



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

June 4, 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 June 4, 2024.

PRESENT:

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

REGRETS:

Kelly Roantree
Tony Brazda

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 recognized and thanked the Town of Deseronto for their recent generous donation to the Hospital Foundation.

Deb acknowledged the staff who received milestone awards at last month’s Service Awards Dinner. Deb noted it was a lovely event and thanked Tracy Ringrose and Sarah Fiddler for all their hard work in planning the event.

Deb extended a thank you to the Volunteer Service and to the Foundation for their recent fundraising events; VS annual yard sale and the first annual Foundation Ride for MRI event. The Ride for MRI cycling event brought in approximately 160 cyclists on a beautiful Sunday and raised \$40k for the MRI campaign.

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.



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1.3 Approval of the Agenda

The agenda was approved with the below addition and amendment:

- Addition of item #5.0 – Closed Session
- Under Meeting Closing – Board Orientation date should read September 4, 2024

<p>Motion #1</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p>Motion: That the Board of Directors hereby approves the amended agenda dated June 4, 2024.</p> <p>Moved by: Laurie French Seconded by: Norm Clark</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.

There was a brief discussion regarding the Lumeo cost overrun for our share, as well as the region, and the level of concern. It was highlighted that the Lumeo leads at LACGH are highly aware of the concern and are working diligently to ensure a smooth go live date. Sanjeev noted that with each delay comes an increase in cost (both overall and our share).

Lumeo continues to be an important topic at many committees/tables.

<p>Motion #2</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p>Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated May 7, 2024.</p> <p>Moved by: Geoff Griffin Seconded by: Bob Clancey</p> <p style="text-align: right;">The motion was carried.</p>

2. Business Arising

2.1 Regional Updates

Mike Bell reported on the following items:

Lumeo

- LACGH is in good shape for Lumeo training which is set to start this summer.
- The main pressure currently involves Primary Care in the community. The issue being that once Lumeo is live the majority of patient results sent from the hospital to primary care physicians will be in PDF format, meaning they will not be searchable. This will require more effort for the



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primary care physician to access reports, results etc in the EMR. The projection is a 40% increase in workload for the primary care physicians. The fear is that this increase in workload will deter the primary care physicians. Dr. Morrison noted that strategies are being worked on to resolve this issue and Lumeo remains supportive of finding a resolution. It was highlighted that this issue affects LACGH more than other regional hospitals due to our integration with Primary Care.

- Sanjeev stated that the cost overrun is mainly due to regional expenses, Deloitte, Health Tech etc.

Dr. Morrison reported on the following items:

OHT

- There was lots of feedback on the proposed new regulations regarding Connected Care Act, 2019 with respect to OHT designation which was presented for public input in Feb/March. The FLA OHT are submitted feedback independently and jointly with the other accelerated OHTs. The OHTs are now waiting on the Ministry of Health's guidance to further governance, incorporation and designation work over the next few months.
- The December deadline for designation for the initial 12 OHT remains unchanged at the point.
- The plan for the transition of HCCSS to Ontario Health@Home remains Q1 next fiscal.

2.2 Capital Updates

Mike Bell and AK Sharma reported on the following items:

LTC

- The LTC build is progressing well.
- The main pressure continues to be the hospital kitchen renovation work. There was an electrical sub-contractor here early today that VanHorne hired to complete electrical work they were unable to perform. The kitchen staff will continue to work out of the kitchen trailers until renovations are completed.
- The third floor of the LTC building is being poured today.
- 30% of the third floor will be completed by the end of June.
- Windows are being installed.
- Completion date is March 2025.

MRI

- The accessibility ramp for the paramedic entrance was poured yesterday.

3. Reports

3.1 Quality Committee

Bob Clancey highlighted the following from the May 21, 2024, Quality Committee meeting:

- Clinical Learning Specialist Matt McCallum joined the Quality Committee to discuss the recent nursing resuscitation awards that were presented to the LACGH Acute Care nursing team involved in a recent successful resuscitation. Matt explained that through training sessions, huddles, mock codes, and courses he trained the nursing staff in new skills and theories which helped the nursing staff gain critical confidence needed in high pressure situations, like the recent successful resuscitation.
- Jason Hann joined the Quality Committee to give the annual Lakeside Clinic Report.

