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:26 p.m., by Deb Lowry. Deb acknowledged that this is Wayne’s last Board meeting as President and CEO at LACGH. She indicated we are a different hospital thanks to Wayne’s vision and we’ll to our best to continue to provide the services, close to home, that our community needs. Deb welcomed Dr. Heather Khey Beldman to the meeting as the President of the Medical Staff Association.

1.2 Land Acknowledgement

Deb Lowry started the meeting with the following Land Acknowledgment:

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

Motion #1

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the agenda dated March 5, 2024.



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Moved by: Norm Clark
Seconded by: Tony Brazda

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 February 6, 2024.

Moved by: Bob Clancey
Seconded by: Jamie Uson

The motion was carried.

2. Business Arising

2.1 Regional Updates

Wayne Coveyduck reported on the following items:

Lumeo

Wayne stated that he, Erin and Sanjeev attended an in-person Lumeo workshop last week with all of the Lumeo leaders, Regional Hospital CEOs and Deloitte. The purpose of this meeting, which excluded the vendor, was to bring together senior leadership across the Southeast to discuss the current state of the Lumeo project, and the journey ahead. The in-person meeting was an opportunity to review key areas of improvement and provide recommendations for the regional project team and some local organizations, to get the project as a whole, back on the right track. Wayne stated this meeting was an opportunity for him to voice his concerns about the current state of the project and encourage the CEOs to not be intimidated by the vendor.

Erin shared the Senior Leadership Workshop action items with the Board of Directors:

Action Items

Action Items	Owner	Timeline
Leon to discuss opportunities for having access to a Sandbox environment with Oracle Health earlier than July 2024	Leon	Friday March 8th



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Kirsten C. to review requirements from contract and RFP and conduct assessment and traceability of what Oracle Health has delivered	Kirsten C	Will share end date of when this will be completed by Friday March 1st
Kirsten C. to review benefits realized from initial RFP and patient journeys and conduct assessment and traceability of what Oracle Health has delivered	Kirsten C	Will share end date of when this will be completed by Friday March 1st
Develop vendor management strategy one-pager for Nick and Leon to assist with managing relationship with Oracle Health	Nicole	Wednesday March 6th
Organizational Leads to share the top issues for their organization to Nicole for follow up discussion with Steering Committee and Oracle Health on what is the 'art of the possible' for addressing areas prior to go-live and what gets deferred to optimization	Organizational Leads	Friday March 8th
Leverage existing forums (CEO & Steering Committee) to address trust and confidence plan: <ul style="list-style-type: none"> Report for CEOs to review with issues for each organization Objectivity of issues 	Leon & Nicole	Ongoing (Starting at next CEO meeting)
Create a risk dashboard to be included in reporting to CEOs and Steering Committee	Kevin L.	Friday March 15th

The above actions items were discussed and the importance of vendor management strategy was expressed. Wayne stated that at the Lumeo Senior Leadership workshop he voiced that the vendor contract needs to be reviewed. We as the purchaser need to be sure that we are getting what we paid for. Wayne also noted that the group at the Lumeo Senior Leadership workshop were surprised that LACGH is at risk of running Meditech in parallel with Lumeo to ensure our organization remains at the same HIMSS level 6 that we are currently at (i.e. not going back to paper). It was also noted that Wayne has asked multiple times for a risk dashboard that could be reported to the regional CEO group and this hasn't consistently been produced by Oracle Cerner.

It was highlighted that our go live date remains scheduled for December 6, 2024 despite hospitals not yet receiving an operational model to test. The question has been asked 'what risk will we accept to go live on December 6th'. In contrast do we want to pay more to delay the project further?

Dr. Morrison stated she was at the Ontario Digital Conference earlier in the day and noted that there was a conversation about the Ontario Health Collaborative which is an organization to assist hospitals transition to new HIS programs smoothly. Dr. Morrison noted that this organization might be helpful to the Lumeo project. Erin noted this organization is not currently involved in Lumeo but could be brought forward through PTC.



