



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

November 5, 2024

Zoom | ACR

We acknowledge that Lennox and Addington County General Hospital is built on the ancestral and traditional territory of the Anishinaabeg and Haudenosaunee Peoples, including the Mohawks of the Bay of Quinte, and on the land of the Huron-Wendat Nation. As the LACGH Board of Directors, we are dedicated to honouring Indigenous history and culture and are committed to moving forward in the spirit of reconciliation and respect.

1.3 Approval of the Agenda

The agenda was approved as circulated

Motion #1

Rationale: Normal Practice

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

Moved by: Bob Clancey

Seconded by: Lori Morris

The motion was carried.

1.4 Conflict of Interest

The Chair inquired if any Board member wished to declare a conflict of interest based on items identified on the Agenda. There were no identified conflicts of interest.

1.5 Approval of Previous Board Meeting Minutes

The minutes of the previous meeting were approved as circulated.

Motion #2

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the minutes of the previous meeting dated October 1, 2024.

Moved by: Norm Clark

Seconded by: Allan MacGregor

The motion was carried.

2. Business Arising

2.1 Regional Updates

Mike Bell reported on the following items:

- The OHA is pressuring the Ministry of Health to ensure continued stability in the hospital sector. Recent Bill-124 funding allocations fell short of what hospitals were anticipating which adds more pressure and financial uncertainty. The OHA continues to advocate on our behalf and has recommended that Ontario hospitals connect with government MPPs to request their assistance in de-escalating the situation.
- Lumeo is the #1 priority currently in our region and will go live in one month.

Dr. Kim Morrison reported on the following items:



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- The Greater Napanee Health Home (GNHH) is hosting a doctor-patient rostering event from November 12-15 at the Best & Bash arena. This event is for those without a primary care physician who reside within the Town of Greater Napanee. Dr. Morrison highlighted, however, that with a 4th and 5th new physician onboarding soon she is confident that the GNHH will be able to expand their boundaries in the near future.

Dr. Morrison noted that there are 1,000 people living in the Greater Napanee region on the Health Care Connect wait list and the goal of this rostering event is to get these people rostered as quickly as possible. It was highlighted that this event is not a first come first served event and rather a way to ensure all residents of Greater Napanee are connected to Primary Health Care.

Dr. Morrison encouraged anyone willing to volunteer at this event to reach out to her.

2.2 Capital Projects Updates

AK Sharma reported on the following items:

- The lien on the LTC building has been cleared. There have been no significant delays as a result of the lien.
- The LTC project is 68% complete and to date there has been no net increase in construction costs due to change orders.

Mike Bell reported on the following items:

- There will be an education session prior to the December Board meeting, with a business case presented, regarding renovation options at the Lenadco complex. Mike explained that the Greater Napanee Health Home is quickly outgrowing their current space in the Lenadco building and options to expand are being explored. The 1st phase of the expansion would see an expansion of our existing Supportive Living space. Currently there are 17 people on the Supportive Living wait list and expanding this space would generate additional revenue which would assist in the 2nd phase of the expansion. The 2nd phase would see renovations and ideally an addition to the existing Greater Napanee Health Home space to allow all of the primary care physicians in Greater Napanee to co-locate into one space within Lenadco. More information will be provided at the December 3rd Board meeting.

3. Reports

3.1 Quality Committee

Rosaleen Cutler highlighted the following from the October 22, 2024 Quality Committee meeting:

- The meeting started off with a Medication Management presentation from our Pharmacy Director Anna Huisman.
- The Committee reviewed a very thoughtful patient feedback letter which outlined the patient's experience during two recent visits to our ED. The letter detailed a lengthy ED wait time during both visits and included recommendations for improvement. A response letter will be sent to the patient.
- Justin Turner presented the biannual Critical Incident Summary indicating there have been no critical incidents since the last report. Justin noted he reviewed the Statement of Risk Management, Patient Safety and Quality Improvement policy with no suggestions for change and also reviewed the Critical Incident Reporting and Management policy where he recommended minor revisions to the policy.



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- The BSC Q1 and monthly QIP review were deferred to the November Quality Committee meeting. The Quality Committee recommended to the Board of Directors approval of the Statement of Risk Management, Patient Safety and Quality Improvement Policy B-21, the amended Feedback Management System Policy B-22 and the amended Critical Incident Reporting and Management Policy CPR-129. No concerns were noted.

Motion #3

Rationale: Normal Practice

Motion: Motion: The Board of Directors hereby approves the Statement on Risk Management, Patient Safety and Quality Improvement Policy B-21, the amended Feedback Management System policy B-22 and the amended Critical Incident Reporting and Management policy CPR-129, as recommended by the Quality Committee.