It was noted that the Lakeside Clinic Report historically has not been included in the Quality or Board meeting package for review prior to the meetings but was either shared on the screen during the report or hard copies



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brought to the meeting. There was a discussion regarding the possible rationale for not including the report in the Quality package. It was highlighted that this service is a benefit to our community and although the topic can be sensitive, there remains nothing to hide within the report. After discussion it was decided that, with Jason Hann’s approval, that going forward the Lakeside Clinic Report will be included in the Quality Committee meeting package.

<p>Motion #3</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p><i>Motion: That the Board of Directors hereby approves including the Lakeside Clinic Report, which is reported to the Quality Committee by the CNE/ EVP Patient Care at KHSC, in the Quality Committee meeting package.</i></p> <p>Moved by: Bob Clancey Seconded by: Laurie French</p> <p style="text-align: right;">The motion was carried.</p>
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3.2 Medical Advisory Committee

Dr. Kim Morrison highlighted the following from the May 9, 2024, Medical Advisory Committee meeting:

Professional Staff By-Law

The Professional Staff By-Law was reviewed and amended to align with the OHA Prototype Board-Appointed Professional Staff By-Law. Most of the changes involved updating language, i.e. removing he/her etc., and modernizing the Professional Staff categories. It was noted that we do not have any dentists on our professional staff, however, dentists remain listed in the updated Professional Staff By-Law, if in the future event LACGH offers dental services.

The professional staff categories have been modernized and changes are as follows:

Courtesy Staff – this category has been removed as it does not align with the OHA Prototype.

Clinical Assistant – this is a new category for professional staff with a specific purpose; assist in the OR, CAF FM physicians looking for ED experience. All staff in this category will have a supervisor. This category of staff will not advance to active staff.

Honorary Staff – this is an important category that is being brought back to the By-Law. This category is for those staff who the Board wishes to honor who are not active in the facilities and programs operated by the Corporation. This may include prominent practitioners who have retired.

Medical Staff Rules

The Medical Staff Rules were reviewed and amended with the noted addition of item #10 Non-Active Physicians: Re-appointment to Medical Staff. This rule was added for any physicians who have not actively treated patients in the Hospital during the previous 2 years. The MAC agreed that there is no way to assess the competencies of physicians who has not treated patients in the Hospital in 2 years, therefore, these physicians will not be sent re-appointment paperwork. Dr. Morrison highlighted that this does not imply



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removal of hospital privileges as defined by CPSO. This new rule does not pose any risks to the Board and tightens up our credentialing process. It was noted that this new rule will affect two physicians.

No concerns were noted by the Board and the draft Professional Staff By-Law and Medical Staff Rules were approved.

Motion #4

Rationale: The Medical Advisory Committee is required to conduct a bi-annual review of the Professional Staff By-laws and Medical Staff Rules and submit proposed changes to the Board of Directors for review and approval.

Motion: That the Board of Directors hereby approves all changes to the Professional Staff By-Law and Medical Staff Rules, as recommended by the Medical Advisory Committee. These amendments align with the OHA Prototype Board-Appointed Professional Staff By-Law and modernize the Professional Staff categories.

Moved by: Rosaleen Cutler

Seconded by: Allan MacGregor

The motion was carried.

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

- Robin Britton – Active (Family Medicine)
- Daniel Curran – Active (Family Medicine)
- Daniel Glatt – Active (Family Medicine)
- Nathaniel Hart – Active (Family Medicine)
- Patricia Hoyeck -Locum Tenens (Family Medicine)
- Heather Khey Beldman – Active (Family Medicine)
- Carl Lee – Active (Family Medicine)
- Aaron McGregor – Active (Family Medicine)
- Kimberley Morrison – Active (Family Medicine)
- Derek Moynes – Active (Family Medicine)
- Andrew O'Dea - Locum Tenens (Family Medicine)
- Sonal Patel – Active (Family Medicine)
- Elizabeth Touzel – Active (Family Medicine)
- Molly Touzel – Active (Family Medicine)
- Tom Touzel – Active (Family Medicine)
- Olga Bougie – Consulting (Gynaecology)
- Susan Chamberlain - Consulting (Gynaecology)
- Marie Eve Sophie Gibson – Consulting (Gynaecology)
- Marisa Nicole Horniachek – Consulting (Gynaecology)
- Mary Anne Jamieson – Consulting (Gynaecology)
- Shawna Lee Johnston – Consulting (Gynaecology)
- Romy Nitsch – Consulting (Gynaecology)
- Ashley Waddington - Consulting (Gynaecology)



