



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

May 7, 2024

Zoom | ACR

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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 May 7, 2024.

#### PRESENT:

<b>Board:</b> Deb Lowry (Chair)	Mike Bell
Allan MacGregor	Christine Wilkinson
Bob Clancey	Dr. Kim Morrison
Jamie Uson*	Kelly Roantree
Rosaleen Cutler	Marg Isbester*
	Dr. Heather Khey Beldman*

#### REGRETS:

Laurie French	Norm Clark
Tony Brazda	Geoff Griffin

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

\* Attended via zoom

## 1. Meeting Opening

### 1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:37 p.m., by Deb Lowry. Deb thanked Dr. Kim Morrison for her informative presentation on the FLA OHT which preceded the Board Meeting. Deb stated that there was a great turn out at the annual Memorial Service which was held on Sunday May 5<sup>th</sup> at the Westdale Park Free Methodist Church. Deb thanked the Pastoral Care Committee and Andrea for all their hard work organizing the service.

Deb thanked everyone who helped decorate smile cookies at Tim Hortons last week; special thanks to Mike for volunteering to decorate on the first day of smile cookie week. Thanks was also expressed to those who purchased cookies as the proceeds go towards the MRI fundraising campaign.

Deb stated that it is Nurses Week and acknowledged all of the hard working nurses at LACGH. Special thank you to Christine Wilkinson and nursing team at LACGH.

### 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

<p>Motion #1</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p><b>Motion: That the Board of Directors hereby approves the agenda dated May 7, 2024.</b></p> <p>Moved by: Allan MacGregor          Seconded by: Rosaleen Cutler</p> <p style="text-align: right;">The motion was carried.</p>
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**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.

<p>Motion #2</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p><b>Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated April 2, 2024.</b></p> <p>Moved by: Bob Clancey          Seconded by: Rosaleen Cutler</p> <p style="text-align: right;">The motion was carried.</p>
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**2. Business Arising**

**2.1 Regional Updates**

**Lumeo**

Mike Bell, Sanjeev Kumar and Erin Brown reported on the following Lumeo items:

- LACGH has completed validation of all datasets, and is the first organization to achieve this huge milestone; this was completed well before the deadline, Sanjeev highlighted the good work from local lumeo project team.
- IT2 uncovered several issues – the majority of which are unresolved.
- Sanjeev noted that IT3 is scheduled for May 13 – June 7 and will include retesting issues that have been resolved, test new build from the outstanding build list, and bring an increased focus on testing technical integrations.
- Training planning is going well.
- Sanjeev highlighted that the total Lumeo Project cost forecast to date is \$342M compared to budget of \$332M. The project is \$10M overrun and this might increase as the project gets closer to go live. Our cost share for the project is \$3.165%.
- Two new leaders have been hired which has brought renewed optimism for the project.



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Public relations and communication regarding the Lumeo Project was discussed. Erin noted that there is a Regional Communications Committee, however, the group has not discussed risk mitigation communication to the public in some time. Erin highlighted that the patient portal is a risk as it may not be what was initially envisioned. There is a lot of work that still needs to be done before go live in December and those involved continue to be optimistic for a successful project.

#### **OHA Leadership Summit**

Mike reported to the Board that he attended the OHA Leadership Summit last week, and although it was expensive, it was well worth it. The summit was held in Toronto and Mike noted he was able to do a lot of networking and met many individuals from similar sized hospitals as LACGH. Mike briefly recapped the OHA Leadership Summit for the Board:

- The Small Rural and Northern (SRN) Hospital Communications Strategy was discussed, with feedback from the members suggesting the current strategy is too generic. There is a need to describe what makes smaller hospitals unique, why they are vital to the health and wellness of a community. The OHA was supportive of this reframing.
- An SNR Advocacy event will be held at Queens Park on May 16<sup>th</sup>, with members and MPPs from the North participating.
- Ontario's projected patterns of illness and population trends were also highlighted at the summit. Trends include higher death rate and lower birth rates as well as an increased immigration. The discussion left the regional CEOs and Board Chairs considering what this means for hospital and communities. The consensus was that the future for hospitals need to look different to handle these projected patterns and trends.
- The other two main points revolved around Hospital and Primary Care collaboration, as well as interesting sessions on how hospitals could/should invest in IT and Artificial Intelligence.

#### **2.2 Capital Projects Update**

##### **MRI**

Mike Bell and AK Sharma reported on the following items:

- The MRI Suite is complete and patient scans have commenced.
- BMD and Mammography machines have been moved over to the Lenadco space successfully.
- Signage and way-finding is currently being discussed.

