



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

A meeting of the Board of Directors of the Lennox and Addington County General Hospital was held in the Airhart Conference Room at 6:30 p.m. on March 7, 2017.

### PRESENT:

<b>Board:</b>	Allan MacGregor (Chair)	Dr. Kim Morrison
	Peggy Rice	Bob Clancey
	Diane Airhart	Deb Lowry
	Wayne Coveyduck	Judge Geoff Griffin
	Elaine Stillwell	Michelle Smith
	Eric Smith	Tony Brazda
	Chris Seeley	Dr. Mark Waldron
	Tracy Kent-Hillis	

### REGRETS:

Norm Clark	Bob Vrooman
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<b>Staff in attendance:</b>	Gert Switzer	Christina Detlor
	Nancy Manion	Sheila Mabee (Recorder)

### 1. Call to Order/Opening Remarks

The meeting was called to order at 6:23 p.m., by Allan MacGregor.

### 2. Approval of the Agenda

The agenda was approved as circulated.

#### Motion 1

*Rationale: Normal Practice*

**Motion: The Board of Directors hereby approves the agenda of March 7, 2017.**

Moved by: Peggy Rice  
Seconded by: Diane Airhart

**The motion was carried.**

### 3. Conflict of Interest

The Chair inquired if any member of the Board wished to declare a conflict of interest based on items identified in the Agenda. There were no identified conflicts of interest.

### 4. Minutes of Previous Meetings

The minutes of the previous meeting were approved as circulated.

#### Motion 2

*Rationale: Normal Practice*

**Motion: The Board of Directors hereby approves the minutes of the previous meeting dated February 8, 2017.**

Moved by: Peggy Rice  
Seconded by: Bob Clancey

**The motion was carried.**



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

### 5. Business Arising

#### 5.1 Health Care Tomorrow

Allan MacGregor reported that there has been a schedule adjustment to the Chair/Vice Chair meeting; it is now every other month. Donna Segal has resigned as Chair of the LHIN Board; it is expected that the Ministry will name her replacement in the coming months. The LHIN has redone their organizational chart with the integration of CCAC with the LHIN. A number of executive positions have recently been announced.

Wayne reported that Paul Huras and Cynthia Martineau will be presenting information on Patients First to the Physicians Change Management group in May. The structure of SECHEF meetings (CEO, with or without Clinical) is on the agenda to be discussed at this month's SECHEF meeting.

#### 5.2 Strategic Plan

Wayne inquired if there were comments or suggestions from the Board on the draft Strategic Plan which was circulated via email. There were two objectives that were kept in mind during its development:

- 1) To meet the requirement for Accreditation by including year over year objectives; and
- 2) Education (new) Board members beyond the action-oriented items within the Strategic Plan.

Overall, the draft Strategic Plan was well received and noted to be easily understood and very transparent. The following feedback comments were discussed:

- Wayfinding is an indicator of the patient experience which is linked to accessibility and a senior friendly environment
- Under "*Trends in Community Hospital*" – the wording "*not viable long term*" was discussed in great detail and felt that it was strong wording and not appropriate to leave in
- The objective of assisted living/LTC home was discussed and felt appropriate to leave in as it is not concrete and governed by the word "objective"
- The reference to the Hay report was discussed and rewording suggested, as was removing the reference to the report

Sheila will make the edits and the final draft will be circulated to be reviewed for a last round of input.

#### 5.3 Accreditation – Governance Standards

Nancy Manion highlighted that there are two main items for accreditation under governance.

- 1) Governance Functioning Tool: this is required once in a 4 year accreditation cycle and was completed in 2015.
- 2) Governance Standards: Nancy went through all the standards and completed a column for each with evidence of how she felt we are meeting the standards. Copies were provided to each of the Board members to take home and fill out any items that are felt to be missing. There were a couple gaps identified which we will need to work towards meeting:
  - a) PFAC as a member of the Board (currently in process);



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS

March 7, 2017

Airhart Conference Room

- b) Process to address any physician issues (Dr. Morrison and Nancy are working on this); and
- c) Communication Plan (Christina is working on this)

The Directors were encouraged to take the Standards home to review and provide additional detail to Nancy, if warranted.

