



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

April 2, 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 April 2, 2024.

PRESENT:

Board: Deb Lowry (Chair)	Mike Bell
Allan MacGregor	Christine Wilkinson
Bob Clancey	Dr. Kim Morrison
Norm Clark	Kelly Roantree
Geoff Griffin	Marg Isbester*
Jamie Uson*	
Rosaleen Cutler	
Laurie French	
Tony Brazda	

REGRETS:

Dr. Heather Khey-Beldman

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

* 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 new LACGH President & CEO Mike Bell to his first Board Meeting. Deb remarked that Wayne's retirement celebration, held on March 21st, was the perfect ending to the 'Coveyduck Era'. Deb also welcomed AK Sharma to his first Board meeting as Vice President of Capital Planning, Facilities Management & Support Services.

Mike stated that he has had a great start at LACGH since his warm welcome on March 25th. Mike noted that he has met with many member of the staff including Senior Leadership and Volunteer Services and also had the chance to connect with PFAC and the Construction Crew. He noted that with each person he has met there has been a consistent theme of pride and commitment to the organization. Mike remarked that he is proud to be a part of an organization with such dedicated individuals.

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



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The agenda was approved as circulated

Motion #1
<i>Rationale: Normal Practice</i>
Motion: That the Board of Directors hereby approves the agenda dated April 2, 2024.
Moved by: Laurie French Seconded by: Norm Clark
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 declared 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>
Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated March 5, 2024.
Moved by: Bob Clancey Seconded by: Tony Brazda
The motion was carried.

2. Business Arising

2.1 Regional Updates

Lumeo

Sanjeev and Erin provided a Lumeo update and highlighted the following:

- Due to a list of outstanding build items the latest gateway on March 28th did not passed; Go-Live on December 6, 2024 is not impacted at this time. An IT3 has been added to mitigate the gateway failure.
- Discussions are being held to create a ‘sandbox environment’ but have been delayed until after Integration Testing #2 (IT2) which starts on April 9th. It was noted that there will be lots of engagement from LACGH during IT2.
- Erin has submitted our working group structure which include 12 individuals from various departments/modalities. LACGH will be leveraging our SME’s and additional nursing staff.
- The training of staff will be very important and will begin in the summer months which may come with challenges due to vacation. Annette Stuart is the Lumeo Training Lead working with Tracy Ringrose to implement training activities at LACGH.

A discussion ensued regarding the failed status of the recent gateway. It was noted that all targets outlined in the previous Board minutes defaulted. Questions were asked regarding penalization for not going live on Dec



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6th or whether or not this is even a viable option. Another question asked was whether it is mandatory that the Go-Live be a big bang or if some hospitals could go ahead leaving those not ready behind. It was highlighted that it will cost the project \$5M/month to not go live on December 6th. These scenarios will be discussed in the Regional Lumeo Group as well as at the next Regional CEO Council meeting.

OHT

Dr. Morrison stated that the i12 (the initial group of 12 OHTs being supported towards accelerated maturity) are in the middle stages of the designation timeline. The proposed new regulations to the *Connected Care Act, 2019*, have been presented for public input and responses are due to the Ministry by April 8th. Both the i12 and the FLA OHT via the transitional leadership table will be submitting feedback. Dr. Morrison noted that a corporate entity will be necessary for designation. The importance of OHT's being person centered with community governance, clarity on the function of the coordinating corporation, and that of the OHT, the role of constituent as opposed to affiliated membership and voting rights, are among the concerns and questions being brought forth from the current regulations in the letter being drafted by the i12 and the FLA OHT. There is some confusion around the not for profit entity and whether the OHT is the not for profit or a member of the not for profit. The Ministry has expressed their drive to designate the i12 by the end of 2024.

2.2 Capital Projects Update

MRI

Deb stated that the MRI machine is in the MRI Suite in the Lenadco building. MRI testing will begin on April 22nd with a mix of volunteers and patients. On April 23rd the BMD and Mammography machines will be moved from the Hospital site to their new home in Lenadco.

AK stated the MRI Project is in its final stages. AK noted that final approvals have been received from ESA, Siemens and the engineers and doesn't anticipate any concerns receiving the final inspection approval and occupancy from the Town later this week. AK remarked that this project has been a learning curve but a great opportunity for both the maintenance crew and the Hospital/Community. Mike highlighted how impressive the project is as a whole with regards specifically to the cost, value and commitment of those involved.

Deb highlighted that the Board members will have an opportunity to tour the MRI Suite before the May 7th Board meeting.

With the growing concern of lack of parking, the question was asked whether the MRI Suite will have designated parking spaces. AK stated that the MRI Suite will have plenty of parking on the west side of the Lenadco building. Also noted, was that there will be 51 additional parking spaces at the LTC Home once complete. Erin noted that BMD and Mammo departments see 20 patients/day per modality and once those machines are moved to Lenadco, parking spaces should free up some at the hospital.

