



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

October 1, 2024

Zoom | ACR

1.3 Approval of the Agenda

The agenda was approved as circulated

<p>Motion #1</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p>Motion: That the Board of Directors hereby approves the agenda dated October 1, 2024.</p> <p>Moved by: Robin Thompson McAvoy Seconded by: Jamie Uson</p> <p style="text-align: right;">The motion was carried.</p>

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>Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated June 4, 2024.</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

Mike Bell reported on the following items:

- Lumeo training is underway and going well.
- Brockville General Hospital has appointed a new CEO, Julie Caffin, who is their current CNE.

Dr. Kim Morrison reported on the following OHT items:

- The i12 group continues to receive additional funding to do dedicated work on integrated chronic disease and prevention pathways. These pathways are being built to create partnerships between hospitals, primary care and community agencies to keep people well at home. Two disease specific pathways include Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD).
- The OHT is engaging with a company called Best Care, who provide clinical educators to primary care practices to support optimization of these care pathways. The OHT has been able to secure one educator for each of our health homes across the region to support work including case finding and treatment adherence to current guidelines.
- OHT specific work on incorporation is on pause as directed by the Ministry.



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- There are now five health homes in the FLA-OHT area who have accepted or are accepting unattached patients. The Greater Napanee Health Home has connected 1,000 patients since March and are signing on two additional physicians in the upcoming months which will increase this number. Ideally the Greater Napanee Health Home model will be able to expand its boundaries beyond Napanee in the near future as capacity allows
- Health Homes in the northern communities are also working to some degree in a geographic model- Sharbot Lake Clinic has a system in place where they accept any patient who resides in their catchment area. Northbrook/Denbigh has recruited a new physician to the LakeLands Family Health Team and are now in a position to work in collaboration with the FLA OHT on geographic attachment models.

2.2 Capital Projects Update

AK Sharma reported on the following items:

- The exterior brickwork is underway and is projected to be complete by mid-November.
- Many units are being installed on the roof or scheduled to be installed in November.
- Drywall work is underway.
- Some gravel has been placed inside the fence to reduce the tracking of mud and new asphalt is scheduled to be laid next year.

3. Reports

3.1 Quality Committee

Rosaleen Cutler highlighted the following from the September 17, 2024, Quality Committee meeting:

- The Balanced Score Card (BSC), Quality Improvement Plan (QIP) and clinical quality reports were reviewed. These reports reflect the range of initiatives all designed to improve the quality of care for our patients.

An error was noted in the attendee list in the draft September 17, 2024, Quality minutes. Rosaleen highlighted that this has since been corrected.

Motion #3

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the following Quality Committee Reports, as recommended by the Quality Committee:

- QIP
- BSC- Q4
- Clinical Quality Reports

Moved by: Bob Clancey

Seconded by: Al Little

The motion was carried.

3.2 Medical Advisory Committee



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Dr. Kim Morrison highlighted the following from the September 12, 2024, Medical Advisory Committee meeting:

- Dr. Robichaud chaired the meeting as Dr. Morrison was attending the OhioHealth site visit.
- There was a lab services & transfusion report presented; overall these services are doing well.
- Our Lumeo Project Manager, Marie-France Paradis updated the MAC on how Lumeo is going. She highlighted that from a medical staffing point of view, we are doing well.

Deb highlighted the importance of the medical staff credentialing process and noted that the MAC's first list of physicians for approval, is for re-appointments. Re-appointment applications are those physicians who currently hold privileges at LACGH and are re-applying with no changes to their privileges. The Credentialing Committee ensures that these physicians are up to date with their continuing medical education and have no complaints or issues raised against them within their department.

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

- Stephanie Vanner - Locum Tenens (Family Medicine)
- Jessica Andrews - Active (General Surgery)
- Wiley Chung – Consulting (General Surgery)
- Mykola Khokhotva – Active (General Surgery)
- Scott Rieder – Active (General Surgery)
- David Robertson – Active (General Surgery)
- Shaila Merchant – Consulting (General Surgery)
- Glykeria Martou – Consulting (Plastic Surgery)
- James Hendry – Consulting (Plastic Surgery)
- Robert Wesley Edmunds – Consulting (Plastic Surgery)
- Jason Franklin – Consulting (General Surgery - Assist Only)
- Michael Hale – Consulting (General Surgery-Assist Only)
- Linden Head – Consulting (Plastic Surgery)
- Doug McKay – Consulting (Plastic Surgery)
- Sunil Patel – Consulting (General Surgery)
- Peter Szasz - Consulting (General Surgery)
- Carlee Stoyanovich - Locum Tenens (Emergency Medicine)
- Michael Vaculik - Locum Tenens (Emergency Medicine)
- Samantha Britton – Associate (Emergency Medicine)
- Laura Walmsley - Active (Emergency Medicine)
- Doug Barton – Active (Emergency Medicine)
- Jeffrey Dawson - Active (Emergency Medicine)
- Andrei Garcia Popov – Active (Emergency with Family Medicine)
- Jennifer Hacking – Active (Emergency Medicine)
- Joy Hataley – Active (Emergency Medicine)
- Matthew Martin – Active (Emergency Medicine)
- Madeline Morris – Active (Emergency Medicine)



