



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS
MEETING MINUTES

March 4, 2025
Zoom | ACR

Motion #1

Rationale: Normal Practice

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

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 February 4, 2025.

Moved by: Lori Morris

Seconded by: Rosaleen Cutler

The motion was carried.

2. Strategic Planning, Continued

Rob led a discussion on strategic planning, noting the positive alignment between the management team and the board on various topics, including clinical excellence and community reputation. He introduced key questions for the board to consider, focusing on the burden of illness, campus of care, partnerships, and sustaining health human resources. The aim was to gather insights to guide our strategic planning efforts.

3. Business Arising

3.1 Regional Updates

Mike Bell reported on the following items:

- Mike provided insights into procurement given the recent developments of potential Canadian tariffs. It was noted that most of our procurement is done through Mohawk Medbuy highlighting that AK recently did a cursory review of our contracts and LACGH does have some American sourced products and supplies. Fortunately, the new LTC Home beds and mattresses have already been purchased, therefore, won't be subject to tariffs and the furniture is being sourced from a Canadian supplier. The Board will be updated once more information is available.

3.2 Capital Projects Update

AK Sharma reported on the following items:

LTC



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- The general contractor is almost done the work on the main floor of the building and are working on the second floor finishes.
 - The project continues to be on schedule and on budget.
 - A tentative May date will be scheduled for the Board members to tour the new facility.

3.3 Accreditation November 2025

Deb stated that the Accreditation Canada Governing Body Assessment was circulated yesterday to Board members with a deadline to complete by Friday March 7th. The importance of completing the survey, which is a requirement of Accreditation Canada, was highlighted and noted that Erin is available to answer questions.

4. Reports

4.1 Quality Committee

Rosaleen Cutler highlighted the following from the February 18, 2025 Quality Committee meeting:

- The impact of Lumeo continues and is seen in the lack of data in reports.
- The CVC reported no pressure injuries in January, which was very positive news.
- Justin reviewed a critical incident where there was a communication lapse with a patient's family which contributed to a patient experiencing an injury and subsequently passed away the following day. The full review is in the minutes.

Concerns were highlighted regarding the amount of red on the QIP and BSC meaning targets not met. Erin and Christine explained that unfortunately we haven't been able to get any data on the priority indicators since Lumeo go live in December. The red on the QIP relates to the pressures we are seeing throughout the hospital. In hopes to improve ED wait times and LWBS numbers the physicians have optimized their schedules adding an afternoon shift.

Mike highlighted that we are investing in Catalysis and Quality Improvement almost entirely where the red is seen on the reports. There will be efforts to improve the 2025-26 QIP as well, to include only those indicators that are of value to the Board and leadership team.

It was clarified that the Inpatient Occupancy Rate target of 85% on the BSC is mandated by the Ministry. The Board is accountable for scorecard with some of the metrics being reported to the Ministry.

4.2 Medical Advisory Committee

Dr. Kim Morrison highlighted the following from the February 13, 2025, Medical Advisory Committee meeting:

- Anna presented the Medication Safety/Pharmacy & Therapeutics Report.
- One of two CPSO Quality Improvement group projects have been completed. The project contributed to our lab receiving the Choosing Lab Wisely designation as well as a reduction in unnecessary procedures resulting in lab staff saving time.
- There was a request and commitment to building a serenity garden on the hospital grounds for all staff for a quiet space of solitude and reflection.

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



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- Karine Gauthier - Consulting (Oncology)
- Taylor Moffat – Consulting (Oncology)
- Eugenia Piliotis -Consulting (Oncology)
- April Swoboda – Consulting (Oncology)
- David Good - 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:

- Karine Gauthier - Consulting (Oncology)
- Taylor Moffat – Consulting (Oncology)
- Eugenia Piliotis -Consulting (Oncology)
- April Swoboda – Consulting (Oncology)
- David Good - Consulting (Pathology and Molecular Medicine)

Moved by: Geoff Griffin
Seconded by: Lori Morris

The motion was carried.

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

- Benjamin Chen – Honorary (Internal 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 #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:

- Benjamin Chen – Honorary (Internal Medicine)

Moved by: Allan MacGregor
Seconded by: Bob Clancey

The motion was carried.

4.3 Pastoral Care Committee

Deb Lowry reviewed the following from the February 6, 2025, Pastoral Care Committee meeting:



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- The Annual Memorial Service for those who passed away at LACGH during 2024 will be held on Sunday April 27, 2025. Board members are welcome to attend.

The Pastoral Care Committee reviewed the following application to the LACGH Pastoral Care:

- Martin 'Lanny' Heinlen – General Clergy Privileges

No concerns were noted by the Pastoral Care Committee or the Board of Directors.

Motion #5

Rationale: Applications for appointment to the Pastoral Care require the review and endorsement of the Ministerial Association, the Pastoral Care and the Board of Directors.

Motion: The Board of Directors hereby approves the following clergy application to the LACGH Pastoral Care, as recommended by the Pastoral Care Committee:

- *Martin 'Lanny' Heinlen – General Clergy Privileges*

Moved by: Rebecca Murphy

Seconded by: Lori Morris

The motion was carried.

