



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## BOARD OF DIRECTORS

### MEETING MINUTES

October 7, 2025

Zoom | ACR

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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 October 7, 2025.

#### PRESENT:

<b>Board:</b> Laurie French (Chair)	Mike Bell
Rosaleen Cutler	Kristen Rochon
Jamie Uson	Dr. Kim Morrison
Bob Clancey	Jeff Cuthill
Geoff Griffin	Denice Forbes
Rebecca Murphy	Dr. Heather Khey Beldman
Al Little	
Lori Morris	
Robin Thompson McAvoy	
Darrell Sewell	
Sue Walden	
Tera Osborne	

#### REGRETS:

<b>Staff in attendance:</b> Erin Brown	AK Sharma
Kristen Rochon	Andrea Nussberger
Kyah Dillon	(Recorder)
Caroline Reid	

## 1. Meeting Opening

### 1.1 Call to Order/Opening Remarks

The meeting was called to order at 6:29 p.m., by Laurie French. Laurie welcomed Dr. Zack Warren to his first Board of Directors meeting as our Chief of Staff.

### 1.2 Land Acknowledgement

Laurie French 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*



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*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 with the addition of a closed session.

Motion #1

*Rationale: Normal Practice*

***Motion: That the Board of Directors hereby approves the agenda, with the addition of a closed session, dated October 9, 2025.***

Moved by: Bob Clancey

Seconded by: Sue Walden

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 following Board meetings were approved as circulated:

- June 3, 2025
- August 12, 2025
- September 12, 2025

Motion #2

*Rationale: Normal Practice*

***Motion: That the Board of Directors hereby approves the minutes of the following meetings:***

- *June 3, 2025*
- *August 12, 2025*
- *September 12, 2025*

Moved by: Rebecca Murphy

Seconded by: Robin Thompson-McAvoy

The motion was carried.



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## 2. Business Arising

### 2.1 Regional Updates

Laurie French highlighted the following items:

- The OHA 2025 Hospital Governance Survey has been completed.
- The Hospital will be hosting a soft launch and Community Townhall meeting this Friday October 10<sup>th</sup> at the entrance of the new LACGH LTC Home.

Dr. Kim Morrison reported on the OHT items:

- The FLA-OHT submitted a proposal to Ontario Health last spring to attach 30,000 patients within the catchment area. Over the summer, it was announced that the FLA-OHT was awarded 10% of the requested amount, which will support the attachment of approximately 4,000 patients to primary care.
- A second Request for Proposals has since been issued by Ontario Health, with submissions due at the beginning of November. Funding associated with this second round will not be available until 2026–27.
- The FLA-OHT is currently engaging with its primary care partners to identify ways to increase capacity, particularly in areas with significant service gaps, and to explore recruitment and retention strategies to strengthen primary care access across the region.

Mike Bell reported on the following item:

- LACGH continues to rely on our partnership with KHSC for Information Technology and Finance teams to support ongoing operational needs. Recruitment efforts are underway for a new Finance Director, and believe we will have someone in place before the end of December. Thanks to Caroline Reid and her Finance Team for the continued assistance.

### 2.2 Capital Projects Update

AK Sharma reported on the following LTC Home items:

- Generator and air handling testing have been completed and went well.
- Final verification of systems should be completed by next week.
- Work is ongoing on the elevators.
- The LTC Home project remains under budget.

Kyah Dillon reported on the following LTC Home items:

- The first resident projected move in date is December 15<sup>th</sup>.
- Lots of work is being done internally to meet all of the pre-occupancy checks needed for the occupancy review which is scheduled for November 7<sup>th</sup>.
- The Ministry occupancy review is scheduled for November 24<sup>th</sup> and providing everything goes as planned the first resident move in date will be December 15<sup>th</sup>.