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- John Raleigh – Active (Emergency Medicine)
 - Logan Seaman – Active (Emergency Medicine)
 - Mark Waldron – Active (Emergency Medicine)
 - Zachary Warren - Active (Emergency Medicine)
 - Stephen White- Active (Emergency Medicine)
 - Genevieve Digby – Consulting (Respirology)
 - Taleen Haddad- Consulting (Geriatrics)
 - Rachel Holden - Consulting (Nephrology)
 - David Holland – Consulting (Nephrology)
 - Eduard Iliescu – Consulting (Nephrology)
 - Mohammad Shamseddin – Consulting (Nephrology)
 - Samuel Silver – Consulting (Nephrology)
 - Christine White - Consulting (Nephrology)
 - Karen Yeates – Consulting (Nephrology)
 - Madelaine Gordon – Active (Internal Medicine)
 - Nicola Matthews – Active (Internal Medicine)
 - Stephanie Pipe – Associate (Internal Medicine)
 - John Puxty – Consulting (Geriatrics)
 - Julia Chow - Consulting (Anesthesia)
 - Dale Engen – Consulting (Anesthesia)
 - Cameron MacLean – Active (Anesthesia with FM)
 - Valerie McLeod - Active (Anesthesia)
 - Timothy Roche - Active (Anesthesia)

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.

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

- *Stephanie Vanner - Locum Tenens (Family Medicine)*
- *Jessica Andrews - Active (General Surgery)*
- *Wiley Chung – Consulting (General Surgery)*
- *Mykola Khokhotva – Active (General Surgery)*
- *Scott Rieder – Active (General Surgery)*
- *David Robertson – Active (General Surgery)*
- *Shaila Merchant – Consulting (General Surgery)*
- *Glykeria Martou – Consulting (Plastic Surgery)*
- *James Hendry – Consulting (Plastic Surgery)*
- *Robert Wesley Edmunds – Consulting (Plastic Surgery)*
- *Jason Franklin – Consulting (General Surgery - Assist Only)*
- *Michael Hale – Consulting (General Surgery-Assist Only)*



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- *Linden Head – Consulting (Plastic Surgery)*
- *Doug McKay – Consulting (Plastic Surgery)*
- *Sunil Patel – Consulting (General Surgery)*
- *Peter Szasz - Consulting (General Surgery)*
- *Carlee Stoyanovich - Locum Tenens (Emergency Medicine)*
- *Michael Vaculik - Locum Tenens (Emergency Medicine)*
- *Samantha Britton – Associate (Emergency Medicine)*
- *Laura Walmsley - Active (Emergency Medicine)*
- *Doug Barton – Active (Emergency Medicine)*
- *Jeffrey Dawson - Active (Emergency Medicine)*
- *Andrei Garcia Popov – Active (Emergency with Family Medicine)*
- *Jennifer Hacking – Active (Emergency Medicine)*
- *Joy Hataley – Active (Emergency Medicine)*
- *Matthew Martin – Active (Emergency Medicine)*
- *Madeline Morris – Active (Emergency Medicine)*
- *John Raleigh – Active (Emergency Medicine)*
- *Logan Seaman – Active (Emergency Medicine)*
- *Mark Waldron – Active (Emergency Medicine)*
- *Zachary Warren - Active (Emergency Medicine)*
- *Stephen White- Active (Emergency Medicine)*
- *Genevieve Digby – Consulting (Respirology)*
- *Taleen Haddad- Consulting (Geriatrics)*
- *Rachel Holden - Consulting (Nephrology)*
- *David Holland – Consulting (Nephrology)*
- *Eduard Iliescu – Consulting (Nephrology)*
- *Mohammad Shamseddin – Consulting (Nephrology)*
- *Samuel Silver – Consulting (Nephrology)*
- *Christine White - Consulting (Nephrology)*
- *Karen Yeates – Consulting (Nephrology)*
- *Madelaine Gordon – Active (Internal Medicine)*
- *Nicola Matthews – Active (Internal Medicine)*
- *Stephanie Pipe – Associate (Internal Medicine)*
- *John Puxty – Consulting (Geriatrics)*
- *Julia Chow - Consulting (Anesthesia)*
- *Dale Engen – Consulting (Anesthesia)*
- *Cameron MacLean – Active (Anesthesia with FM)*
- *Valerie McLeod - Active (Anesthesia)*
- *Timothy Roche - Active (Anesthesia)*

Moved by: Geoff Griffin

Seconded by: Al Little

The motion was carried.