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Dr. Morrison reported on the following items:

OHT

- The Ontario government is proposing a new regulation to be made under the Connected Care Act, 2019 that outlines additional requirements that would need to be met before the Minister of Health can designate an OHT. Dr. Morrison noted that there is a summary of the proposal on the MOH website to better understand what the changes mean.

2.2 Capital Projects Update

MRI

- Deb highlighted that the MRI Fundraising Kickoff event was reasonably attended even though there was a significant snowstorm that evening. Karen Pearson did a great presentation on the MRI machine which has received positive feedback from attendees. There have been a good amount of donations since the kickoff.
- Wayne stated that the MRI machine will be delivered to the Lenadco site on March 11th and on March 19th the magnet will be turned on. There will be opportunities to tour the MRI suite prior to March 19th as after that date the suite will be off limits to anyone other than booked patients and authorized staff.

LTC

- Wayne stated that the LTC build is going well. Work is progressing on the third floor.
- Going forward OFA draws are only permitted every 3 months and not monthly as they were previously. It'll be important to review invoices for discrepancies as soon as they are received.

3. Reports

3.1 Quality Committee

Bob Clancey highlighted the following from the February 20, 2024 Quality Committee meeting:

- The end of year QIP submission was reviewed in the form of a briefing note. The report identified that 5/8 of the indicator outcome targets were met; 2/8 were nearly met and 1/8 was not met. A motion was brought forward for 3% pay for performance compensation for the achievement of the 2023/24 QIP. This motion is recommended for approval by the Board of Directors by the Quality Committee.

Motion #3

Rationale: The Excellent Care for All Act (ECFAA) requires that the compensation of the President & CEO, Chief of Staff and other executives be linked to the achievement of performance improvement targets laid out in the Performance Improvement Plan, which forms part of the Quality Improvement Plan.

Motion: That the Board of Directors hereby approves the 3% pay for performance compensation for the achievement of the 2023/24 Quality Improvement Plan for the following, as recommended by the Quality Committee:

- President & CEO/Long Term Care Administrator
- Chief of Medical Staff
- Senior VP/Chief Operating Officer, IT and Financial Services
- Senior VP/Chief Nursing Officer/LTC Administrator
- VP Human Resources, Procurement and Real Estate Holdings



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- VP Diagnostic Services, Quality, Accreditation and Communications

Moved by: Geoff Griffin

Seconded by: Tony Brazda

The motion was carried.

3.2 Medical Advisory Committee

Dr. Morrison highlighted the following from the February 6, 2024 Medical Advisory Committee meeting:

- Anna presented the medication safety and pharmacy & therapeutics report which was the majority of the meeting.
- Dr. Matthews is working on the CPSO quality improvement partnership program application. The partnership program will include those physicians who wish to join in on regular education rounds which would be multidisciplinary and focused on local cases and the lessons learned.
- The professional staff by-laws are due for review this year and the sections of the by-law have been split up amongst the medical directors for their review before being brought back to the April MAC meeting to compile. The fully reviewed by-laws will be submitted to the Board in May and then go to the Annual Meeting in June to be reviewed and approved by the members of LACGH.

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

- Annette Polanski- Active (Radiology)
- Sasha Bhan – Active (Radiology)
- Jessica Biederman – Active (Radiology)
- Nicola Gambarotta – Active (Radiology)
- Susan James – Active (Radiology)
- Binyamin (Ben) Rokach- Consulting (Radiology)
- Jeannie Callum – Consulting (Pathology and Molecular Medicine)
- Yanping Gong – Consulting (Pathology and Molecular Medicine)
- David Good - Consulting (Pathology and Molecular Medicine)
- Darren Beiko – Consulting (Urology)
- Jason Iazard – Consulting (Urology)
- D. Robert Siemens – Consulting (Urology)
- Stephen Steele- Consulting (Urology)
- Najj Touma - Consulting (Urology)

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 #4



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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:

- Annette Polanski- Active (Radiology)
• Sasha Bhan – Active (Radiology)
• Jessica Biederman – Active (Radiology)
• Nicola Gambarotta – Active (Radiology)
• Susan James – Active (Radiology)
• Binyamin (Ben) Rokach- Consulting (Radiology)
• Jeannie Callum – Consulting (Pathology and Molecular Medicine)
• Yanping Gong – Consulting (Pathology and Molecular Medicine)
• David Good - Consulting (Pathology and Molecular Medicine)
• Darren Beiko – Consulting (Urology)
• Jason Iazard – Consulting (Urology)
• D. Robert Siemens – Consulting (Urology)
• Stephen Steele- Consulting (Urology)
• Najji Touma - Consulting (Urology)

Moved by: Jamie Uson
Seconded by: Bob Clancey

The motion was carried.