### 6. Reports

#### **6.1 Quality Committee**

Elaine Stillwell reported that the main focus of the Quality Committee meeting was the Quality Improvement Plan, which will be discussed in further detail under new business. The Quality Committee minutes of February 21, 2017 were reviewed as circulated.

#### **6.2 Medical Advisory Committee**

Further to the minutes of February 9, 2017, Dr. Morrison highlighted the following:

A notice was received from the CPSO that Dr. Reynold's has been provided a caution and specified continuing education and remediation program including clinical supervision, due to concerns with diabetic patient management, controlled substance prescribing and medical record documentation. Dr. Morrison noted that Dr. Reynolds has been very forthcoming with what has transpired. He had previously decided to cease doing inpatient care at our hospital, but would like to continue to do work in the outpatient clinic for his patients who are unable to attend his office, and/or perform small procedures that he is unable to do in his office.

Subsequent to this, Dr. Reynolds has fallen behind in applying for privileges, and in fact, the re-appointment application that is being brought forward tonight is actually for last year's privileges. He has been advised that he cannot work in the hospital until they are approved. In addition, Dr. Reynolds continuing medical education submission, which is part of his re-appointment application, was submitted on multiple of pieces of paper, making it difficult to determine if he has met the minimum number of hours required by the hospital. A CCFP MainPro + summary will be an expectation of his next re-appointment submission.

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

- Dr. Keith Gregoire - Consulting (Paediatrics)
- Dr. Andre Tan - Consulting (ENT)

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



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

### Motion 3

*Rationale: Applications for the re-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-appointment applications to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:***

- Dr. Keith Gregoire – Consulting (Paediatrics)
- Dr. Andre Tan – Consulting (ENT)

Moved by: Deb Lowry  
Seconded by: Diane Airhart

**The motion was carried.**

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

- Dr. Eduard Iliescu - Consulting (Nephrology)
- Dr. Hooman Hennessey – Locum Tenens (Radiology)
- Dr. Stefan Potoczny – Locum Tenens (Radiology)

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 the 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 applications to the LACGH Medical Staff, as recommended by the Medical Advisory Committee:***

- Dr. Eduard Iliescu – Consulting (Internal Medicine (Nephrology))
- Dr. Hooman Hennessey – Locum Tenens (Radiology)
- Dr. Stefan Potoczny – Locum Tenens (Radiology)

Moved by: Deb Lowry  
Seconded by: Peggy Rice

**The motion was carried.**

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

- Dr. Robert Reynolds – Courtesy without Admitting (Family Practice) *change from Active staff to Courtesy without Admitting*

A concern was noted by the Credentials Committee with regards to the disorganized fashion in which Dr. Reynolds' CME credit summary was submitted and recommended that Dr. Reynolds' re-appointment application be approved with the proviso that his next re-appointment (required simultaneously to the re-appointment being approved) be required to submit a MainPro summary to ensure that he has met the minimum number of CPD hours that the Hospital requires. It was also noted that the Medical Director review of this physician was listed as "fair", not "good" or "exceptional".



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

The MAC; therefore, recommends that the re-appointment application with the noted change and proviso, be approved by the Board of Directors. The Board reviewed the credentialing application and no additional concerns were noted.

### **Motion 5**

*Rationale: Applications for the 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, as recommended by the Medical Advisory Committee, hereby approves the following re-appointment to the LACGH Medical Staff with the noted change. This recommendation is based on the proviso that Dr. Reynolds be required to submit a MainPro Summary on his next re-appointment cycle, to ensure the CPD hours have been met, as required by the Hospital.***

- *Dr. Robert Reynolds – Courtesy without Admitting (Family Practice) change from Active staff to Courtesy without Admitting*

Moved by: Chris Seeley

Seconded by: Deb Lowry

**The motion was carried.**

### **6.3 Volunteer Services**

Diane Airhart highlighted the following items from Volunteer Services:

- The Valentine Luncheon was mildly successful with \$305 raised.
- The transport wheelchairs and food delivery system purchase has been completed at \$14,859.62 and \$27,956.84 respectively.
- The draft Fitness Centre Usage policy and procedure is being reviewed and several volunteers have expressed an interest.

