



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

February 4, 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 February 4, 2025.

PRESENT:

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

REGRETS:

- Allan MacGregor

- | | |
|--|------------------------------|
| Staff in attendance: Erin Brown | AK Sharma |
| Sandra Carlton | Andrea Nussberger (Recorder) |

* Attended via zoom

1. Meeting Opening

1.1 Call to Order/Opening Remarks

The meeting was called to order at 7:50 p.m., by Deb Lowry. Preceding the Board meeting was an education session led by Trevor Trewartha, CEO of 1dea, on LACGH branding and website redesign. Following Trevor’s presentation was an education session led by Rob Wood on Strategic Plan Development.

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

The agenda was approved as circulated

Motion #1
Rationale: Normal Practice



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Motion: That the Board of Directors hereby approves the agenda dated February 4, 2025.

Moved by: Laurie French

Seconded by: Norm Clark

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 January 7, 2025.

Moved by: Bob Clancey

Seconded by: Robin Thompson-McAvoy

The motion was carried.

2. Business Arising

2.1 Regional Updates

Dr. Kim Morrison reported on the following items:

- The government announced \$1.4 billion in new funding for an action plan to connect Ontarians to primary care. The Primary Care Action Team, led by Dr. Jane Philpott, will work with the OHTs to ensure that every patient in Ontario is attached to primary care within the next five years.

2.2 Capital Projects Update

AK Sharma reported on the following items:

- Some areas of the LTC Project are in the finishing stage.
- The project continues to be on time and under budget.

As an education session, there will be a tour of the LTC Project and remodeled hospital kitchen area before the Board recesses for the summer months.

3. Reports

3.1 Medical Advisory Committee

Dr. Kim Morrison highlighted the following from the January 9, 2025, Medical Advisory Committee meeting:

- Justine Feeney provided the Committee with a Lab Services, Point of Care Testing and Transfusion Committee report.



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- Marie-France Paradis and Dr. Daniel Glatt provided a Lumeo update and highlighted that Lumeo is stabilizing.

Dr. Morrison highlighted to the Board that there are many individuals on the Lumeo team, but Marie-France stands out as the star leader; we would not be where we are without her.

Dr. Morrison shared unfortunate news with the Board that Dr. Jess Biederman, radiologist at LACGH has terminal cancer. Deb, on behalf of the Board stated condolences to her family as well as everyone in the organization during this unfortunate time.

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

- Peter Hollett – Consulting (Cardiology)
- Bethany Monteith – Consulting (Oncology)
- Graeme Quest – Consulting (Pathology and Molecular Medicine)
- Christopher Doiron - Consulting (Urology)
- Darren Beiko – Consulting (Urology)
- Naji Touma - Consulting (Urology)
- Jeannie Callum – Consulting (Pathology and Molecular Medicine)
- Yanping Gong – Consulting (Pathology and Molecular Medicine)

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:

- *Peter Hollett – Consulting (Cardiology)*
- *Bethany Monteith – Consulting (Oncology)*
- *Graeme Quest – Consulting (Pathology and Molecular Medicine)*
- *Christopher Doiron - Consulting (Urology)*
- *Darren Beiko – Consulting (Urology)*
- *Naji Touma - Consulting (Urology)*
- *Jeannie Callum – Consulting (Pathology and Molecular Medicine)*
- *Yanping Gong – Consulting (Pathology and Molecular Medicine)*

Moved by: Al Little
 Seconded by: Lori Morris

The motion was carried.

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

- Sarah Wozney– Consulting (Gynaecology with Urology)



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- Allan Bell – Locum Tenens (Emergency Medicine)
- Daniel Potter – Clinical Assistant (General Surgery)

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

- Sarah Wozney– Consulting (Gynaecology with Urology)
- Allan Bell – Locum Tenens (Emergency Medicine)
- Daniel Potter – Clinical Assistant (General Surgery)

Moved by: Laurie French
 Seconded by: Rebecca Murphy

The motion was carried.

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

- Keith Gregoire – Honorary (Paediatrics)

Dr. Morrison noted that Dr. Gregoire is our first physician to be credentialed within the newly re-created category of Honorary staff.