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

- Charlotte Bowes – Associate (Emergency Medicine) **change from locum tenens to Associate**
- Christopher Kirwan – Associate (Emergency Medicine) **change from locum tenens to Associate**
- Andrew Moses - Active (Internal Medicine) **Change from Associate to Active**
- Sasha Kheyson- Active (Anesthesia with FM) **Change from Associate to Active**
- Basia Farnell – Active (Family Medicine) **Change from Emergency with FM to FM 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 #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 appointment to the LACGH Medical Staff, with the noted change, as recommended by the Medical Advisory Committee:

- Charlotte Bowes – Associate (Emergency Medicine) **change from locum tenens to Associate**
- Christopher Kirwan – Associate (Emergency Medicine) **change from locum tenens to Associate**
- Andrew Moses - Active (Internal Medicine) **Change from Associate to Active**
- Sasha Kheyson- Active (Anesthesia with FM) **Change from Associate to Active**
- Basia Farnell – Active (Family Medicine) **Change from Emergency with FM to FM only**

Moved by: Rebecca Murphy

Seconded by: Robin Thompson McAvoy

The motion was carried.

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

- Gordon Taylor Moffat – Consulting (Oncology)
- Si Yuan (Max) Pang – Associate (Family Medicine)
- Giancarlo Pukas - Associate (Family Medicine)
- Madeline Taylor - Locum Tenens (Anesthesia)

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 #6



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

- Gordon Taylor Moffat – Consulting (Oncology)
- Si Yuan (Max) Pang – Associate (Family Medicine)
- Giancarlo Pukas - Associate (Family Medicine)
- Madeline Taylor - Locum Tenens (Anesthesia)

Moved by: Laurie French
Seconded by: Allan MacGregor

The motion was carried.

3.3 Governance Committee

Laurie French highlighted the following from the September 18, 2024, Governance Committee meeting:

- The Committee appointed a Vice-Chair, Rebecca Murphy.
- The Board Accountability Statement was reviewed with a recommendation that all elected board members sign the document annually rather than the Board Chair only.
- The Board Committee structure, Statement of Roles and Responsibilities of the Board and the Board and officer position descriptions were reviewed.
- Work will be done to create a policy with respect to closed sessions, particularly related to who attends.

Andrea will ensure that all elected Board members sign the Board Accountability Statement and post it on our website.

Motion #7

Rationale: The Governance Committee, as part of their work plan, is required to review the Board Committee Structure.

Motion: The Board of Directors hereby approves the 2024-25 Board Committee Structure, as recommended by the Governance Committee.

Moved by: Allan MacGregor
Seconded by: Lori Morris

The motion was carried.



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Motion #8

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

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

Moved by: Laurie French
Seconded by: Robin Thompson McAvoy

The motion was carried.

Motion #9

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

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

- Board Director
- Chair
- Vice Chair
- Treasurer
- President and CEO
- Chief of Staff

Moved by: Norm Clark
Seconded by: Rosaleen Cutler

The motion was carried.

Motion #10

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

Motion: The Board of Directors hereby approves the amended Board Accountability Statement that requires the signatures of all elected Board members annually, as recommended by the Governance Committee.

Moved by: Bob Clancey
Seconded by: Geoff Griffin

The motion was carried.

3.4 Finance Committee

Jamie Uson highlighted the following from the September 23, 2024, Finance Committee meeting:



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- The Finance Committee appointed Allan MacGregor as Vice-Chair.
- The hospital’s investments showed strong year to date performance.
- Overtime costs were higher in August when compared to last month and last year.
- The LTC project is 64% complete and we have drawn 84% of the associated OFA loan. At this point we will not be able to apply for another OFA draw until we have reached substantial completion.
- Sanjeev reviewed two recent approved HIROC claims with the committee:
 - Cyber Incident in 2022 – cyber security has been added to new employee training since this incident. Penetration testing is also done twice a year.
 - Payroll incident

Sanjeev highlighted that the increase in overtime is mainly due to backfilling of positions because of Lumeo training and other Lumeo related work.

Sanjeev stated that since the Finance Committee meeting another request for withdrawal has been submitted to the OFA; if approved this will be the final draw until substantial completion.

3.4.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for August 2024 which totaled \$6,294.06. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #11							
<i>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.</i>							
Motion: The Board of Directors hereby approves the following Board, CEO and Senior Management Expenses which totaled \$6,294.06, as recommended by the Finance Committee.							
August 2024							
Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	TOTAL
Mike Bell			266.62			879.07	1145.69
Sanjeev Kumar			266.62			682.44	949.06
Erin Brown			266.62			717.90	984.52
Kim Morrison			266.62				266.62
James Uson			266.62			668.97	935.59
Rosaleen Cutler			266.62			796.90	1063.52
Abhishek Sharma			266.62			682.44	949.06
TOTAL			1,866.34			4427.72	\$6,294.06



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Moved by: Lori Morris
Seconded by: Geoff Griffin

The motion was carried.

