



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

January 7, 2025

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 January 7, 2025.

PRESENT:

Board: Deb Lowry (Chair)	Mike Bell
Laurie French*	Christine Wilkinson*
Allan MacGregor*	Dr. Kim Morrison
Bob Clancey	Kelly Roantree
Norm Clark	Marg Isbester*
Geoff Griffin	
Jamie Uson*	
Rosaleen Cutler*	
Rebecca Murphy	
Al Little	
Lori Morris	
Robin Thompson McAvoy	

REGRETS:

Dr. Heather Khey Beldman

Staff in attendance: 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 6:29 p.m., by Deb Lowry. Deb conveyed a Happy New Year to everyone in attendance.

Deb, on behalf of the Board, thanked staff for their extraordinary efforts during the challenging days of Lumeo go live and for navigating the bumps since the transition.

Deb requested that all individuals speaking during the meeting, whether presenting a report or asking questions to please speak up so that attendees on Zoom and in person can hear the discussion well.

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 as circulated

Motion #1

Rationale: Normal Practice

Motion: That the Board of Directors hereby approves the agenda dated January 7, 2025.

Moved by: Norm Clark

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 December 3, 2024.

Moved by: Bob Clancey

Seconded by: Robin Thompson-McAvoy

The motion was carried.

2. Business Arising

2.1 Regional Updates

Deb Lowry reported on the following items:

- The OHA is hosting the first Board Chair Engagement Session since pre-pandemic, on January 13th which is titled Regional Collaboration and Topical Considerations. Deb noted this meeting is open to the regional hospital Board Chairs and will be held virtually.

Mike Bell reported on the following items:

- As of January 1, 2025, our local Public Health Unit Kingston Frontenac Lennox & Addington, Hastings Prince Edward Public Health and Leeds, Grenville and Lanark District Health Unit amalgamated to form the South East Health Unit.

Dr. Kim Morrison reported on the following items:

- Doctors Tom and Liz Touzel worked their final day of hospitalist today after 36 years of service to LACGH. To celebrate, yesterday the frontline allied health team treated them to breakfast during clinical rounds and this morning the senior leadership team, with the support of the Board and staff, brought them flowers and a card to thank and congratulate them. In a few weeks the



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physician group will be getting together to celebrate with them as well. It was highlighted that Dr. Tom and Liz Touzel will continue their primary care practice and are retiring from hospitalist at LACGH only.

2.2 Capital Projects Update

AK Sharma reported on the following items:

- Our General Contractor has hired a new electrical contractor, who is now working with the suppliers to get the equipment delivered to the site. The General Contractor explained that the new electrical contractor is facing difficulty securing the switchboard panel on time. The panel is integral to the power supply and is required to test commission equipment such as the elevators. The Hospital has asked the General Contractor to explore all options for the timely delivery. The Hospital currently awaits response.
- The project continues to be under budget.

The question was asked when does the LTC home start taking applications for residents and when will the recruitment process start. It was highlighted that LACGH will not be controlling bed management as this is done by Ontario Health at Home. Christine stated that a notification will be sent to Ontario Health at Home approximately 4-6 months prior to the LTC home opening so that they can get referrals in place and review applications. Christine stated that the recruitment process will begin soon and start with a staffing blitz, working closely with our HR department. Our Assistant Director of Care is working diligently to get postings created for the LTC nursing positions.

Christine stated that initially the plan was to introduce residents in pods, 32 beds at a time, but given the 2-3 month delay in opening, the idea is to consolidate and start with 64 beds on the second floor and then reevaluate to see if this process will work for the remaining floors.

Marg, on behalf of the Volunteer Services, requested direction when someone in the hospital asks a volunteer how they can apply to be a resident or employee at the new LTC home. A Q&A sheet will be created.

3. Reports

3.1 Volunteer Services Report

Marg Isbester noted the following:

- Gift bags were handed out to Convalescent Care patients at Christmas which received positive feedback.
- The VS Executive team will be investigating extending the hours of the coffee/gift shop in the future. The extended hours of the coffee/gift shop during one week in December contributed to very strong sales in December overall.
- Volunteers assisted those staff working during Lumeo go live by distributing treats and snacks which received lots of thanks.

Marg noted a correction to her written report in the package; the next Pastoral Care Committee meeting will be held on February 6th not the Memorial Service.

3.2 Foundation Report



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Kelly Roantree noted the following:

- Giving Tuesday final totals:
 - \$97,405.96 in support of the Emergency Department (+ \$15,000 matching gift)
 - \$2,117.30 in support of other areas of the hospital.
- Donations continue to come in for the Winter Appeal Campaign as CRA has extended the tax-eligible donation deadline to February 28, 2025. This helps to mitigate the impact of the postal strike.
- Two grateful patient feedback notes were read by Kelly expressing thanks to everyone in the hospital as well as a thank you to Dr. Boudreau for his excellent and professional care. Both grateful patients included donations.

