





# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

April 1, 2025

Zoom | ACR

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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 April 1, 2025.***

Moved by: Bob Clancey

Seconded by: Robin Thompson-McAvoy

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 March 4, 2025.***

Moved by: Lori Morris

Seconded by: Laurie French

The motion was carried.

## 2. Strategic Planning Discussion – Continued

Deb welcomed Trevor Trewartha and Rob Wood to the Board meeting to build on previous discussions on rebranding and strategic planning.

Trevor presented a revised LACGH visual identity and logo, highlighting the need for warmth and connection in the branding to reflect the hospital's culture and community pride. Trevor introduced the new branding strategy which introduces a modern look while preserving the essence of the existing brand.

There was a brief discussion followed by the approval of the revised LACGH logo as presented.

Trevor was thanked for his work on the revised logo and branding and left the meeting at 6:22 p.m.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

April 1, 2025

Zoom | ACR

Motion #3

*Rationale: Normal Practice*

***Motion: That the Board of Directors hereby approves the revised LACGH logo as presented by Trevor Trewartha.***

Moved by: Al Little

Seconded by: Jamie Uson

The motion was carried.

Rob discussed the ongoing strategic efforts, noting the collaborative approach taken with various stakeholders, including the Medical Advisory Committee, SLT, PFAC, Volunteer Services, and the local CAOs. Rob highlighted the significance of defining the organization's vision and mission, as well as the operational imperatives that guide necessary actions.

Rob presented the draft Vision and Mission along with the Organizational Values, followed by a group discussion. During the discussion feedback was provided on the draft Vision and Mission and Organization Values highlighting the importance of developing a strategy that energizes staff and genuinely resonates with them.

Rob will incorporate the feedback received, revise the draft accordingly, and present the final version at the May Board meeting for review and approval.

Rob was thanked for his presentation and left the meeting at 6:58 p.m.

### 3. Business Arising

#### 3.1 Regional Updates

Mike Bell reported on the following items:

- Lumeo anticipates system optimization in late summer. Since go live the Lumeo Project has resolved 17,500 out of 20,000 tickets, achieving a 87% success rate. The tickets that remain unresolved, however, are issues that are very substantial.
- KHSC unveiled a PET-CT machine at KGH on March 26<sup>th</sup>. The new machine is 1 of 10 in Ontario.

#### 3.2 Capital Projects Update

AK Sharma reported on the following items:

- The general contractor is working on the interior finishes of the LTC Home.
- The gas company was on site today working on connecting the gas to the building.
- The project continues to be on schedule and under budget.
- The plan is to facilitate a tour of the building, for the Board members, before the summer recess.

### 4. Reports

#### 4.1 Quality Committee

The following was highlighted from the March 18, 2025 Quality Committee meeting:



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

April 1, 2025

Zoom | ACR

- The Committee reviewed the end of year QIP and approved the 3% pay for performance compensation for the 2024/25 QIP for the President and CEO, Chief of Staff and other executives.
- The 2025-26 QIP and the indicators linked to the 3% executive compensation for the 2025-26 QIP and tied to the achievement of the following selected goals and objectives, were approved:
  - Achieve a 1.87hr reduction in the 90th percentile emergency department wait time to physician initial assessment.
  - The percentage of leaders who have completed the equity, diversity and inclusion education created in the 2025-2026 fiscal year (FY) will be at or above 80%.
  - During the final development stage of the 2025-2028 Strategic Plan, leaders will co-create one or more indicators with front-line staff to assess perceptions of how leaders demonstrate the new organizational value related to communication. During the 2025-26 fiscal year, these indicators will be regularly monitored to evaluate the impact of implemented change initiatives, aiming to achieve a majority of positive responses.

Questions were raised regarding the number of performance indicators marked as 'red' on the end-of-year Quality Improvement Plan (QIP). Erin explained that the rationale behind emphasizing the Emergency Department (ED) and Acute Care in the 2025-26 QIP is to strategically address and improve these areas of concern identified in the current plan. It was highlighted that some of the red is related to data quality. Insights were provided into ongoing efforts to improve data collection and quality of care, particularly in relation to falls and pressure injuries using the newly implemented safety cross. Additionally, new initiatives set to begin in April to enhance patient care and workflow were mentioned.