### **6.4 Governance Committee**

Tony Brazda reviewed the following from the February 15, 2017 Governance Committee minutes:

#### **6.4.1 Patient and Family Advisor - Board**

The Governance Committee reviewed the request for a member of the Hospital's Patient and Family Advisory Council (PFAC) to provide representation on the Board of Directors. The request is supporting the growing trend to provide a voice to the client, where possible. Allan noted that the representative will be a non-voting, ex-officio Board member. Nancy, as chair of the PFAC, shared that the person selected will have a two year term on the Board and will be someone who has been a PFAC member for a number of months and oriented to the Hospital.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

### Motion 6

*Rationale: Normal Practice.*

***Motion: The Board of Directors that a member of the Patient and Family Advisory Council sit on the Board of Directors as an ex-officio Patient and Family Advisor Representative, as recommended by the Governance Committee.***

Moved by: Chris Seeley

Seconded by: Deb Lowry

**The motion was carried.**

### 6.4.2 Board Accountability Statement

The Governance Committee reviewed the Board Accountability Statement. The Accountability Statement was updated to include a patient's family "To Patients **and their Families**". No concerns were noted.

### Motion 7

*Rationale: The Guide to Good Governance recommends that Hospitals develop a Board Accountability Statement for viewing by the public.*

***Motion: The Board of Directors approves the following update to the Board Accountability Statement, as recommended by the Governance Committee:***

*To Patients **and their Families***

Moved by: Tony Brazda

Seconded by: Elaine Stillwell

**The motion was carried.**

### 6.4.3 Board Retreat

The Governance Committee discussed the 2017 Board Retreat and holding the event once again at the Donald Gordon Centre. Allan updated that in following up with the Donald Gordon Centre, it has been determined that availability is limited for our preferred timeframe. Therefore, it has been suggested that other options be explored and brought before the Governance Committee.

### 6.4.4 Election of Officers Process

The Governance Committee reviewed the process for selecting officers. A discrepancy between the Corporate By-Laws and the term for Chair was noted. Therefore, the Chair term was updated with the following change:

*"two (2) years, renewable for a three (3) year term at the discretion of the Board, **to a maximum of five (5) years.**"*

No concerns were noted.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

### Motion 8

*Rationale: As part of the Governance Committee's Work Plan, they are required to review the Process for Election of Officers.*

***Motion: The Board of Directors approves the Election of Officers Process with the following change, as recommended by the Governance Committee:***

*Chair: two (2) years, renewable for a three (3) year term at the discretion of the Board to a maximum of five (5) years.*

Moved by: Geoff Griffin  
Seconded by: Elaine Stillwell

**The motion was carried.**

### 6.4.5 Corporate By-Laws

The Governance Committee reviewed the Corporate By-Laws with the following change:

*"The Chair shall be elected annually and shall be eligible for re-election provided that the Chair shall serve no longer than two (2) consecutive years. Notwithstanding the foregoing, where a Director has served two (2) consecutive years as Chair, the Board may, by resolution approved by two-thirds (2/3) resolution of the Board, provide that such member is eligible for re-election as Chair provided, however, that in no event shall such member serve longer than four (4) five (5) consecutive years."*

### Motion 9

*Rationale: To ensure consistency with our Corporate By-Laws and position description with respect to the term of the Board Chair position, an amendment to the By-Laws will be required.*

***Motion: The Board of Directors hereby approves that Article 10.1 of the Corporate By-Laws be amended to reflect the following, as recommended by the Governance Committee:***

*The Chair shall be elected annually and shall be eligible for re-election provided that the Chair shall serve no longer than two (2) consecutive years. Notwithstanding the foregoing, where a Director has served two (2) consecutive years as Chair, the Board may, by resolution approved by two-thirds (2/3) resolution of the Board, provide that such member is eligible for re-election as Chair provided, however, that in no event shall such member serve longer than four (4) five (5) consecutive years.*

Moved by: Elaine Stillwell  
Seconded by: Chris Seeley

**The motion was carried.**

### 6.4.6 By-Law Amendment

Following the Board endorsement to have a Patient and Family Advisory Council member provide representation on the Board of Directors, the Governance Committee recommends that this change be reflected in the Corporate By-Laws.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