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- The admission process will be staged and slow to ensure a smooth process. Initially, two residents per area will be admitted as we move through the holiday season with a plan to increase to two admission per day, Monday to Friday, in the new year. It was highlighted that we are working closely with Ontario Health at Home to ensure the resident wellbeing and safety is the priority.
- Kyah also reported that 121 residents have been accepted for admission, and a waitlist has already been established. However, a large proportion of applicants have requested basic rooms, and as the LTC Home includes only 14 basic beds, Kyah is working with Ontario Health at Home to determine how many residents requesting basic accommodation can be accommodated.

### 3. Reports

#### 3.1 Quality Committee

Rosaleen Cutler highlighted the following from the September 16, 2025, Quality Committee meeting:

- The Committee elected Lori Morris as the new Chair of the Committee and Bob Clancey as Vice-Chair.
- The updated Patient Declaration of Values was presented which is recent work done by the Patient Family Advisory Council (PFAC). The PFAC updated the document to reflect both the hospital's new Strategic Plan and the current patient care climate.
- The Quality Committee reviewed the new 2025-26 BSC and Clinical Quality Report and Kristen provided an Accreditation update.

Erin noted that there are currently no established benchmarks available for the Global Workforce Survey results, which were included in the meeting package for review. A follow-up survey will be circulated to staff in the near future to allow for comparison and measurement of progress against the initial results.

Motion #3

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby approves the new Balanced Scorecard as recommended by the Quality Committee.***

Moved by: Lori Morris

Seconded by: Rosaleen Cutler

The motion was carried.

#### 3.2 Medical Advisory Committee



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Dr. Kim Morrison highlighted the following from the September 4, 2025, Medical Advisory Committee meeting:

- Pharmacy Update: Anna Huisman, Pharmacy Director, attended the MAC meeting to present a formulary request from the Operating Room for Dexmedetomidine, which was approved. The addition of Permethrin to the Occupational Health, Safety and Wellness (OHSW) Medical Directive was also reviewed and approved.
- Lumeo Update: Dr. Glatt and Marie-France Paradis provided an update on Lumeo implementation, noting that progress continues in a positive direction under their guidance.
- Clinical Reflections: Two clinical reflection reviews were completed over the summer, resulting in identified improvements to enhance patient safety and operational efficiency.
- Leadership Updates: The Committee welcomed Dr. Zack Warren as the new Chief of Staff and Dr. Pierre Robichaud as the new Medical Director of Quality.

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

- Genevieve Digby – Consulting (Respirology)
- Christopher Parker – Consulting (Respirology)
- Linden Head – Consulting (Plastic Surgery)
- Robert Edmunds – Consulting (Plastic Surgery)
- James Hendry – Consulting (Plastic Surgery)
- Glykeria Martou – Consulting (Plastic Surgery)
- Doug McKay – Consulting (Plastic Surgery)
- Peter Szasz – Consulting (General Surgery)
- Jessica Andrews – Active (General Surgery)
- Wiley Chung – Consulting (General Surgery)
- Diederick Jalink – Consulting (General Surgery)
- Mykola Khokhotva – Active (General Surgery)
- Shaila Merchant – Consulting (General Surgery)
- Sunil Patel – Consulting (General Surgery)
- Scott Rieder – Active (General Surgery)
- Andrei Garcia Popov – Active (Emergency with Family Medicine)
- Joy Hataley – Active (Emergency Medicine)
- Madeline Morris – Active (Emergency Medicine)
- Zachary Warren – Active (Emergency Medicine)
- Nicola Matthews – Active (Internal Medicine)
- Matthew Barlow – Clinical Assistant (Emergency Medicine)
- Laura Walmsley – Active (Emergency Medicine)



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- Tiahna Warkentin – Locum Tenens (Emergency Medicine)