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

- Jean-Marc Lafleur- Locum Tenens (Emergency Medicine)
• Navdeep Dehar - Consulting (Oncology)
• Graeme Quest- Consulting (Pathology and Molecular Medicine)
• Jason Franklin – Consulting (Surgery *Assist Only*)

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:

- Jean-Marc Lafleur- Locum Tenens (Emergency Medicine)
• Navdeep Dehar - Consulting (Oncology)
• Graeme Quest- Consulting (Pathology and Molecular Medicine)
• Jason Franklin – Consulting (Surgery *Assist Only*)



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Moved by: Geoff Griffin
Seconded by: Rosaleen Cutler

The motion was carried.

3.3 Governance Committee

Allan MacGregor highlighted the following from the February 21, 2024 Governance Committee meeting:

- The Retention and Storage of Records policy – CPR-50 was reviewed and the Governance Committee recommended adopting a Board retention and storage policy for governance documents only.
The Committee agreed last year’s Board Retreat held at the Delta Hotel at the waterfront in Kingston was well received. Andrea will request quotes from the Delta Hotel and the Donald Gordon Conference Centre for this year’s Board Retreat which will be discussed at the next Governance meeting. Potential topics for this year’s Retreat are Strategic Planning and LTC.
Deb informed the Governance Committee members that Tony Brazda will be stepping down as Board Director. The now two director vacancies will be advertised in local newspapers.
As per the corporate by-laws and to comply with ONCA our current Board directors need to be presented for re-election every three years. Andrea will create a table with each director’s name and the year they are due for re-election which will be reviewed by the Governance Committee at their April meeting.
Deb advised the Governance Committee that her term on the Board is coming to an end this June and she would be willing to stay on for an additional year as Chair, if needed.

Deb explained that if she was to stay on for an additional year it would permit newer members to gain more experience before stepping up into an Executive role on the Board. Another scenario noted was that Al could move up to Board Chair for his last year on the Board, however, a Vice-Chair would need to be recruited. It was highlighted that a Board resolution would be needed for Deb to stay on as Chair for an additional year. The Board members discussed this proposal and approved Deb Lowry’s Board Chair tenure for 1 additional year, adding that this would assist in continuity planning.

Motion #6

Rationale: For clarity purposes separate out retention of Governance documents from the Hospital wide retention policy.

Motion: The Board of Directors hereby approves adopting a Board policy for Retention and Storage of Records including governance documents only, as recommended by the Governance Committee.

Moved by: Norm Clarke
Seconded by: Tony Brazda

The motion was carried.

Motion #7



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Rationale: The Governance Committee and Board of Directors are required to review and approve the Guidelines for Director Selection.

Motion: The Board of Directors hereby approves the Guidelines for Director Selection as recommended by the Governance Committee.

Moved by: Geoff Griffin
Seconded by: Allan MacGregor

The motion was carried.

Motion #8

Rationale: It is apparent that the Board does not have a succession plan in place to put forward a slate of officers for the coming year. Therefore, the Board Chair put forward an interim plan to bridge the time gap for other members to step up.

Motion: The Board of Directors hereby approves Deb Lowry staying on as Board Chair for 1 additional year for continuity planning purposes.

Moved by: Geoff Griffin
Seconded by: Jamie Uson

The motion was carried.

3.4 Pastoral Care Committee

Deb Lowry reviewed the following from the February 1, 2024 Pastoral Care Committee meeting:

- The draft annual memorial service program was reviewed and the date of the service was set for Sunday May 5, 2024 at 2 p.m., at the Westdale Park Free Methodist Church.