LTC

AK provided an update on the progress of the third-floor work at the LTC Project, noting that it is proceeding as planned. The LTC Home build is reported to be on track and within budget. AK is actively discussing kitchen progress and LTC build with the General Contractor. Additionally, AK mentioned that invoices for the project are regularly reviewed for accuracy and reconciled if needed.

3. Reports

3.1 Quality Committee



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Bob Clancey highlighted the following from the March 19, 2024 Quality Committee meeting:

- Shelby Lloyd, Infection Prevention and Control Manager provided the Committee with the annual infection control review.
- The patient feedback report was presented and the culture of the younger generation of nurses and expectations of their nursing roles were discussed.
- Erin presented the draft 2024-25 QIP narrative to the Committee which sparked some conversation regarding the need to add language around indigenous health and patient voice.

Erin highlighted that after the Quality meeting she brought forward the 2024-25 QIP narrative and work plan to PFAC for their input and feedback especially around the comments from Quality regarding indigenous health. Erin noted that there was great conversation amongst the PFAC members and subsequently they guided the additional language in the narrative and work plan. Erin highlighted that the changes to the 2024-25 QIP narrative are reflected in the document in the meeting package. Erin stated that over the next year we will build internal competencies, including increasing awareness of unconscious bias, and deepen relationships with Indigenous partners through new and existing engagements (i.e. FLA OHT) to enhance culturally safe care at LACGH. Work will continue and we will build on the existing Human Resources education with the addition of EDI and antiracism education modules.

Erin was thanked for her quick turnaround at incorporating the Board and PFAC feedback into the 2024-25 QIP narrative.

There were no concerns noted by the Board; therefore the 2024-25 QIP and indicators chosen to be tied to executive compensation, were approved.

Motion #3

Rationale: Our hospital is required to annually submit a Quality Improvement Plan based on requirements under the Excellent Care for All Act, 2010 (ECFAA). Our 2024/2025 QIP sets out key strategies to enhance our quality of care, improve safety, increase satisfaction and achieve better clinical outcomes for patients and residents.

Motion: The Board of Directors hereby approves the 2024-25 Quality Improvement Plan, as recommended by the Quality Committee.

Moved by: Bob Clancey

Seconded by: Geoff Griffin

The motion was carried.

Motion #4

Rationale: It is mandatory, under the Excellent Care for All Act (ECFAA) to link compensation for the Chief Executive Officer (CEO), Chief of Staff and other executives reporting to the CEO to the achievement of performance targets in our organizations Quality Improvement Plan (QIP). Performance based executive compensation is linked to achieving specific QIP targets, as well as achieving success on selected corporate goals and objectives The amount of compensation that is performance-based for the executive team has been set at 3% for 2024-25.



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Motion: The Board of Directors hereby approves the proposed indicators linked to the 3% executive compensation for the 2024-25 Quality Improvement Plan and tied to the achievement of the following selected corporate goals and objectives, as recommended by the Quality Committee:

- A 17% increase in the percentage of CVC residents who positively respond to the question "do staff involve you in decisions about your care?"
100% implementation of the new education modules created on Moodle to support 2024/25 QIP change ideas.
100% of executives have completed the new DEI education modules.

Moved by: Geoff Griffin
Seconded by: Laurie French

The motion was carried.

3.2 Finance Committee

Jamie Uson highlighted the following from the March 25, 2024 Finance Committee meeting:

- Our surplus for the organization is \$5,601,336 and our current ratio is 5.42.

3.2.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for February 2024 which totaled \$64.18. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #5

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 \$64.18, as recommended by the Finance Committee.

February 2024

Table with 8 columns: Name, Meals, Hospitality, Accommodation, Vehicle Rental/Own Used Mileage, Incidentals (Parking, tolls, etc.), Fares, Total. Row 1: Christine Wilkinson, 64.18. Row 2: TOTAL, 64.18\$

Moved by: Laurie French
Seconded by: Rosaleen Cutler

The motion was carried.

3.2.2 February Financial Statements and Cheque List

The Finance Committee reviewed the February 2024 Financial Statements and Cheque List which totaled \$5,668,304.74. No concerns were noted by the Finance Committee or the Board.

Motion #6

Rationale: Normal Practice.



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

- February 2024 Cheque List totaling \$5,668,304.74;
February 2024 Financial Statements.

Moved by: Allan MacGregor

Seconded by: Jamie Uson

The motion was carried.