Moved by: Geoff Griffin
 Seconded by: Jamie Uson

The motion was carried.

3.2 Medical Advisory Committee

Dr. Kim Morrison highlighted the following from the October 10, 2024, Medical Advisory Committee meeting:

- Our Pharmacy Director Anna Huisman presented the Medication Safety/Pharmacy & Therapeutics Report to the MAC which included a review of formulary changes, drug shortages and medication safety. Dr. Morrison highlighted the incredible amount of work that has been done by Anna and the pharmacy team in preparation for Lumeo.
- The MAC had a great discussion regarding DEI training. It was clear after the discussion that the MAC did not want to approve another mandatory training module and wishes to further discuss DEI training options that would better engage the group.

Dr. Morrison highlighted that our ED has introduced a 4th physician shift, in a 24hr period, to address wait times.

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

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:

- Taleen Haddad – Consulting (Geriatrics)
- Jennifer Leung – Consulting (Oncology)
- Bethany Monteith – Consulting (Oncology)
- Natasha Satkunam – Consulting (Oncology)
- Christopher Parker – Consulting (Respirology)



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- Joseph Campbell – Consulting (Cardiology)
- Christopher Davis – Consulting (Respirology)
- Ruobing Yang – Consulting (Respirology)

Moved by: Lori Morris
 Seconded by: Geoff Griffin

The motion was carried.

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

Motion #5

Rationale: Applications for appointment to the Medical Staff require the review and approval of the Medical Advisory Committee and the Board of Directors.

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

- Stephanie Bigelow – Locum Tenens (Emergency)

Moved by: Norm Clark
 Seconded by: Bob Clancey

The motion was carried.

3.3 Ethics Committee

Allan MacGregor highlighted the following from the October 9, 2024 Ethics Committee meeting:

- The Committee reviewed our Ethics Framework document which was created by Dr. David Campbell and adopted from KHSC.
- The Committee reviewed the Code of Ethical Conduct and agreed that it lacked reference to our Ethical Decision framework, ethical decision concern form and ethical issue decision tree. Revisions will be made to integrate these documents and be brought back to a future meeting.
- Emily Benn shared an interesting case review involving a palliative care patient.
- Dr. Campbell presented an education session on Bias and the Ethical Case for Diversity, Equity and Inclusion.
- The Committee Terms of Reference and work plan were reviewed and approved.

3.4 Pastoral Care Committee

Deb Lowry noted that the October 10, 2024 Pastoral Care Committee meeting went well. Deb highlighted the excellent support Melanie Bramburger from Hospice provides the patients and residents at the hospital and Supportive Living.

3.5 Governance Committee

Laurie French highlighted the following from the October 30, 2024 Governance Committee meeting:

- The Board Retreat evaluation results were reviewed and noted to be positive.
- The draft Board work plan was reviewed and two revisions were recommended:
 - Review of CEO Performance – move from December to March



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- Review of COS Performance – move to January
- The Committee discussed and agreed that an open and closed session meeting procedures policy will be drafted outlining our current Board meeting practices. Mike will create a draft and bring it forward to a future Governance meeting.
- The draft Board goals and objectives were reviewed and agreed that the document would be redeveloped to align with the new Strategic Plan.

Motion #6

Rationale: As part of their annual work plan, the Governance Committee is required to review and update the Board of Directors Work Plan.

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

Moved by: Laurie French

Seconded by: Lori Morris

The motion was carried.

Motion #7

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the 2024/25 Board Goals and Objectives which will be revised to align with the new Strategic Plan once developed, as recommended by the Governance Committee.

Moved by: Jamie Uson

Seconded by: Robin Thompson-McAvoy

The motion was carried.

3.6 Finance Committee

Jamie Uson reviewed the following from the October 28, 2024, Finance Committee meeting:

- The current ratio of the corporation is strong at 3.49. The September financial statements outlined a current surplus of \$287,774 which is significantly lower than this time last year at \$1,082,000.
- We have utilized all of the LTC OFA loan at this point. To date we have paid our general contractor \$36.7M.

Sanjeev further explained that the reason for the decrease in surplus is due to the lack of one-time funding this fiscal year when compared to last year. It was noted that we are anticipating two streams of one-time, which haven't yet been received. In addition we have received a base funding increase letter for an amount of \$543,600 related to 2024-25 Wage Arbitration Awards, funding hasn't been received yet. Our monthly funding has also increased by \$306k and we are projecting a surplus of \$1.5M by the end of the year.