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- Annette Hay – Consulting (Oncology)
- Clementine Janet Lui – Consulting (Oncology)

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

- Robin Britton – Active (Family Medicine)
- Daniel Curran – Active (Family Medicine)
- Daniel Glatt – Active (Family Medicine)
- Nathaniel Hart – Active (Family Medicine)
- Patricia Hoyeck -Locum Tenens (Family Medicine)
- Heather Khey Beldman – Active (Family Medicine)
- Carl Lee – Active (Family Medicine)
- Aaron McGregor – Active (Family Medicine)
- Kimberley Morrison – Active (Family Medicine)
- Derek Moynes – Active (Family Medicine)
- Andrew O'Dea - Locum Tenens (Family Medicine)
- Sonal Patel – Active (Family Medicine)
- Elizabeth Touzel – Active (Family Medicine)
- Molly Touzel – Active (Family Medicine)
- Tom Touzel – Active (Family Medicine)
- Olga Bougie – Consulting (Gynaecology)
- Susan Chamberlain - Consulting (Gynaecology)
- Marie Eve Sophie Gibson – Consulting (Gynaecology)
- Marisa Nicole Horniachek – Consulting (Gynaecology)
- Mary Anne Jamieson – Consulting (Gynaecology)
- Shawna Lee Johnston – Consulting (Gynaecology)
- Romy Nitsch – Consulting (Gynaecology)
- Ashley Waddington - Consulting (Gynaecology)
- Annette Hay – Consulting (Oncology)
- Clementine Janet Lui – Consulting (Oncology)

Moved by: Geoff Griffin

Seconded by: Norm Clark

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:

- Dale Engen – Consulting (Anesthesia) *change from Courtesy to Consulting*
- Shaila Merchant – Consulting (General Surgery) *Change from Locum Tenens to Consulting*



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

- Dale Engen – Consulting (Anesthesia) *change from Courtesy to Consulting*
- Shaila Merchant – Consulting (General Surgery) *Change from Locum Tenens to Consulting*

Moved by: Norm Clark
Seconded by: Bob Clancey

The motion was carried.

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

- David Collins - Locum Tenens (Emergency Medicine)
- Tiahna Warkentin - Locum Tenens (Emergency Medicine)

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

Motion #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 appointments to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:

- David Collins - Locum Tenens (Emergency Medicine)
- Tiahna Warkentin - Locum Tenens (Emergency Medicine)

Moved by: Geoff Griffin
Seconded by: Jamie Uson

The motion was carried.

3.3 Governance Committee

Allan MacGregor highlighted the following from the May 15, 2024, Governance Committee meeting:

- Erin Brown joined the Governance Committee to discuss optional Accreditation Governance Standard Program workshops opportunities for the Board Directors. These workshops come at a cost and include simulated interviews, direct feedback and prep for the Accreditation year ahead. The Governance Standards workshop will be considered as an addition to the September Board Orientation.



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- Justin joined the meeting to review the Risk Mitigation Report for 2023-24 and present the draft 2024-25 Risk Mitigation Schedule. Justin noted that all control activities in the 2023-24 report are green/yellow (completed or in progress) noting that the activities in yellow are scheduled later in May or June. The draft 2024-25 Risk Mitigation Schedule is the same as last year with the addition of item 7.4 – fighting against forced/child labour in supply chain report.
- The Committee endorsed the Executive Committee to act on behalf of the Board during the summer months.
- The Governance Committee received seven applications for vacancies on the Board of Directors. Due to the number of high-quality applicants the Governance Committee recommends to the Board adding two additional seats. This would mean that four of the seven applicants would be successful, and the Board would increase in size from 10 to 12 Directors.

Motion #8

Rationale: As part of their annual work plan, the Governance Committee shall review the Risk Mitigation Schedule summary on an annual basis.