The Board of Directors approved the 2025-26 Quality Plan and associated indicators for executive compensation, focusing on emergency department wait time to physician assessment and diversity, equity, and inclusion education, and leadership communication to staff. The SLT emphasized the need for meaningful indicators that reflect actual performance rather than easily achievable metrics. The Board acknowledged the efforts of the SLT and staff in developing these indicators.

#### Motion #4

*Rationale: The Excellent Care for All Act (ECFAA) requires that the compensation of the President & CEO, Chief of Staff and other executives be linked to the achievement of performance improvement targets laid out in the Performance Improvement Plan, which forms part of the Quality Improvement Plan.*

**Motion: That the Board of Directors hereby approves the 3% pay for performance compensation for the achievement of the 2024/25 Quality Improvement Plan for the following, as recommended by the Quality Committee:**

- President & CEO
- Chief of Medical Staff
- Senior VP/Chief Nursing Officer/LTC Administrator
- VP Diagnostic Services, Quality, Accreditation and Communications
- VP Capital Planning Facilities Management & Support Services

Moved by: Lori Morris

Seconded by: Laurie French



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

April 1, 2025

Zoom | ACR

The motion was carried.

Motion #5

Rationale: Our hospital is required to annually submit a Quality Improvement Plan based on requirements under the Excellent Care for All Act, 2010 (ECFAA). Our 2025/2026 QIP sets out key strategies to enhance our quality of care, improve safety, increase satisfaction and achieve better clinical outcomes for patients and residents.

Motion: The Board of Directors hereby approves the 2025-26 Quality Improvement Plan, as recommended by the Quality Committee.

Moved by: Lori Morris
Seconded by: Bob Clancey

The motion was carried.

Motion #6

Rationale: It is mandatory, under the Excellent Care for All Act (ECFAA) to link compensation for the Chief Executive Officer (CEO), Chief of Staff and other executives reporting to the CEO to the achievement of performance targets in our organizations Quality Improvement Plan (QIP). Performance based executive compensation is linked to achieving specific QIP targets, as well as achieving success on selected corporate goals and objectives The amount of compensation that is performance-based for the executive team has been set at 3% for 2025-26.

Motion: The Board of Directors hereby approves the proposed indicators linked to the 3% executive compensation for the 2025-26 Quality Improvement Plan and tied to the achievement of the following selected corporate goals and objectives, as recommended by the Quality Committee:

- Achieve a 1.87hr reduction in the 90th percentile emergency department wait time to physician initial assessment.
The percentage of leaders who have completed the equity, diversity and inclusion education created in the 2025-2026 fiscal year (FY) will be at or above 80%.
During the final development stage of the 2025-2028 Strategic Plan, leaders will co-create one or more indicators with front-line staff to assess perceptions of how leaders demonstrate the new organizational value related to communication. During the 2025-26 fiscal year, these indicators will be regularly monitored to evaluate the impact of implemented change initiatives, aiming to achieve a majority of positive responses.

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

The motion was carried.

4.2 Medical Advisory Committee

Dr. Kim Morrison highlighted the following from the March 20, 2025, Medical Advisory Committee meeting:

- Rob Wood joined the MAC to discuss building blocks for developing LACGH's Strategic Plan.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