#### 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:***

- Genevieve Digby – Consulting (Respirology)
- Christopher Parker – Consulting (Respirology)
- Linden Head – Consulting (Plastic Surgery)
- Robert Edmunds – Consulting (Plastic Surgery)
- James Hendry – Consulting (Plastic Surgery)
- Glykeria Martou – Consulting (Plastic Surgery)
- Doug McKay – Consulting (Plastic Surgery)
- Peter Szasz – Consulting (General Surgery)
- Jessica Andrews – Active (General Surgery)
- Wiley Chung – Consulting (General Surgery)
- Diederick Jalink – Consulting (General Surgery)
- Mykola Khokhotva – Active (General Surgery)
- Shaila Merchant - Consulting (General Surgery)
- Sunil Patel – Consulting (General Surgery)
- Scott Rieder - Active (General Surgery)
- Andrei Garcia Popov – Active (Emergency with Family Medicine)
- Joy Hataley – Active (Emergency Medicine)
- Madeline Morris – Active (Emergency Medicine)
- Zachary Warren - Active (Emergency Medicine)
- Nicola Matthews – Active (Internal Medicine)
- Matthew Barlow - Clinical Assistant (Emergency Medicine)
- Laura Walmsley – Active (Emergency Medicine)
- Tiahna Warkentin - Locum Tenens (Emergency Medicine)

Moved by: Geoff Griffin

Seconded by: Lori Morris

The motion was carried.

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

- Michael Hale - Clinical Assistant (General Surgery OR Assist Only) – **change from Locum**



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- Stephanie Bigelow – Associate (Emergency Medicine) **change from Locum to Associate**
- Jean Marc Lafleur – Clinical Assistant (Emergency Medicine) **change from Locum to Clinical Assistant**
- Michael Vaculik – Associate (Emergency Medicine) **change from Locum to Associate**
- Stephanie Pipe – Active (Internal Medicine) **change from Associate to Active**
- Caitlin Lundell-Creagh – Associate (Emergency Medicine) **change from Clinical Assistant**
- Christopher Kirwan – Active (Emergency Medicine) **change from Associate to Active**
- Matthew Stacey - Locum Tenens (Emergency Medicine) **change from Locum to Associate**
- Samantha Britton - Active (Emergency Medicine) **change from Associate to Active**

No concerns were noted by the MAC; therefore, the re-appointment applications, with the noted changes, were recommended to the Board of Directors for approval. The Board reviewed the credentialing applications and no concerns were noted.

#### 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 appointment to the LACGH Medical Staff, with the noted change, as recommended by the Medical Advisory Committee:***

- Michael Hale - Clinical Assistant (General Surgery OR Assist Only) - **change from Locum**
- Stephanie Bigelow – Associate (Emergency Medicine) **change from Locum to Associate**
- Jean Marc Lafleur - Clinical Assistant (Emergency Medicine) **change from Locum to Clinical Assistant**
- Michael Vaculik – Associate (Emergency Medicine) **change from Locum to Associate**
- Stephanie Pipe – Active (Internal Medicine) **change from Associate to Active**
- Caitlin Lundell-Creagh – Associate (Emergency Medicine) **change from Clinical Assistant**
- Christopher Kirwan – Active (Emergency Medicine) **change from Associate to Active**
- Matthew Stacey - Locum Tenens (Emergency Medicine) **change from Locum to Associate**
- Samantha Britton - Active (Emergency Medicine) **change from Associate to Active**

Moved by: Rebecca Murphy

Seconded by: Lori Morris

The motion was carried.

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

- Hayley Manlove - Clinical Assistant (Emergency Medicine)
- Charles Wicks -Clinical Assistant (Emergency Medicine)
- Kelly Green - Locum Tenens (Family Medicine)



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- Connor McGuire – Consulting (Plastic Surgery)
- Zhuoran Wu - Clinical Assistant (Emergency Medicine)
- Alida Pokoradi – Consulting (Gynaecology)
- Nivedh Patro – Clinical Assistant (Emergency Medicine)
- Lisa Nguyen – Locum Tenens (Internal Medicine)
- Nazde Edeer – Clinical Assistant (Emergency Medicine)
- Breanne Golemiac – Consulting (Respirology)

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 #6

*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:***

- Hayley Manlove - Clinical Assistant (Emergency Medicine)
- Charles Wicks -Clinical Assistant (Emergency Medicine)
- Kelly Green - Locum Tenens (Family Medicine)
- Connor McGuire – Consulting (Plastic Surgery)
- Zhuoran Wu - Clinical Assistant (Emergency Medicine)
- Alida Pokoradi – Consulting (Gynaecology)
- Nivedh Patro – Clinical Assistant (Emergency Medicine)
- Lisa Nguyen – Locum Tenens (Internal Medicine)
- Nazde Edeer – Clinical Assistant (Emergency Medicine)
- Breanne Golemiac – Consulting (Respirology)

Moved by: Geoff Griffin

Seconded by: Robin Thompson-McAvoy

The motion was carried.