##### **LTC**

Mike Bell and AK Sharma reported on the following items:

- Work is underway on framing doors, installing windows and high voltage work.
- Monthly invoice review meetings between the hospital and general contractor continue to ensure invoice amounts are in line with work completed.
- There is verbal commitment from the general contractor that the hospital existing kitchen renovations will be complete by the end of May.
- In the coming months work will begin on the roof, stonework and curbs etc.



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AK shared an AI generated video of the completed LTC Home, created by Van Horne, with the Board. It was noted that there will be a non-covered bridge from the LTC Home to the Lenadco building. Kelly noted that this video would be great to share with the LACGH Foundation Board and potential donors.

### 3. Reports

#### 3.1 Quality Committee

Bob Clancey highlighted the following from the April 16, 2024 Quality Committee meeting:

- Anna Huisman presented the annual medication management report and highlighted an increase in the chemo preparation and lookalike/sound alike medications.
- Justin Turner reviewed the biannual critical incident summary highlighting 1 critical incident (fall) since the last report in October 2023.
- Christine Wilkinson reviewed the CVC QIP Scorecard and noted that there was a critical incident on CVC in March which gets reported through a different system than hospital critical incidents.

#### 3.2 Medical Advisory Committee

Dr. Kim Morrison highlighted the following from the April 11, 2024 Medical Advisory Committee meeting:

- Justine Feeney, Dr. Callum and Dr. Gong presented the Lab Services, Point of Care Testing and Transfusion Reports.
- LACGH leads the province in Choosing Wisely statistics! Our stats are well above the benchmark.
- The final draft of the Massive Hemorrhage Protocol Policy was reviewed and approved. Dr. Callum and Dr. Warren worked hard on this policy using best evidence to create a regional approach regardless if the hospital is big or small.

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

- Shivani Dadwal - Consulting (Oncology)
- Mariam Jafri - Consulting (Oncology)
- Eugenia Piliotis - Consulting (Oncology)
- April Swoboda - Consulting (Oncology)
- Tara Baetz - Consulting (Oncology)
- Christopher Booth - Consulting (Oncology)
- Negar Chooback - Consulting (Oncology)
- Jill Dudebout - Consulting (Oncology)
- George Gray - Consulting (Oncology)
- Janarthanan Kankesan - Consulting (Oncology)
- David Lee - Consulting (Oncology)
- Mihaela Mates - Consulting (Oncology)
- Heather Ostic - Consulting (Oncology)
- Wendy Parulekar - Consulting (Oncology)
- Andrew Robinson - Consulting (Oncology)
- Francisco Vera Badillo - Consulting (Oncology)
- Crystal Gonu - Active (Family Medicine)



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- Jordan Boudreau - Associate (Family Medicine)
- Pierre-Marc Robichaud - Active (Family Medicine with Emergency)
- Marie-Andree Harvey - Consulting (Gynaecology)
- Sophia Badowski - Consulting - (Gynaecology)

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:***

- Shivani Dadwal - Consulting (Oncology)
- Mariam Jafri - Consulting (Oncology)
- Eugenia Piliotis - Consulting (Oncology)
- April Swoboda- Consulting (Oncology)
- Tara Baetz - Consulting (Oncology)
- Christopher Booth - Consulting (Oncology)
- Negar Chooback - Consulting (Oncology)
- Jill Dudebout - Consulting (Oncology)
- George Gray - Consulting (Oncology)
- Janarthanan Kankesan - Consulting (Oncology)
- David Lee - Consulting (Oncology)
- Mihaela Mates -Consulting (Oncology)
- Heather Ostic - Consulting (Oncology)
- Wendy Parulekar - Consulting (Oncology)
- Andrew Robinson - Consulting (Oncology)
- Francisco Vera Badillo - Consulting (Oncology)
- Crystal Gonu - Active (Family Medicine)
- Jordan Boudreau - Associate (Family Medicine)
- Pierre-Marc Robichaud - Active (Family Medicine with Emergency)
- Marie-Andree Harvey - Consulting (Gynaecology)
- Sophia Badowski - Consulting - (Gynaecology)

Moved by: Allan MacGregor

Seconded by: Bob Clancey

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:



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- Emily Kerr – Active (Family Medicine) *Change from Associate to Active Staff*
- Laura Walmsley – Active (Emergency Medicine) *Change from Associate to Active Staff in the Department of Emergency Medicine Only*

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

- Emily Kerr – Active (Family Medicine) *Change from Associate to Active Staff*
- Laura Walmsley – Active (Emergency Medicine) *Change from Associate to Active Staff in the Department of Emergency Medicine Only*

Moved by: Rosaleen Cutler  
Seconded by: Allan MacGregor

The motion was carried.