Motion: The Board of Directors hereby accepts the 2023-24 Risk Mitigation Report and the amended Risk Mitigation Schedule for 2024-25, as recommended by the Governance Committee.

Moved by: Jamie Uson
Seconded by: Geoff Griffin

The motion was carried.

Motion #9

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

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

Moved by: Bob Clancey
Seconded by: Norm Clark

The motion was carried.

It was highlighted that to comply with ONCA legislation Board members are required to be re-elected after each three-year term. This year the Board is doing a catch-up to be in compliance. Deb noted that the following six Directors are being put forward for re-election to the Board of Directors at the June 18th Annual Meeting for the terms listed below:

- Deb Lowry – returning for 1 year
- Allan MacGregor – returning for 1 year
- Norm Clark – returning for 1 year
- Jamie Uson – returning for 3 years
- Bob Clancey – returning for 3 years



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- Geoff Griffin – returning for 3 years

Motion #10

Rationale: Normal Practice

Motion: The Board of Directors hereby approves that the following current Board Directors be put forward for re-election to the Board of Directors, for the term outlined below, at the June 18, 2024 Annual Meeting, as recommended by the Governance Committee:

- **Deb Lowry – returning for 1 year**
- **Allan MacGregor – returning for 1 year**
- **Norm Clark – returning for 1 year**
- **Jamie Uson – returning for 3 years**
- **Bob Clancey – returning for 3 years**
- **Geoff Griffin – returning for 3 years**

Moved by: Rosaleen Cutler
Seconded by: Laurie French

The motion was carried.

The articles of amendments approved at the last Annual Meeting of the Members passed a motion that the number of directors on the Board shall be at a minimum of 15 and a maximum of 20, including ex-officio, which is also reflected in the Corporate By-Law, therefore, the Governance Committee recommends to the Board of Directors increasing its size from 10 to 12 directors. This will increase the quorum at Board meetings to seven elected members. No concerns were noted by the Board.

Motion #11

Rationale: According to the articles of amendment dated August 16, 2023, the number of directors on the Board shall be at minimum 15 and maximum 20, including ex-officio.

Motion: The Board of Directors hereby approves that the size of the Board shall be increased from 10 directors to 12.

Moved by: Geoff Griffin
Seconded by: Rosaleen Cutler

The motion was carried.

3.4 Nominating Committee

Geoff Griffin, Nominating Committee Chair stated that interviews for the vacancies on the Board of Directors were conducted after the May 15th Governance Committee meeting. Geoff stated that all the applicants are highly qualified, which made the task of selecting only four people very difficult.

Geoff indicated that there were four strong candidates who are being put forward for nomination to the Board of Directors; the names are below:

- Dr. Albert Little
- Rebecca Murphy



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- Lori Morris
- Robin Thompson-McAvoy

A brief discussion ensued. The Board members agreed that the new Board members will bring new growth for future executive roles. No concerns were noted by the Board and the four individuals noted above will be put forward for nomination to the Board of Directors at the June 18, 2024 Annual Meeting.

Motion #12

Rationale: The Nominating Committee oversees the Board recruitment and nomination process which includes recommending candidates to the Board for election at the annual meeting.

Motion: The Board of Directors hereby approves the following names to be put forward for nomination to the Board of Directors at the June 18, 2024, Annual Meeting, as recommended by the Nominating Committee:

- **Dr. Albert Little**
- **Rebecca Murphy**
- **Lori Morris**
- **Robin Thompson-McAvoy**

Moved by: Norm Clark
Seconded by: Allan MacGregor

The motion was carried.

3.5 Audit Committee

Jamie Uson highlighted the following from the May 2, 2024, Audit Committee meeting:

- Katie Mahon, KPMG, joined the Audit Committee meeting to review the year-end audit findings report and management letter.
- KPMG did not uncover any issues or concerns during the audit and reported a smooth audit.
- It was noted in the report to be 1 uncorrected difference and 1 corrected misstatement. Sanjeev highlighted that the uncorrected difference is due to a Bill 124 reimbursement payment related to ONA being paid out twice, to which there has been a liability set up.
- The hospital’s performance target for the year ending March 31, 2024, included achieving a current ratio of 1.29. Our current ratio was not achieved (actual 1.20) and was noted to largely be due to the capital project loans being classified as current liabilities. The ratio should improve once the loan is converted to long term.