### 3.3 Governance Committee

Rosaleen Cutler highlighted the following from the September 17, 2025, Governance Committee meeting:

- A post-Board Retreat satisfaction survey was circulated to participants and the results will be reviewed at the next meeting. Rosaleen asked Board members to kindly submit their completed surveys to Andrea, if they haven't already.
- The Committee reviewed and approved the draft Board Recognition policy and approved the archive of the Board Chair Honorarium policy.



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There was a brief discussion around the absence of Board oversight stated in Board Committee terms of reference around the people/HR aspect of the organization. It was highlighted that there is evidence of it being done, seen tonight, but just not stated in a particular committee's terms of reference. Erin will review the current Quality Terms of Reference and add oversight of people/HR and bring to the next Quality Committee meeting for review.

**Motion #7**

*Rationale: The Board of Directors is required to review and update their workplan annually.*

***Motion: The Board of Directors hereby approves their 2025-26 workplan as recommended by the Governance Committee.***

Moved by: Lori Morris

Seconded by: Al Little

The motion was carried.

**Motion #8**

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby approves the 2025-26 committee structure, as recommended by the Governance Committee.***

Moved by: Lori Morris

Seconded by: Tera Osborne

The motion was carried.



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#### Motion #9

*Rationale: The Board of Directors is required to review the Board Accountability Statement on an annual basis.*

***Motion: The Board of Directors hereby approves the Board Accountability Statement, as recommended by the Governance Committee.***

Moved by: Al Little

Seconded by: Bob Claney

The motion was carried.

#### Motion #10

*Rationale: The Chair of the Board Honorarium policy is not standard practice in the Southeast region.*

***Motion: The Board of Directors hereby approves archiving the Chair of the Board Honorarium policy, as recommended by the Governance Committee.***

Moved by: Geoff Griffin

Seconded by: Robin Thompson-McAvoy

The motion was carried.

#### Motion #11

*Rationale: To standardize the process for Board recognition, upon completion of a term, a policy has been drafted.*

***Motion: The Board of Directors hereby approves the Board Recognition policy, as recommended by the Governance Committee.***

Moved by: Sue Walden

Seconded by: Tera Osborne

The motion was carried.

### 3.4 Finance Committee

Jamie Usen highlighted the following from the September 22, 2025, Finance Committee meeting:



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- The Monthly investment reports were reviewed and noted to be performing well considering the current economic climate. Our investment portfolio manager will be joining the November meeting to review the portfolio in more detail.
- Due to realized losses on investments our hospital operations year to date deficit is \$178,000. It was noted that this will be discussed with the investment portfolio manager because we have a very large unrealized gain on our balance sheet.

*3.4.1 Board, CEO and Senior Manager Expenses*

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for July 2025 which totaled \$272.68. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #12

*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 \$272.68, as recommended by the Finance Committee.*

*July 2025*

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Erin Brown						272.68	
<b>TOTAL</b>							<b>\$272.68</b>

Moved by: Geoff Griffin

Seconded by: Robin Thompson-McAvoy

The motion was carried.

*3.4.2 July Financial Statements*

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

Motion #13

*Rationale: Normal Practice.*



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

- *July 2025 Financial Statements.*

Moved by: Jamie Uson

Seconded by: Tera Osborne

The motion was carried.

### **3.5 Patient Family Advisory Council**

Erin Brown reported that one of the PFAC's key goals for the year is to participate in Lumeo's Patient Portal Project. LACGH and Perth and Smiths Falls District Hospital will be the first two pilot sites for this initiative. PFAC members will play an important role by providing feedback and insights from the patient perspective to help shape the project's design and implementation.