### **Motion 10**

*Rationale: Changes to the composition of the Board requires an amendment to the Hospital's Corporate By-Laws.*

***Motion: The Board of Directors hereby approves an amendment to the Corporate By-Laws which would speak to the inclusivity of an ex-officio Patient and Family Advisory Representative, as recommended by the Governance Committee:***

Moved by: Chris Seeley

Seconded by: Deb Lowry

**The motion was carried.**

### **6.5 Pastoral Care Committee**

Tracy Kent-Hillis highlighted the following from the Pastoral Care Committee meeting of February 16, 2017:

- The Committee has a new Chair, Reverend Bowbeer.
- Efforts of the Committee were primarily focused on solidifying plans for the annual memorial service for patients who passed in 2016. The event is scheduled to take place at the Westdale Free Methodist Church for April 23, 2017.

### **6.6 Finance Committee**

Deb Lowry reviewed the following from the February 21, 2017 Finance Committee meeting:

#### **6.6.1 – Patient Telephone Charge**

The Finance Committee reviewed a request to discontinue the \$10 fee charged to patients who wish to have a telephone. The number of people wishing to have a phone has been diminishing over the last 4 years and there is sometimes a dispute if it has not been signed off when the time comes to square up the bill. No concerns were noted.

### **Motion 11**

*Rationale: Normal Practice.*

***Motion: The Board of Directors hereby approves that the \$10 fee we charge for a patient to use the telephone be discontinued, as recommended by the Finance Committee.***

Moved by: Deb Lowry

Seconded by: Peggy Rice

**The motion was carried.**

#### **6.6.2 – Board, CEO, and Senior Management Expenses**

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for January 2017 which totaled \$104.81. The Finance Committee recommends to the Board, that the following expenses be approved:





# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

### 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 \$104.81, as recommended by the Finance Committee.**

#### January 2017

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Wayne Coveyduck				82.96			82.96
Gert Switzer	21.85						21.85
<b>TOTAL</b>	<b>21.85</b>			<b>82.96</b>			<b>\$104.81</b>

Moved by: Geoff Griffin

Seconded by: Tony Brazda

**The motion was carried.**

### 6.6.3 – January Cheque List

The Finance Committee reviewed the January 2017 Financial Statements and Cheque List which totaled \$2,790,237.62. No concerns were noted by the Finance Committee or the Board.

### Motion 13

*Rationale: Normal Practice.*

**Motion: The Board of Directors hereby approves the January 2017 Financial Statements and January 2017 Cheque List totaling \$2,790,237.62, as recommended by the Finance Committee.**

Moved by: Geoff Griffin

Seconded by: Tony Brazda

**The motion was carried.**

### 6.6.4 – Capital Equipment Requests

The Finance Committee reviewed a request for the allocation of \$15,676 towards the purchase of: ER & Acute, 10 wheelchairs funded by Volunteer Service (\$14,860); OR, surgical retractor (\$816), added cost. No concerns were noted by the Finance Committee or the Board.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS

March 7, 2017

Airhart Conference Room

### Motion 14

*Rationale: The Board of Directors is required to review and approve capital requests.*

**Motion: The Board of Directors hereby approves the following capital requests totaling \$15,676, as recommended by the Finance Committee:**

- ER & Acute, 10 wheelchairs funded by Volunteer Services (\$14,860)
- OR surgical retractor (\$816)

Moved by: Diane Airhart

Seconded by: Peggy Rice

**The motion was carried.**

### 6.6.5 – 3SO Line of Credit Guarantee

The Finance Committee reviewed the request to sign on with the rest of the 3SO hospital membership as guarantors for 3SO's line of credit. Since our hospital was late in joining 3SO, we were not asked to join initially. With agreements being revised, the request was put forward; our hospital's share of the guarantee would amount to \$25,000. No concerns were noted.

### Motion 15

*Rationale: The Finance Committee and Board of Directors is required to approve expenditures requiring a contractual obligation.*

**Motion: The Board of Directors approves joining the rest of the 3SO hospital membership as guarantors of the 3SO Line of Credit in the amount of \$1 million, as recommended by the Finance Committee. Our hospital's share of this guarantee would amount to \$25,000.**

Moved by: Deb Lowry

Seconded by: Diane Airhart

**The motion was carried.**

### 6.7 Foundation

In absence of Bob Vrooman, the Foundation report was reviewed as circulated.