3.6.1 Board, CEO and Senior Manager Expenses



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The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for September 2024 which totaled \$3812.41. 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 \$3812.41, as recommended by the Finance Committee.

September 2024

Table with 8 columns: Name, Meals, Hospitality, Accommodation, Vehicle Rental/Own Used Mileage, Incidentals (Parking, tolls, etc.), Fares, TOTAL. Rows include Mike Bell, Sanjeev Kumar, Erin Brown, Kim Morrison, Tracy Ringrose, Abhishek Sharma, James Uson, Christine Wilkinson, and a TOTAL row.

Moved by: Al Little

Seconded by: Robin Thompson-McAvoy

The motion was carried.

3.6.2 September Financial Statements and Cheque List

The Finance Committee reviewed the September 2024 Financial Statements and Cheque List which totaled \$7,036,624.39. No concerns were noted by the Finance Committee or the Board.

Motion #9

Rationale: Normal Practice.

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

- September 2024 Cheque List totaling \$7,036,624.39;
September 2024 Financial Statements.



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Moved by: Geoff Griffin
Seconded by: Bob Clancey

The motion was carried.

3.6.3 Community Annual Planning Submission (CAPS)

The Finance Committee reviewed the Community Annual Planning Submission which included a budget for Hospice L&A for 2024-25. It was noted that this was not a Ministry requirement this year.

There were no concerns noted by the Finance Committee or the Board.

Motion #10

Rationale: Annually, the hospital submits a Community Annual Planning Submission (CAPS) (not a Ministry requirement this year), which includes a budget for Hospice L&A and formulates part of our Multi-Sector Accountability Agreement (MSAA).

Motion: The Board of Directors hereby approves Hospice Lennox & Addington 2024-2025 budget.

Moved by: Lori Morris
Seconded by: Laurie French

The motion was carried.

3.7 Volunteer Services Report

Marg Isbester noted the following in addition to the report in the meeting package:

- Thank you to those who attended the Volunteer Services Annual Meeting, especially Mike Bell who presented.
- Tracy and Marie-France attended the monthly Volunteer Services Executive Meeting and shared a Lumeo presentation with the Volunteer Services. The Volunteers will be going around to various departments with a cart with treats etc during go live implementation weekend.
- The importance of the Volunteer Services contribution to the hospital with assisting the Foundation, staff and Board was expressed.

3.8 Foundation Report

Kelly Roantree noted the following from the Foundation Report:

- The Medical Imaging Facility Ribbon Cutting Ceremony was held on Tuesday October 8th. The MRI campaign will conclude at the end of 2024 having raised \$4.4M, exceeding the original goal.
- The Napanee Valley Cruisers have made another donation which has earned them a spot of the donor board.
- The 8th Gala was a success and had more sponsorship than in any past galas. Amanda Chalk has circulated a post gala feedback survey to better prepare for next year's gala.
- Giving Tuesday is held annually on December 3rd and this year the Foundation will focus on raising funds for a new defibrillator for the ED. An anonymous donor has pledged to match donations up to \$15,000.

3.9 Chief Executive Officer's Report



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Michael Bell highlighted the following information from the written report in the meeting package:

- The CEO’s report was included in the meeting package in the new format introduced at the last meeting. The new format reduces redundancy.
- Pressure Points – Budgeting - Our benefit costs (extended health and dental) is due for renewal and has increased by 50%. This will be a significant increase in costs for the hospital, however, means staff are using their extended health benefits.
 - Budgeting priorities include addressing ED wait times, CT and lab supports and staffing for 6 new beds.
- Highlights – The Catalysis Lean Assessment was October 15 and 16th and revealed that staff are ready for this work and are excited to get started. The Volunteer Services luncheon is scheduled for November 7th.
- Priority Projects – Our HHR recruitment strategy is a priority as we get closer to completion of the LTC project.

Motion #11

Rationale: Normal Practice

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

Moved by: Laurie French
 Seconded by: Norm Clark

The motion was carried.

4. **Other**

4.1 **Correspondence Received up to November 1, 2024.**

There was nothing further to report for correspondence.

5. **Closed Session**

At 7:18 p.m., the Board moved into closed session.

Motion #12

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 7:30 p.m., the Board rose from closed session.

Motion #13

Rationale: Normal Practice



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

Moved by: Geoff Griffin

Seconded by: Norm Clark

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 December 3, 2024.

6.2 **Adjournment**

The meeting was adjourned at 7:30 p.m.

Motion #14

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 7:30 p.m. on November 5, 2024.

Moved by: Rosaleen Cutler

Seconded by: Lori Morris

The motion was carried.