It was also noted that the PFAC representative seat on the Board of Directors remains vacant, as it has for some time. The Committee held a brief discussion regarding the possibility of modifying the seat requirement and broadening the recruitment process to include a member of the community who could serve on the Board. Erin confirmed that the PFAC plans to advertise more broadly for new members and will keep the Board informed should a suitable candidate express interest in filling the Board seat.

### **3.6 Volunteer Services Report**

Denice Forbes reported that Volunteer Services have resumed regular meetings following the summer break. Recruitment efforts are ongoing, though challenges in attracting new volunteers persist. Denice invited suggestions on ways to broaden advertising and expand the scope of volunteer opportunities within the hospital.

A brief discussion took place regarding the possibility of high school students volunteering at LACGH. It was noted that current requirements for a vulnerable sector check prevent high school students from volunteering in the hospital .

There was interest from the Board in exploring potential options to enable high school student involvement in the future. Mike and Erin will discuss this further offline to identify possible approaches or partnerships that may address this barrier.

### **3.7 Foundation Report**

Jeff Cuthill highlighted that the Foundation's 28<sup>th</sup> Annual Golf Tournament was a record breaking success this year, raising \$89,990 for the Emergency Department. The Foundation's 50/50 also reached record numbers this quarter, raising \$10,110. Other upcoming initiatives were noted including the sold out November 1<sup>st</sup> Foundation Gala.



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#### 3.8 Chief Executive Officer’s Report

Mike Bell highlighted the following information from the CEO Report included in the meeting package:

- **Quality Improvement:** Continued improvement is evident through lower “Left Without Being Seen” (LWBS) rates and reduced ACU and ICU pull times. Data will continue to be closely monitored throughout the fall and winter respiratory surge season.
- **Human Resources:** Inpatient nursing and Diagnostic Imaging (DI) vacancies remain the most critical staffing challenges. Strategies to remain competitive with regional organizations are actively being explored.
- **Surgical Expansion:** LACGH has submitted a business plan to Ontario Health to expand surgical capacity, which will require partnership with KHSC to meet volume targets. This initiative aligns with the Ministry’s recommendation to strengthen regional collaboration and operational efficiency.
- **Engagement and Reconciliation:** The hospital held its second Staff and Physician Town Hall on September 30, where Truth and Reconciliation was acknowledged and reflected upon.
- **Community Engagement:** The first Community Town Hall and Soft Launch of the Long-Term Care Home is scheduled for Friday.

In addition to the written report, it was noted that UKG, the hospital’s new integrated software system for HR, payroll, and scheduling, officially launched today. This 25-week implementation project represents a significant step forward, enabling the organization to access and analyze data in a more meaningful and efficient way.

Motion #14

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby accepts the reports from the Quality Committee, Medical Advisory Committee, Governance 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.

#### 4. Other

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

There was nothing further to report for correspondence.



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5. New Business

5.1 Annual Director Declaration & Consent From

The Annual Director Declaration & Consent form was included in the meeting package for completion.

6. Closed Session

At 7:55 p.m., the Board moved into closed session.

Motion #15
<i>Rationale: Normal Practice</i>
<b><i>Motion: That the Board of Directors hereby moves into closed session.</i></b>
Moved by: Bob Clancey
Seconded by: Darrel Sewell
The motion was carried.

At 7:55 p.m., the Board rose from closed session.

Motion #16
<i>Rationale: Normal Practice</i>
<b><i>Motion: That the Board of Directors hereby rises from closed session.</i></b>
Moved by: Robin Thompson-McAvoy
Seconded by: Lori Morris
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 November 4, 2025.

7.2 Adjournment

The meeting was adjourned at 7:56 p.m.

Motion #17
<i>Rationale: Normal Practice</i>
<b><i>Motion: That the Board of Directors hereby adjourns their meeting at 7:57 p.m. on October 7, 2024.</i></b>



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Moved by: Robin Thompson-McAvoy

Seconded by: Rebecca Murphy

The motion was carried.