3.4.2 August Financial Statements and July and August Cheque List

The Finance Committee reviewed the August 2024 Financial Statements and July and August 2024 Cheque List which totaled \$8,429,031.44 and \$8,419,993.50. No concerns were noted by the Finance Committee or the Board.

Motion #12

Rationale: Normal Practice.

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

- July 2024 Cheque List totaling \$8,429,031.44;
- August 2024 Cheque List totaling \$8,419,993.50;
- August 2024 Financial Statements.

Moved by: Allan MacGregor
Seconded by: Rosaleen Cutler

The motion was carried.

3.5 Patient Family Advisory Council

Erin Brown highlighted the following from the June 12, 2024 Patient Family Advisory Council meeting:

- There will be an Indigenous community representative who will be joining the Council.
- Current member Allison Storning has volunteered to participate in one of the governance committees, either Quality or a guest seat on the Board. Former Patient Family Advisory Council (PFAC) member Alice Carlson recommended that a PFAC member sit on the Quality committee as in her opinion she thought there would be more value from an operational standpoint.

Deb stated that to respect Alice’s recommendation the decision on whether Allison joins the Board or Quality can be decided at the upcoming PFAC meeting. Erin will update the Board once PFAC has made their decision.

3.6 Volunteer Services Report

Marg Isbester’s Volunteer Services report was included in the meeting package; there was no further discussion.

3.7 Foundation Report

Kelly Roantree highlighted the following from the Foundation Report which was included in the meeting package:

- The Foundation Board has recruited three new Board members and are moving towards a more skills-based Board.



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- The MRI campaign is well on its way to meeting its target; currently it's raised just over \$2.5 million. In July the Foundation received a \$1.7 million donation which will be recognized with the naming rights to the new medical imaging facility.
- The annual golf tournament was a huge success, despite the rain, raising over \$70,000.
- The Foundation's 8th Gala will be held on October 19, 2024; there are 8 tickets left.
- The new Medical Imaging/MRI facility ribbon cutting ceremony will be held on October 8th at 5 p.m. All Board members are invited.

It was noted that the naming rights decision tied to the \$1.7 million donation was approved by the Board, in compliance with the naming rights policy, during the summer months.

3.8 Chief Executive Officer's Report

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

- The CEO Report is presented in a more refined format, reducing redundancy and streamlining the overall report to align with, and increase accountability to, the strategic plan.
- Within the new design includes a narrative which shows the hospital's current pressure points, highlights and priority projects which are not outlined in committee reports.
- The new design also includes a scorecard which lists strategic direction, the value, milestone and the level of progress on each direction which is color coded.
- This document will be a living document where the SLT can highlight for the Board the changes and challenges in achieving the strategic plan objectives on a month-to-month basis.

Motion #13

Rationale: Normal Practice

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

Moved by: Norm Clark

Seconded by: Lori Morris

The motion was carried.

4. Other

4.1 Correspondence received up to September 27, 2023.

There was nothing further to report for correspondence.

5. New Business

5.1 Annual Director Declaration and Consent Form

The annual director declaration and consent form was circulated via email for completion earlier this week. Deb requested that any board members that haven't already submitted please sign and submit to Andrea at your earliest convenience.

5.2 Board Retreat

Deb stated that a Board Retreat evaluation has been circulated, and the results will be reviewed at the next Governance Committee meeting. Deb highlighted that preliminary feedback from those who attended was



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positive. Deb highlighted that all three speakers were excellent. In follow-up to Pytor Hodgson’s *Beyond Orange Shirt Snapshot Session*, Deb and Mike wrote an acknowledgement letter to the Mohawks of the Bay Chief on September 30th, Truth and Reconciliation Day.

6. Closed Session

At 7:47 p.m., the Board moved into closed session. All staff, ex-officio members and guests left the meeting.

Motion #14

Rationale: Normal Practice

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

Moved by: Bob Clancey
Seconded by: Robin Thompson McAvoy

The motion was carried.

At 8:30 p.m., the Board rose from closed session.

Motion #15

Rationale: Normal Practice

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

Moved by: Bob Clancey
Seconded by: Allan MacGregor

The motion was carried.

7. Meeting Closing

7.1 Next Meeting

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday November 5, 2024.

7.2 Adjournment

The meeting was adjourned at 8:31 p.m.

Motion #16

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:31 p.m. on October 1, 2024.

Moved by: Rosaleen Cutler
Seconded by: Robin Thompson-McAvoy

The motion was carried.