April 1, 2025

Zoom | ACR

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

- James Biagi - Consulting (Oncology)
- Christopher Booth – Consulting (Oncology)
- Negar Chooback – Consulting (Oncology)
- Jill Dudebout – Consulting (Oncology)
- Sofia Genta - Consulting (Oncology)
- George Gray – Consulting (Oncology)
- Annette Hay – Consulting (Oncology)
- Mariam Jafri – Consulting (Oncology)
- Janarthanan Kankesan – Consulting (Oncology)
- David Lee – Consulting (Oncology)
- Clementine Lui – Consulting (Oncology)
- Mihaela Mates – Consulting (Oncology)
- Heather Ostic – Consulting (Oncology)
- Wendy Parulekar – Consulting (Oncology)
- Andrew Robinson – Consulting (Oncology)
- Crystal Gonu – Active (Family Medicine)
- Derek Moynes – Active (Family Medicine)
- Sophia Badowski – Consulting (Gynaecology)
- Marie Gibson – Consulting (Gynaecology)
- Mary Anne Jamieson – Consulting (Gynaecology)
- Romy Nitsch- Consulting (Gynaecology)
- Ashley Waddington – Consulting (Gynaecology)
- Sasha Bhan – Active (Radiology)
- Nicola Gambarotta – Active (Radiology)
- Susan James – Active (Radiology)
- Annette Polanski – Active (Radiology)
- Binyamin (Ben) Rokach - Consulting (Radiology)
- Stephen Steele - Consulting (Urology)



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

April 1, 2025

Zoom | ACR

#### Motion # 7

*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:**

- James Biagi - Consulting(Oncology)
- Christopher Booth – Consulting (Oncology)
- Negar Chooback – Consulting (Oncology)
- Jill Dudebout – Consulting (Oncology)
- Sofia Genta - Consulting (Oncology)
- George Gray – Consulting (Oncology)
- Annette Hay – Consulting (Oncology)
- Mariam Jafri – Consulting (Oncology)
- Janarthanan Kankesan – Consulting (Oncology)
- David Lee – Consulting (Oncology)
- Clementine Lui – Consulting (Oncology)
- Mihaela Mates – Consulting (Oncology)
- Heather Ostic – Consulting (Oncology)
- Wendy Parulekar – Consulting (Oncology)
- Andrew Robinson – Consulting (Oncology)
- Crystal Gonu – Active (Family Medicine)
- Derek Moynes – Active (Family Medicine)
- Sophia Badowski – Consulting (Gynaecology)
- Marie Gibson – Consulting (Gynaecology)
- Mary Anne Jamieson – Consulting (Gynaecology)
- Romy Nitsch- Consulting (Gynaecology)
- Ashley Waddington – Consulting (Gynaecology)
- Sasha Bhan – Active (Radiology)
- Nicola Gambarotta – Active (Radiology)
- Susan James – Active (Radiology)
- Annette Polanski – Active (Radiology)
- Binyamin (Ben) Rokach - Consulting (Radiology)
- Stephen Steele - Consulting (Urology)

Moved by: Geoff Griffin

Seconded by: Allan MacGregor

The motion was carried.

#### 4.3 Finance Committee

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

- Brian Swales joined the Committee to provide updates on our Investment Portfolio.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

April 1, 2025

Zoom | ACR

- The February financial statements were presented to the Finance Committee in a new format which included a narrative analysis. Feedback on the updated format was generally positive; however, it was noted certain revisions will be made to the financial statement to really focus on the strategic analysis as it pertains to the narrative document.

#### 4.3.1 February Financial Statements

The Finance Committee reviewed the February 2025 Financial Statements. No concerns were noted by the Finance Committee or the Board.

Motion #8

*Rationale: Normal Practice.*

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

- *February 2025 Financial Statements.*

Moved by: Al Little

Seconded by: Lori Morris

The motion was carried.

#### 4.4 Patient Family Advisory Council

Erin Brown highlighted that Mike Bell joined the PFAC meeting and led a discussion on developing our new strategic plan; their feedback will be incorporated into further strategic planning discussions/drafts. There was also a discussion regarding our current website and feedback was provided regarding updating certain content.

#### 4.5 Volunteer Services Report

Marg Isbester reported, in addition to the written report, that she and Susan Jack met with Kyah Dillon, Director of Care, to discuss the volunteer needs at the new Long-Term Care (LTC) Home, including the identification and development of appropriate volunteer roles.