4.4 Governance Committee

Laurie French reviewed the following from the February 19, 2025, Governance Committee meeting:

- The 2025 Annual Meeting has been scheduled for Tuesday June 17th at 7:00 p.m. The Board Retreat has been scheduled for September 11-12, 2025. Agendas and additional information will be discussed closer to the event dates.
- There was a discussion regarding succession planning and potential candidates for executive positions. Laurie French indicated interest in the Board Chair position noting concerns with time constraints due to her full-time job. This scenario would open the Vice Chair position which Rosaleen Cutler has indicated interest in. Laurie welcomed other Board members to indicate interest prior to the election process on June 17th.
- Three upcoming vacancies on the Board were highlighted with one noted individual being recommended to Geoff as the Nominating Committee Chair. Board members were encouraged to propose candidates who would offer their skillsets to the Board. Pending the outcome of interested candidates based on recommendations, the Board may need to plan advertising and recruitment publicly.

There was a brief discussion regarding a designated Indigenous role on the Board vs a representative from the Deseronto or Tyendinaga areas. The conversation then led to the need for broader representation from all areas in the catchment area while focusing on candidates' skillsets. Erin noted that there may be an Indigenous Health Navigator joining PFAC, who in time could possibly progress to filling the PFAC seat on the Board which is currently vacant. The discussion on Board vacancies will be brought back to the April Governance Committee meeting.

4.5 Audit Committee



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Jamie Uson reviewed the following from the February 24, 2025, Audit Committee meeting:

- KPMG has proposed to increase materiality by \$100,000 setting it at \$1,100,000.
- The 2025 Audit will have a big focus on capital projects (LTC and Lumeo)
- KPMG discussed the recent leadership transition to ensure that the changes wouldn't impact the overall risk assessment. The risk level will remain at the basic risk level as it has been in prior years noting satisfaction with how the transition was managed.
- The audit will take place as per the audit plan which is scheduled to begin in early May.

Motion #6

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the Audit Planning Report for fiscal year ending March 31, 2025, as recommended by the Audit Committee.

Moved by: Geoff Griffin

Seconded by: Robin Thompson-McAvoy

The motion was carried.

4.6 Finance Committee

Jamie Uson reviewed the following from the February 24, 2025, Finance Committee meeting:

- There is a forecasted year end deficit of approximately \$200,000.
- The hospital received a 3rd Bill 124 installment of \$806,000 making the total funding received almost \$2M.
- The admin, finance and HR financial categories are higher than budgeted for due to recent severances.
- There was a \$1.4M discrepancy related to lumeo inventory which was identified due to misalignment between the Cerner system and actual stock levels. This misalignment is not unique to LACGH.
- The hospital continues to maintain a strong investment position with our investment portfolios performing as expected.

4.6.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for January 2025 which totaled \$178.48. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #7

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 \$, as recommended by the Finance Committee.

January 2025



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Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Michael Bell			178.48				178.48
TOTAL							\$178.48

Moved by: Robin Thompson-McAvoy
Seconded by: Rebecca Murphy

The motion was carried.

4.6.2 January Financial Statements and Cheque List

The Finance Committee reviewed the January 2025 Financial Statements and Cheque List which totaled \$6,803,034.00. No concerns were noted by the Finance Committee or the Board.

<p>Motion #8</p> <p><i>Rationale: Normal Practice.</i></p> <p>Motion: The Board of Directors hereby approves the following, as recommended by the Finance Committee:</p> <ul style="list-style-type: none"> January 2025 Cheque List totaling \$6,803,034.00; January 2025 Financial Statements. <p>Moved by: Lori Morris Seconded by: Jamie Uson</p> <p>The motion was carried.</p>

4.7 Volunteer Services Report

Marg Isbester noted that the VS continues to recruit new members. The coffee shop has welcomed it’s first co-op student who has been working every morning which has been very successful. The VS hopes to welcome other co-op students into areas where they are short on volunteers.

4.8 Foundation Report

There was nothing further to the written report.

4.9 Chief Executive Officer’s Report

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

- Following recent leadership changes the hospital organizational structure is being revised and is near completion thanks to Sandra Carlton for her assistance and the SLT. The revised organizational chart will include middle management title adjustments.
- The payroll and scheduling project is making progress with thanks to Erin for leading the project. The issues related to payroll and scheduling are considered the number one priority.
- The first Catalysis Quality Improvement workshops for staff will take place on March 21st and 24th which will spearhead the quality improvement focus on our model cells, the ED and ACU.
- There is still a significant glitch with diagnostic imaging report distribution within Lumeo which leads to our data issues. It was highlighted that our medical records department does their own auditing to ensure ordering providers are receiving all of their reports as ordered. This process includes our IT



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department as well and special recognition was given to both departments for their efforts to ensure all reports are distributed accordingly despite the issues regionally in Lumeo.

- LACGH took part, earlier today, in a job fair at the Best and Bash arena in Napanee and Christine reported that it went well. Resumes received will be reviewed by the Recruitment and Retention Committee.

Motion #9

Rationale: Normal Practice

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

Moved by: Geoff Griffin

Seconded by: Robin Thompson-McAvoy

The motion was carried.

5. **Other**

5.1 **Correspondence Received up to February 28, 2025.**

There was nothing further to report for correspondence.

6. **Closed Session**

At 8:05 p.m., the Board moved into closed session.

Motion #10

Rationale: Normal Practice

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

Moved by: Bob Clancey

Seconded by: Laurie French

The motion was carried.

At 8:56 p.m., the Board rose from closed session.

Motion #11

Rationale: Normal Practice

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

Moved by: Bob Clancey

Seconded by: Jamie Uson

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 April 1, 2025.



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7.2 Adjournment

The meeting was adjourned at 8:57 p.m.

Motion #12

Rationale: Normal Practice

Motion: That the Board of Directors hereby adjourns their meeting at 8:57 p.m. on March 4, 2025.

Moved by: Bob Clancey

Seconded by: Rebecca Murphy

The motion was carried.