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

- Lucas Coxhead– Locum Tenens (Emergency Medicine)
- Michael Hale – Consulting (Surgical 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.*

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

- Lucas Coxhead– Locum Tenens (Emergency Medicine)
- Michael Hale – Consulting (Surgical Assist Only)

Moved by: Bob Clancey  
Seconded by: Rosaleen Cutler

The motion was carried.

**3.3 Governance Committee**

Allan MacGregor highlighted the following from the April 10, 2024 Governance Committee meeting:



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- Erin Brown reviewed the Accreditation Canada Qmentum Global Program Standards. In the fall the Governance Committee will complete a self-assessment of compliance with the standards and a separate Governance survey with the support of Erin. Accreditation is scheduled for June 2025.
- The two LACGH Board of Director vacancies have been posted in our local papers and to date 4 applications have been received.
- The Board Retention and Storage of Records policy B-31 was reviewed and approved.
- Board Retreat venue prices were compared and the Delta Kingston Waterfront Hotel was chosen with the caveat that there will be no accessibility barriers for attendees. Andrea to confirm. Topics for the Board Retreat will be discussed at the May Governance meeting.
- To comply with ONCA, elected Board Directors must be re-elected for a 3-year term, therefore, the Committee recommended to the Board the re-election of the following Board Directors:
  - Deb Lowry
  - Allan MacGregor
  - Norman Clark
  - Bob Clancey
  - Geoff Griffin
  - Jamie Uson

The motion was tabled to the next Board meeting.

- The 2024 Annual Meeting has been scheduled for June 18, 2024.

Motion #6

*Rationale: Normal Practice*

**Motion: The Board of Directors hereby approves the Retention and Storage of Records Policy B-31, as recommended by the Governance Committee.**

Moved by: Allan MacGregor  
Seconded by: Rosaleen Cutler

The motion was carried.

Motion #7

*Rationale: Normal Practice*

**Motion: The Board of Directors hereby approves the Delta Kingston Waterfront Hotel as the location for the September 5-6, 2024 Board Retreat, as recommended by the Governance Committee.**

Moved by: Allan MacGregor  
Seconded by: Rosaleen Cutler

The motion was carried.

**3.4 Ethics Committee**

Allan MacGregor highlighted the following from the April 10, 2024 Ethics Committee meeting:

- Emily Benn shared a difficult case with the Committee.



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- Dr. Campbell presented an education session on The Right to Try (and Fail).

3.5 Finance Committee

Sanjeev Kumar reviewed the following from the April 22, 2024 Finance Committee meeting:

- The revenue in 2023/24 was higher at \$53.34M when compared to 2022/23 at \$44.768M. The reasons for the increase include one-time payments related to Bill 124, Cancer Care drug reimbursements, and investment income interest.
The surplus for the organization is \$6.7M and the current ratio is 3.56 as per draft financial statements and it will change once audit is finalized.

3.5.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for March 2024 which totaled \$268.93. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #8
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 \$268.93, as recommended by the Finance Committee.
March 2024
Table with 8 columns: Name, Meals, Hospitality, Accommodation, Vehicle Rental/Own Used Mileage, Incidentals (Parking, tolls, etc.), Fares, Total.
Moved by: Allan MacGregor
Seconded by: Jamie Uson
The motion was carried.

3.5.2 Draft March Financial Statements and Cheque List

The Finance Committee reviewed the Draft March 2024 Financial Statements and Cheque List which totaled \$8,003,742.69. Sanjeev noted that the financial statements are draft until the auditors complete their audit. The auditors are currently at the hospital to conduct the audit and have connected with Jamie to further discuss risks that were previously discussed at the Finance Committee.

No concerns were noted by the Finance Committee or the Board. Allan, on Behalf of the Board, congratulated Sanjeev and his team for all of their work over the last fiscal year.

Motion #9
Rationale: Normal Practice.
Motion: The Board of Directors hereby approves the following, as recommended by the Finance Committee:
- March 2024 Cheque List totaling \$8,003,742.69;
- March 2024 Draft Financial Statements.



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Moved by: Bob Clancey
Seconded by: Rosaleen Cutler

The motion was carried.

3.5.3 Mileage per Kms Reimbursement Rate

Sanjeev compared our current mileage per kilometer reimbursement rate, \$.40/km to regional hospital rates, noting that our rate hasn't increased in many years. The Finance Committee highlighted the current high price of gas and therefore recommended to the Board the increase in mileage per kms reimbursement rate to \$.50/km affective April 1, 2024. No concerns were noted by the Board.