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:

- Keith Gregoire – Honorary (Paediatrics)

Moved by: Robin Thompson-McAvoy
 Seconded by: Laurie French

The motion was carried.

3.2 Quality Committee

Rosaleen Cutler highlighted the following from the January 21, 2025, Quality Committee meeting:

- Justine Feeny provided the Committee with a Lab Quality Review highlighting that the most recent Lab Accreditation survey results were 98.8%.



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- Christine noted a change in process in the OR which resulted in all patients who completed the post discharge survey responding 'yes' to the question 'Did you receive enough information regarding your procedure before you were discharged home?'.
- An Information Services update indicated that cyber security is in place. There was an unexpected downtime in January and work is being done locally with the regional Lumeo team to get downtime servers updated every two minutes.

3.3 Ethics Committee

Robin Thompson-McAvoy highlighted the following from the January 15, 2025, Ethics Committee meeting:

- Emily Benn presented a case study which proved to be a very good learning experience for the clinical team around treating patients fairly and not basing processes (in this case a transfer to another facility) on patient's behavioral issues. The group agreed that a debrief with the partnering hospital for clarity on standard practices would be beneficial.
- Dr. Campbell provided a presentation on the Ethical Tensions within Patient and Family Centred Care.
- Work is being done to combine the Ethical Code of Conduct, and the Code of Conduct polices. An Ethical Handbook has also been developed, which will include the ethical decision-making tree, and will be reviewed at the next Ethics meeting.

3.4 Patient Family Advisory Council

Erin Brown highlighted that the PFAC had a great discussion regarding the hospital's Patient Declaration of Values. The PFAC indicated their goal will be to review and revamp the values in parallel with the hospital's strategic plan work. Erin noted that the current Patient Declaration of Values was created by the PFAC in 2017 and needs updating to meet current AODA requirements. Updating the language in the values will be a priority for the PFAC.

3.5 Volunteer Services Report

There was nothing further to the written report.

3.6 Foundation Report

Kelly Roantree noted the registration for the second annual Foundation Cycling Event is open. The event named 'Ride for DI' will be held on Sunday May 25, 2025, and will include an extra distance this year.

3.7 Chief Executive Officer's Report

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

- Mike Introduced Sandra Carlton to the Board who will be joining LACGH temporarily as Acting Chief Human Resources Officer. Mike thanked Sandra for helping LACGH during the leadership restructuring phase.
- The leadership restructuring went well, and Mike thanked our internal IT and Finance teams for adjusting to the changes with ease. Mike also thanked KHSC for their partnership who are available when our internal IT/Finance teams need their support. Mike noted that both departments will undergo some process improvements, including IT active directory clean up, however, from a compliance perspective there are no concerns.



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- Due to the leadership restructuring the January Audit Committee meeting was rescheduled to February. Mike noted that he and Jamie met with KPMG auditor Katie Mahon and no concerns were noted with moving the meeting.
- The Q3 Finance reporting has been completed.
- Christine Wilkinson’s recent retirement notice resulted in three internal nursing leadership positions being posted, including Vice President, Chief Nursing Officer.
- The Senior Leadership Team attended an Accreditation Canada Leadership session recently and the decision was made to align the Accreditation standards with the strategic plan and quality work that is already underway.
- Mike highlighted that Erin Brown is leading a very important payroll and scheduling transformation project which is well underway. Mike thanked Erin for agreeing to support this large transformation project.

Motion #6

Rationale: Normal Practice

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

Moved by: Bob Clancey
 Seconded by: Lori Morris

The motion was carried.

4. Other

4.1 Correspondence Received up to, 2024.

There was nothing further to report for correspondence.

5. Closed Session

At 8:13 p.m., the Board moved into closed session.

Motion #7

Rationale: Normal Practice

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

Moved by: Bob Clancey
 Seconded by: Norm Clark

The motion was carried.

At 8:20 p.m., the Board rose from closed session.

Motion #8

Rationale: Normal Practice

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



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Moved by: Bob Clancey
Seconded by: Laurie French

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 March 4, 2025.

6.2 **Adjournment**

The meeting was adjourned at 8:21 p.m.

Motion #9

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:21 p.m. on February 4, 2025.

Moved by: Laurie French
Seconded by: Robin Thompson-McAvoy

The motion was carried.