Motion #13

Rationale: Normal Practice

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

Moved by: Allan MacGregor
Seconded by: Geoff Griffin

The motion was carried.



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3.6 Finance Committee

Jamie Uson reviewed the following from the May 27, 2024, Finance Committee meeting:

- Bed utilization for March 2024 was reviewed and it was noted that the LTC/CVC percentage of occupancy has been decreasing and currently sits at 70.44%. Christine Wilkinson is working with the HCCSS to increase our CVC referrals in an attempt to increase our CVC occupancy. It was noted that as of June 4, 2024, the date of the Board meeting, 20 out of 22 beds are utilized by CVC residents.

3.6.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for April 2024 which totaled \$96.80. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #14
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 \$96.80, as recommended by the Finance Committee.
April 2024
Table with 8 columns: Name, Meals, Hospitality, Accommodation, Vehicle Rental/Own Used Mileage, Incidentals (Parking, tolls, etc.), Fares, Total.
Moved by: Jamie Uson
Seconded by: Rosaleen Cutler
The motion was carried.

3.6.2 April Cheque List

The Finance Committee reviewed the April 2024 Financial Statements and Cheque List which totaled \$6,360,313.59. No concerns were noted by the Finance Committee or the Board.

Motion #15
Rationale: Normal Practice.
Motion: The Board of Directors hereby approves the following, as recommended by the Finance Committee:
April 2024 Cheque List totaling \$6,360,313.59;
Moved by: Geoff Griffin
Seconded by: Laurie French
The motion was carried.

3.6.3 Compliance Documents

BPSAA Hospital Attestation



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The Finance Committee reviewed the BPSAA Hospital Attestation and Hospital Use of Consultants for 2023-24. Sanjeev confirmed that there are no issues to speak of and it was felt that we were in compliance with the Broader Public Sector Act.

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

Motion #16

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

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

Motion: The Board of Directors hereby approves the Attestation Compliance Report, as recommended by the Finance Committee.

Moved by: Geoff Griffin
Seconded by: Rosaleen Cutler

The motion was carried.

HSAA, MSAA and LSAA Declaration of Compliance Documents

Deb stated that the HSAA, MSAA and L-SAA declaration of compliance documents were received from Ontario Health after the latest Finance Committee meeting, therefore, they were brought forward for review by the Board. No concerns were noted by the Board and the HSAA, MSAA and L-SAA Compliance documents were approved.

Motion #17

Rationale: Under the Hospital Service Accountability Agreement (HSAA), the hospital is required to declare compliance, to the best of the Board's knowledge and belief, the Hospital has fulfilled its obligations under the HSAA in effect during the Applicable Period and has delivered the required reports referred to in Section 8.6 of the HSAA.

Motion: The Board of Directors hereby approves the declaration of compliance, issued pursuant to the HSAA, during the Applicable Period April 1, 2023 – March 31, 2024.

Moved by: Rosaleen Cutler
Seconded by: Bob Clancey

The motion was carried.



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Motion #18

Rationale: Under the Multi-Sector Service Accountability Agreement (MSAA), the hospital is required to declare compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled its obligations under the MSAA in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

- (i) Article 4.8 of the MSAA concerning applicable procurement practices;*
- (ii) The Public Sector Compensation Restraint to Protect Public Services Act, 2010, and*
- (iii) The Connecting Care Act; 2019*

Motion: The Board of Directors hereby approves the declaration of compliance, issued pursuant to the MSAA, during the Applicable Period April 1, 2023 – March 31, 2024.

Moved by: Jamie Uson
Seconded by: Allan MacGregor

The motion was carried.

Motion #19

Rationale: Under the Long-Term Care Service Accountability Agreement (L-SAA), the hospital is required to declare compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled its obligations under the L-SAA in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that:

- (i) it has complied with the provisions of the Connecting Care Act, 2019 and with any compensation restraint legislation which applies to the HSP; and*
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;*

Motion: The Board of Directors hereby approves the declaration of compliance, issued pursuant to the L-SAA, during the Applicable Period January 1, 2023 – December 31, 2023.