3.3 Chief Executive Officer's Report

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

Lumeo

- Today marks one month since Lumeo go live. A huge thank you to everyone at LACGH for their efforts, especially Marie-France Paradis and her team, our IT team and all the super users.
- It was highlighted that we are still in the early stages, and stabilization may take months.
- Mike explained that the regional "Top 10" are the top Lumeo issues impacting the six regional hospitals. Some examples are the connection to primary care; radiology reporting issues which stem from the way they are coded, numbered and named which is impacting all hospitals and primary care. Another example is our Zebra scanners and specimen collection. Christine noted that LACGH is doing its best to gather our teams and discuss our workflows and how to navigate through these issues as efficiently as possible until optimization.

ED/ACU Pressures

- The hospital is currently facing severe capacity challenges, operating at 130% occupancy, which has led to difficult patient placement decisions. Mike has a call tomorrow with Ontario Health to discuss these unprecedented pressures.
- Christine noted the holidays are typically challenging; however, this year was particularly difficult, for multifactorial reasons; Lumeo go live leading to slowdowns in departments and staff burn out, increased sick time and vacancies, high acuity in the ED, outbreak and high occupancy. All of this led to discussions around what happens when we are out of physical space for patients at LACGH.
- Concerns were raised about the ALC patient flow problem and limited access to transitional care beds. Sanjeev Kumar provided an update on a Transitional Care Centre application that was submitted in 2022.
- It was highlighted that we will be investing more in staffing in 2025-26 and senior leadership is looking at converting some part-time positions into full-time positions to attract more applicants.

Motion #3

Rationale: Normal Practice

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



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Moved by: Geoff Griffin
Seconded by: Rebecca Murphy

The motion was carried.

4. Other

4.1 Correspondence Received up to January 2, 2025.

There was nothing further to report for correspondence.

5. New Business

5.1 OHA Board Self-Assessment Survey Results

The results from the OHA board self-assessment survey were included in the package for review. It was highlighted that 5 board members, excluding new board members, completed the survey. The results recorded were compared to similar hospitals in the eastern Ontario region and the results indicated the LACGH board is performing well compared to similar institutions.

One question on the survey spoke to a sound plan for the Chief of Staff's succession and it was highlighted that this will be discussed in the new year.

Deb noted the survey was challenging to access and complete and thanked those who completed it.

5.2 Strategic Plan

Mike highlighted that our Strategic Plan expires at the end of this fiscal year and in preparation for the new iteration he shared his strategic planning overview with the Board.

Mike highlighted that a strategic plan is the "what" and the "why" of any organization and planning should start with a clear vision:

- *What do we want to do?*
- *What makes us unique?*
- *Are there services that require expansion or retraction?*
- *How do we excel?*
- *Can we crystalize our vision for the Health Campus?*

To help us with a clear vision Mike shared key success factors:

1. **Engagement** – ensure people have voice and see themselves represented in the plan
2. **Crystalize our vision** – especially as it relates to Acute Care, LTC, and our role in Primary Care and Supportive Living
3. **Simplicity and manageable number of objectives** – don't confuse strategy with Operational items.
4. **Streamline reporting** – Balanced Score Card, QIP, Quarterly Quality Committee metrics, HSAA metrics, etc.

Mike explained parallel priorities alongside the development of the new Strategic Plan:

Quality Improvement (Catalysis)



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- Describes HOW we do our work
- Focus is on execution and achieving operational excellence
- Create a Daily Management System (as per Ohio Health), improving communication, teamwork and ultimately patient care

Communications (Recruitment & Retention)

- Priority on WHO does the work
- Improved communications and marketing, in order to tell our story
- Involves refreshed website, intranet, and social media presence
- Build on the foundation’s success

Mike presented his proposed approach going forward which involves support from three consultants focusing on traditional strategic planning, quality improvement and internal and external communications.

1. Traditional Strategic Planning, answering the most strategic questions.
 - Management Team - Staff
 - Board of Directors
 - Committees (PFAC, MAC, Quality, Volunteer Services, Foundation)
 - Partners (County, Town of GN, Town of Deseronto, Mohawks of Bay of Quinte, Greater Napanee Health Home, Other Health Service Providers, OHT)
2. Quality Improvement
 - Focused on 2 Model Cells and the creation of Daily Management System
3. Internal and External Communications
 - Intranet
 - Refreshed Website
 - Social Media strategy
 - Streamlined with the Foundation

The official kick-off will be after the February 4th Board meeting. There were no concerns noted.

6. Closed Session

At 7:36 p.m., the Board moved into closed session.

<p>Motion #4</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p>Motion: That the Board of Directors hereby moves into closed session.</p> <p>Moved by: Bob Clancey Seconded by: Robin Thompson-McAvoy</p> <p style="text-align: right;">The motion was carried.</p>
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At 8:05 p.m., the Board rose from closed session.



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Motion #5

Rationale: Normal Practice

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

Moved by: Bob Clancey

Seconded by: Rebecca Murphy

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 February 4, 2024.

7.2 Adjournment

The meeting was adjourned at 8:06 p.m.

Motion #6

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:06 p.m. on Tuesday January 7, 2025.

Moved by: Geoff Griffin

Seconded by: Al Little

The motion was carried.