3.2.3 Capital Expenditures/ Project Updates

The Finance Committee reviewed a request for the allocation of \$75,503 towards the purchase of: Diagnostic Imaging, Barco Coronis Unit 33.6" monitor (\$41,685); Diagnostic Imaging, (2) Barco Nio 21.3" Monitors (\$12,040); Mammo/BMD, GE Move - Vendor relocation of Mammo and BMD Unit from hospital to Lenadco (\$21,778). No concerns were noted by the Finance Committee or the Board.

Motion #7

Rationale: The Board of Directors is required to review and approve capital requests.

Motion: The Board of Directors hereby approves the following capital requests totaling \$75,503, as recommended by the Finance Committee:

- Diagnostic Imaging (OBSP) - (1) Barco Coronis Unit 33.6" Monitor, Model MDMC-12133, 12MP, Color Imaging, Grey Imaging (\$41,685)
Diagnostic Imaging - (2) Barco Nio 21.3" Monitors, Model MDNC-3521, 3MP, Color Imaging, Grey Imaging. (\$12,040)
Mammo/BMD - GE Move - Vendor relocation of Mammo and BMD Unit from hospital to Lenadco (\$21,778).

Moved by: Geoff Griffin

Seconded by: Tony Brazda

The motion was carried.

3.2.4 Write-Off Analysis

The Finance Committee reviewed the Write-Off Analysis which depicts current year and previous 8 years, as a comparison. Sanjeev noted that the total write off amount for 2023/24 is \$104,035.53. Write-offs as a percentage of accounts receivable is 17% which is similar to last year.

Motion #8

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the Write-Off Analysis for 2023/24 in the amount of \$104,035.53, as recommended by the Finance Committee.

Moved by: Tony Brazda

Seconded by: Bob Clancey

The motion was carried.

3.3 Volunteer Services Report



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Marg Isbester noted that Mike Bell made a nice surprise visit at the VS Executive meeting to introduce himself. The VS need to find 20 additional volunteers for the MRI Suite as to not reduce the number of volunteers at the hospital. Marg recognized this makes for a quick turnaround, therefore, noted that if the Board members know anyone who could be interested to please have them reach out to her or Susan Jack.

3.4 Foundation Report

Kelly Roantree noted the following items:

- The MRI Capital Campaign Committee meets regularly and is a great group. The Foundation has reached 41% of its goal and are hopeful that the ultimate goal will be reached.
- The County Council approved their FY24 budget which included the \$500,000 contribution towards the MRI campaign (\$50,000 per year for 10 years).
- The Foundation is currently in discussion with a family who is considering donating \$500,000 for naming rights.
- The “Pies for MRI” community event was a great success which sold approximately 300 pies.
- Upcoming fundraising activities/events include the 50/50 raffle draw, spring raffle for a pizza oven and smoker, 27th Annual Golf Tournament and the 8th Annual Gala.

3.5 Chief Executive Officer’s Report

Further to the written report provided in the Board package, Mike Bell shared the following information:

- As outlined in the CEO report 30-40% of ER volumes are unattached patients which is cause for concern.
- The 1st LACGH Wellness Fair is taking place this Friday in the Airhart Conference Room.
- Great news was received last Friday that LACGH was asked to commit to 1750 baseline CT hours..
- During a recent OHA call regarding the provincial budget it was announced that the province will invest 4% to hospitals, however, exact amounts were not released.

Motion #9

Rationale: Normal Practice

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

Moved by: Norm Clark

Seconded by: Tony Brazda

The motion was carried.

4. Other

4.1 Correspondence Received up to March 30, 2024.

There was nothing further to report for correspondence.

5. Closed Session

Deb stated that she met recently with Mike regarding the board’s procedure for attendees of closed sessions, which admittedly has been unclear. It has been decided that all elected Board directors and ex-officio Board members, including the CEO, COS, CNE and President of the MSA will stay for closed session, unless there is a conflict of interest. Deb highlighted that she will aim to have a closed session agenda, to determine whether



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there is a conflict of interest, prior to the start of all Board meetings going forward. Deb apologized for any confusion that may have arose in the past regarding who was required to stay/leave for closed session.

At 7:32 p.m., the Board moved into closed session.

Motion #10

Rationale: Normal Practice

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

Moved by: Bob Clancey
Seconded by: Allan MacGregor

The motion was carried.

At 7:42 p.m., the Board rose from closed session.

Motion #11

Rationale: Normal Practice

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

Moved by: Laurie French
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 May 7, 2024. Prior to the May 7th meeting there will be a MRI Tour at 5:30 p.m. and a 6:00 p.m. education session on OHT by Dr. Morrison.

6.2 Adjournment

The meeting was adjourned at 7:43 p.m.

Motion #12

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 7:43 p.m. on April 2, 2024.

Moved by: Allan MacGregor
Seconded by: Tony Brazda

The motion was carried.