Moved by: Bob Clancey
Seconded by: Allan MacGregor

The motion was carried.

3.6.4 Policy Review

Signing Authority B-16 & Capital and Non-Capital Equipment B-18

The draft Signing Authority Policy B-16 and draft Capital and Non-Capital Equipment Policy B-18 were included in the meeting package for review. It was noted that due to portfolio changes signing authority has also changed. Purchase orders <\$500,000 and purchase orders \$500,000 - \$2,500,000 now required the signatures of the VP Capital Planning Facilities Management & Support Services or Senior VP & COO. Real Estate Property portfolio reporting has also changed; residential leases are now under the VP Capital Planning Facilities Management /Director of Risk and Contracts and Commercial Leases under the President and CEO. It was noted that to increase control and to meet governance best practice standards, Payroll will now require 2 signatures, that of the VP Human Resources and the SVP COO.



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It was highlighted that the Capital and Non-Capital Equipment policy was amended to align with the changes made to the Signing authority policy as outlined above.

No concerns were noted and the Signing Authority policy B-16 and the Capital and Non-Capital Equipment policy B-18 were approved.

Motion #20

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the the amended Signing Authority Policy, B-16, with the following change, as recommended by the Finance Committee:

- 2 signatures for payroll (VP HR and SVP & COO)

Moved by: Laurie French

Seconded by: Rosaleen Cutler

The motion was carried.

Motion #21

Rationale: Normal Practice.

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: Geoff Griffin

Seconded by: Allan MacGregor

The motion was carried.

3.7 Volunteer Services Report

Marg Isbester noted that the Volunteer Services meetings continue to be well attended thanks to special presentations. At the May meeting Justin Turner presented the emergency colour codes on our ID badges and the procedure for each code. Justin's presentation provided engagement and education.

The annual yard sale went well and raised a profit of \$3,165. Marg thanked Deb for her help with the event.

3.8 Chief Executive Officer's Report

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

- The ED continues to see high volumes, noting that the number of unattached patients is dropping slightly due to primary care recruiting efforts within greater Napanee. It was noted that the CHC is working on starting a clinic for unattached patients which should help lower the number of patients who visit the ED who are unattached.
- In regard to staff wellness, the annual staff long service awards celebration was held in May which was the first celebration of its kind since 2019. It was highlighted that the event was well attended and a great



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night focusing on recognition of our staff. Mike noted that he has a plan to continue staff wellness by honoring staff on their anniversary date.

In addition to the CEO Report Mike highlighted the following:

- With the desire to invest in Quality Initiatives at LACGH Mike highlighted that he has reached out to a US based Company regarding LEAN transformation for leadership and staff. This QI journey comes with an opportunity for the Senior Leadership and 2-3 Board Members to visit OhioHealth in Columbus, Ohio. Mike asked for anyone interested in the OhioHealth site visit to email their interest to him or Deb.
An EDI video was received from Ontario Health which would be a great educational opportunity at the Board Retreat or beyond. Mike will watch the video and follow up with the Board regarding timing of an EDI education session.

Motion #22
Rationale: Normal Practice
Motion: The Board of Directors hereby accepts the reports from the Quality Committee, Medical Advisory Committee, Governance Committee, Nominating Committee, Audit Committee, Finance Committee, Volunteer Services, and the CEO.
Moved by: Rosaleen Cutler
Seconded by: Bob Clancey
The motion was carried.

4. Other

4.1 Correspondence Received up to June 1, 2024.

There was nothing further to report for correspondence.

5. Closed Session

At 7:51 p.m., the Board moved into closed session.

Motion #23
Rationale: Normal Practice
Motion: That the Board of Directors hereby moves into closed session.
Moved by: Allan MacGregor
Seconded by: Bob Clancey
The motion was carried.

At 7:57 p.m., the Board rose from closed session.

Motion #24
Rationale: Normal Practice



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

June 4, 2024

Zoom | ACR

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

Moved by: Bob Clancey

Seconded by: Jamie Uson

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 October 1, 2024.

6.2 **Adjournment**

The meeting was adjourned at 7:57 p.m.

Motion #25

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 7:57 p.m. on June 4, 2024.

Moved by: Bob Clancey

Seconded by: Jamie Uson

The motion was carried.