Motion #10

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the increase of the mileage per kms reimbursement rate to \$.50/km commencing on April 1, 2024, as recommended by the Finance Committee.

Moved by: Allan MacGregor
Seconded by: Bob Clancey

The motion was carried.

3.6 Patient Family Advisory Council

Erin Brown highlighted that PFAC is assisting, through feedback and co-design, with the creation of patient education brochures including resources for antibiotic stewardship which is now in use in the clinical areas. PFAC has also been consulted regarding alternatives to plastic belongings bags. The unanimous decision was to discontinue the use of the single-use plastic belongings bags in the OR and DI. To reduce plastic, patients will be asked to bring their own bag for their belongings when having a procedure or test in hospital.

3.7 Volunteer Services Report

Marg Isbester highlighted the excellent nursing presentation that Christine Wilkinson provided the Volunteers at their last members meeting. Marg noted that she is working on guest speakers at future meetings to better engage the VS members and increase attendance at their meetings. Marg asked that if anyone had any suggestions for guest speakers to please let her know.

Marg highlighted that Susan Jack has been working overtime to keep new volunteers entering the stream, especially at the new MRI/BMD/Mammo Clinic.

3.8 Foundation Report

Kelly Roantree highlighted the following from the Foundation Report in the Board package:

- The MRI Campaign Committee is hosting a series of Q&A luncheons with local businesses and industry leaders to promote the campaign. The first luncheon will be held on May 23rd with representatives from location insurance companies.
Kelly highlighted that May has brought an increase in donors including notable donations from:
-\$250,000 from the Parrott Foundation
-\$30,000 from the Town of Deseronto



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- The Ride of MRI event is scheduled for May 26<sup>th</sup> and has 13 teams (100 individuals) registered so far. Thank you to our Main Event Sponsor -Peter Boyer Chevrolet Buick GMCA.
- The Spring Campaign Letters in support of the MRI will be mailed out during the first week of May.
- The Foundation has hired a summer student – Sophie Airhart

Allan noted a recent Letter to the Editor in the Napanee Beaver titled “LACGH is one great hospital” which details an individual’s positive experience as a patient and urges others to think about making a donation to contribute to the amazing services provided at LACGH.

### 3.9 Chief Executive Officer’s Report

Mike Bell highlighted the following information from the CEO Report included in the Board Package:

- The chemotherapy suite continues to be a financial challenge and Christine continues to work with KHSC to improve efficiencies and increase S1 volumes.
- The SEIU Service and Office/Clerical Unions received a 3% wage increase for the collective agreement term January 1, 2024 – December 31, 2025. Tracy is currently working on what this will look like for the hospital financially.
- Currently there are 30 hospital-wide vacancies, which is a decrease from 34 last month.

Motion #11

*Rationale: Normal Practice*

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

Moved by: Bob Clancey

Seconded by: Allan MacGregor

The motion was carried.

## 4. Other

### 4.1 Correspondence Received up to May 1, 2024.

There was nothing further to report for correspondence.

## 5. New Business

### 5.1 Draft Report Bill S-211 – Fighting Against Forced Labour and Child Labour in Supply Chains

Mike advised the Board members that Bill S-211 is a new Act that requires an annual report. The report, included in the Board package, has been prepared for LACGH in accordance with the requirements of the Fighting Against Forced Labour and Child Labour in Supply Chains Act in relation to the fiscal year from April 1, 2023 – March 31, 2024. It was highlighted that Mohawk MedBuy (MMC), our procurement partner, confirmed its compliance with the Act. The report includes an attestation that we will begin to look at where our food supplies are sourced from, as well as other direct to patient sales (crutches, air casts etc).

No concerns were noted by the Board and the Fighting against Forced Labour and Child Labour in Supply Chain Annual report for April 1, 2023 – March 31, 2024 was approved.



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Motion #12

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby approves the Fighting against Forced Labour and Child Labour in Supply Chain Annual Report for April 1, 2023 – March 31, 2024.***

Moved by: Rosaleen Cutler

Seconded by: Bob Clancey

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 June 4, 2023.

6.2 **Adjournment**

The meeting was adjourned at 7:27 p.m.

Motion #13

*Rationale: Normal Practice*

***Motion: That the Board of Directors hereby adjourns their meeting at 7:27 p.m. on May 7, 2024.***

Moved by: Jamie Uson

Seconded by: Allan MacGregor

The motion was carried.