#### 4.6 Foundation Report

Kelly Roantree noted, in addition to the written report, that Amanda Chalk has met with members of the SLT to discuss aligning the Foundation's fundraising efforts with the hospital's priority projects of DI and the ED. These efforts will include fundraising to raise \$450,000 for updates to ED equipment and technologies.

Planning has begun for the 2025 Gala which will take place on November 1<sup>st</sup> at the Loyalist Golf and Country Club.

#### 4.7 Chief Executive Officer's Report

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

- The details of organizational structure changes were included in the meeting package. Mike thanked Sandra Carlton, Interim CHRO, for working on the reorganization of portfolios, making the structure more balanced. The final organization chart will be shared at the May Board meeting. It was highlighted that we have gone from 5 VPs (including 2 SVPs) to 3 VPs and a LTC Administrator.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

April 1, 2025

Zoom | ACR

- Mike thanked AK for providing the details in the meeting package regarding tariffs and procurement. More details will be provided once available.
- Mike highlighted the urgent staffing challenges within the Emergency Department (ED), citing several critical vacancies. He also noted the significantly elevated Alternate Level of Care (ALC) rate, currently at 50%, as a key pressure point. Ongoing discussions and advocacy efforts are focused on exploring opportunities to potentially receive additional Acute Care Unit (ACU) beds to help address these issues.

Motion # 9

*Rationale: Normal Practice*

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

Moved by: Geoff Griffin

Seconded by: Lori Morris

The motion was carried.

#### 5. Other

##### 5.1 Correspondence Received up to, 2024.

There was nothing further to report for correspondence.

#### 6. New Business

##### 6.1 LSAA Declaration of Compliance

We have received the **Schedule E – Form of Compliance Declaration** from Ontario Health, issued in accordance with the Long-Term Care Home Service Accountability Agreement. The declaration pertains to our CVC-designated beds. Following a thorough review, Mike has confirmed that there are no compliance issues and that we remain in full adherence to the terms and conditions of the agreement.

Motion # 10

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby approves the Declaration of compliance issued pursuant to the Long-Term Care Home Service Accountability Agreement for the period of January 1 – December 31, 2024.***

Moved by: Al Little

Seconded by: Robin Thompson-McAvoy

The motion was carried.

##### 6.2 Annual Report on Forced and Child Labour

The report, included in the Board package, has been prepared for LACGH in accordance with the requirements of the Fighting Against Forced Labour and Child Labour in Supply Chains Act in relation to the fiscal year from April 1, 2023 – March 31, 2024. It was highlighted that Mohawk MedBuy (MMC), our procurement partner, confirmed its compliance with the Act.



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

April 1, 2025

Zoom | ACR

Motion # 11

*Rationale: A requirement of the Fighting Against Forced Labour and Child Labour in Supply Chains Act is an annual report and attestation of compliance.*

**Motion: The Board of Directors hereby approves the Fighting against Forced Labour and Child Labour in Supply Chain Annual Report for April 1, 2024 – March 31, 2025.**

Moved by: Bob Clancey

Seconded by: Geoff Griffin

The motion was carried.

**7. Closed Session**

At 7:49 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: Lori Morris

The motion was carried.

At 7:51 p.m., the Board rose from closed session.

Motion #13

*Rationale: Normal Practice*

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

Moved by: Lori Morris

Seconded by: Allan MacGregor

The motion was carried.

**8. Meeting Closing**

**8.1 Next Meeting**

The next regular meeting of the Board is scheduled for 6:30 p.m., on Tuesday May 6, 2025.

**8.2 Adjournment**

The meeting was adjourned at 8:22 p.m.

Motion #14

*Rationale: Normal Practice*

**Motion: That the Board of Directors hereby adjourns their meeting at 8:22 p.m. on April 1, 2025.**



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

BOARD OF DIRECTORS

MEETING MINUTES

April 1, 2025

Zoom | ACR

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Moved by: Robin Thompson-McAvoy  
Seconded by: Jamie Uson

The motion was carried.