### 6.6 Chief Executive Officer's Report

Further to the written report provided in the Board package, Wayne Coveyduck shared the following:

- The Kingston Health Science Centre Board of Directors has been approved and announced. There are 4 new members (Kirk Corkery, Bruce Lounsbury, Brenda Hunter and Michele Lawford); 4 members from the KGH Board (David O'Toole, Axel Thesberg, Glenn Vollebregt and Peng-Sang Cau); and 4 members from the HDH Board (J.A. Wilson, Alan Cosford, Sherri McCullough and David Pattenden).
- The submission for a CT at LACGH will be going before the SECHEF group this month. We have done our homework to ensure that the submission goes as smoothly as possible. Included in the submission is a number of letters of support from the various hospitals, and physicians in our region.
- It was noted that our Visitor policy has had some wording changes as a result of consultation with the PFAC. "visitor" was changed to "family and friends"



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

### Motion 16

*Rationale: Normal Practice*

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

Moved by: Peggy Rice  
Seconded by: Bob Clancey

**The motion was carried.**

### 7. Other

#### **7.1 Correspondence Received up to March 1, 2017**

There was no additional correspondence to report.

### 8. New Business

#### **8.1 Quality Improvement Plan 2017/18**

Further to the draft QIP 2017/18 distributed in the Board package, Nancy Manion highlighted the following new items:

##### Effective Transitions:

- A standardized discharge summary checklist will be created
- A question will be added to the post-discharge phone call survey to inquire if the patient was provided with all of the information required
- We will be looking at a standardized discharge summary which will be provided to the patient on discharge

##### Patient-Centered

- Our hospital will be participating in the Chronic Obstructive Pulmonary Disease (COPD) regional work
- Implementing a pulmonary rehab clinic in the building will be explored
- The work of discharge planning will continue with Alternate Level of Care (ALC) patients to improve patient flow
- Non-Urgent Rapid Access (NURA) clinic trial
- Use of bedside communication boards are being looked at for ways to increase effectiveness
- "patient-centered" changed to "person experience" new wording

##### Safe

- Conduct Bedside Medication Verification (BMV) audits to ensure BMV process is being followed

##### Timely

- Improve the process to transfer admitted patients from the ER to the inpatient unit



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

- ER clinic trial to diverge CTAS 4 & 5 patients in the ER and increase flow in the hopes of reducing the PIA for patients

Nancy shared that the 3 or 4 indicators tagged to the 3% holdback of Senior Leadership have not yet been decided upon. 25-30% will be allocated to each indicator.

### **Motion 17**

*Rationale: Our Hospital is required to submit a Quality Improvement Plan based on the requirements under the Excellent Care for All Act, 2010 (ECFAA)*

***Motion: The Board of Directors hereby approves the 2017/18 Quality Improvement Plan for Ontario Hospitals, as recommended by the Quality Committee.***

Moved by: Tony Brazda  
Seconded by: Elaine Stillwell

**The motion was carried.**

### **8.2 Individual Director Assessment**

Allan MacGregor requested that the Board Directors complete an individual assessment. Paper copies were distributed with a request to return them to Sheila Mabee by March 25, 2017.

### **9. Closed Session**

At 8:02 p.m., the Board moved into closed session.

### **Motion 18**

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby moves into closed session.***

Moved by: Chris Seeley  
Seconded by: Deb Lowry

**The motion was carried.**

At 8:12 p.m., the Board rose from closed session.

### **Motion 19**

*Rationale: Normal Practice*

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

Moved by: Peggy Rice  
Seconded by: Bob Clancey

**The motion was carried.**

### **10. Next Meeting**

The next regular meeting of the Board is scheduled for April 4, 2017 at 6:30 p.m. in the Airhart Conference Room.

### **11. Adjournment**



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 7, 2017 Airhart Conference Room

The meeting was adjourned at 8:13 p.m.

### **Motion 20**

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby adjourns their meeting at 8:13 p.m. on March 7, 2017.***

Moved by: Diane Airhart

Seconded by: Peggy Rice

**The motion was carried.**