3.5 Audit Committee

Jamie Uson reviewed the following from the February 26, 2024 Audit Committee meeting:

3.5.1 Audit Planning Report for the year ending March 31, 2024

KPMG Auditor, Kate Mahon, attended the Audit Committee meeting to provide the Audit Planning Report (APR) for fiscal year ending March 31, 2024. She noted that materiality has been set at \$1,000,000, the same as prior year. Proposed fees are in line with prior year with a note that there may be additional service fees with regard to the ongoing impact of Bill 124. No concerns noted by the Audit Committee, therefore, the APR was recommended for Board approval.

Motion #9

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the Audit Planning Report for fiscal year ending March 31, 2024, as recommended by the Audit Committee.

Moved by: Rosaleen Cutler
Seconded by: Geoff Griffin

The motion was carried.



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3.6 Finance Committee

Jamie Uson reviewed the following from the February 26, 2024 Finance Committee meeting:

- Brian Swales, investment portfolio manager joined the Finance Committee to review the monthly investment statements and the investment mandate policy/statement.
The current surplus for the corporation is \$3,375,440 and the ratio is 5.86. The cash position as of January 31st has increased to \$5.57M compared to \$4.84M in March 2023 due to OFA loans.

3.6.1 Investment Mandate Policy

Brian Swales reviewed the Investment Policy and Investment Mandate with the Finance Committee. Brian recommended reducing the fixed income rate from 40% to 35% which will allow a 7% yield along the way. After some discussion the Finance Committee recommended to the Board of Directors approval of the updated Investment Mandate Policy which included Brian's recommendation as stated above.

Motion #10
Rationale: The Finance Committee and Board of Directors, as part of their work plans, reviews the Investment Mandate Statement/Policy annually.
Motion: The Board of Directors hereby approves the following updates to the Investment Mandate Statement/Policy, as recommended by the Finance Committee:
Table with 2 columns: Asset Class, % Broad Market Index *
Moved by: Jamie Uson
Seconded by: Tony Brazda
The motion was carried.

3.6.2 January Financial Statements & Forecast and Cheque List

The Finance Committee reviewed the January 2024 Financial Statements & Forecast and Cheque List which totaled \$7,346,063.65. No concerns were noted by the Finance Committee or the Board.

Motion #11
Rationale: Normal Practice.
Motion: The Board of Directors hereby approves the following, as recommended by the Finance Committee:
List of items: January 2024 Cheque List totaling \$7,346,063.65; January 2024 Financial Statements.
Moved by: Allan MacGregor
Seconded by: Geoff Griffin



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The motion was carried.

3.7 Volunteer Services Report

Marg Isbester noted recruitment efforts continue for the Volunteer Services. To entice more current volunteers to attend membership meetings, they are having speakers at both the March and April meeting; Karen Pearson for the MRI presentation and Christine Wilkinson for Senior Friendly. The annual yard sale and bazaar arrangements are well underway.

3.8 Chief Executive Officer’s Report

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

- Brian Swales, Investment Portfolio Manager, sent the annual fee summary information which showed an annual donation of management fees to LACGH at \$39,394. Brian has requested a receipt for this donation.
- Deborah Richardson has been hired as the new Deputy Minister, Ministry of Health

Motion #12

Rationale: Normal Practice

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

Moved by: Bob Clancey
Seconded by: Norm Clark

The motion was carried.

4. Other

4.1 Correspondence Received up to March 1, 2023.

There was nothing further to report for correspondence.

5. Closed Session

At 7:31 p.m., the Board moved into closed session.

Motion #13

Rationale: Normal Practice

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

Moved by: Geoff Griffin
Seconded by: Norm Clarke

The motion was carried.

At 8:01 p.m., the Board rose from closed session.



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Motion #14

Rationale: Normal Practice

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

Moved by: Rosaleen Cutler

Seconded by: Tony Brazda

The motion was carried.

6. **Meeting Closing**

6.1 **Next Meeting**

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday April 2, 2024.

6.2 **Adjournment**

The meeting was adjourned at 8:01 p.m.

Motion #15

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:01 p.m. on March 5, 2024.

Moved by: Bob Clancey

Seconded by: Jamie Uson

The motion was carried.