



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS May 2, 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 May 2, 2017.

### PRESENT:

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

### REGRETS:

Dr. Waldron	Eric Smith
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<b>Staff in attendance:</b>	Nancy Manion	Sheila Mabee (Recorder)
	Gert Switzer	

### 1. Call to Order/Opening Remarks

The meeting was called to order at 6:45 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 May 2, 2017.**

Moved by: Peggy Rice

Seconded by: Deb Lowry

**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 April 4, 2017.**

Moved by: Tony Brazda

Seconded by: Deb Lowry

**The motion was carried.**



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS

May 2, 2017  
Airhart Conference Room

### 5. Business Arising

#### 5.1 Health Care Tomorrow

Allan MacGregor reported that the Chair/Vice Chair meeting was attended in person by both himself and Tony Brazda. The meeting focused on three items:

- 1) Presentation by Dean Reznick, Head of Southeastern Ontario Academic Medical Organization (SEAMO): the presentation explained the fee-for-service funding model versus the alternative model currently used by SEAMO, which is salaried. The thought is that the LHIN believes this is the future funding model for the physicians.
- 2) Troy Jones, Health Information System (HIS) project lead, defined the clinical benefits of HIS. There is still a push to get this projects before the Boards for a decision in June. The possibility of an opportunity to get funding for this project was mentioned.
- 3) The Chair position will be vacated with the resignation of Donna Segal. There was an inquiry about interest in taking over the role of Chair for the Chair/Vice Chair Forum.

Wayne noted that the next SECHEF meeting in June will be a 4 ½ hour CEO only session. There has still been no decision on whether this will become the new norm moving forward.

The funding for the HIS project (estimated to be approximately \$90 million) was discussed in further detail. Board members felt that all hospitals should pay for their own installation costs, while the cost of the system could be split based on the vendors formula for hospital sizing and complexity.

#### 5.3 Accreditation – ROPs

Nancy Manion provided an overview of the Required Organizational Practices (ROP) for this Accreditation cycle. All ROPs are meant to showcase how our hospital enhances patient safety, minimize risk. Each of the 32 ROPs have guidelines and tests for compliance (minor and major)

The sample provided was the “Accountability for Quality” ROP.

To prepare for Accreditation, each of the 32 ROPs have been printed and are in a binder. Each of the tests for compliance have “proof” of how we meet the standard. The binder(s) will be provided to the surveyors upon their arrival.

Sheila Mabee will be compiling the 32 “Accreditation Weekly” summaries into a concise document and place on the Board’s portal to refer to.

#### 5.4 Board Self-Assessment Follow-up

Allan reminded Board members about the Board Self-Assessment to be completed. A deadline of end of day May 8 was provided in order to give the OHA enough time to compile a report for the Governance Committee.

Sheila Mabee will resend the link for the survey to everyone.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS May 2, 2017 Airhart Conference Room

### 6. Reports

#### 6.1 Quality Committee

Elaine Stillwell noted that there is still room if Board members would like to attend the Ethics Education session occurring on May 3. The topic of discussion is *Advance Care Planning & Health Care Consent*.

Elaine highlighted the following from the Quality Committee minutes of April 18, 2017 meeting:

John McBride attended the Quality meeting to report on Medication Management. The summary of John's report was circulated as part of the Quality minutes in the Board package.

The Quality Committee reviewed and approved the revised copy of the Full Disclosure policy B-7 which was sent as part of the Board package. There was an update to the definition of the levels of harm. No concerns were noted.

#### **Motion 3**

*Rationale: The updated Full Disclosure policy was reviewed and approved by the Quality Committee and requires the support of the Board of Directors*

***Motion: The Board of Directors hereby approves the Full Disclosure Board Policy No. B-07, as recommended by the Quality Committee.***

Moved by: Peggy Rice

Seconded by: Deb Lowry

**The motion was carried.**

#### 6.2 Medical Advisory Committee

Dr. Morrison highlighted the following from the minutes of April 6, 2017:

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

- Dr. Vickie Martin – Consulting (Oncology)
- Dr. Dan Curran – Active (Family Practice with Emergency)
- Dr. Crystal Gonu – Active staff (Family Practice)
- Dr. Carl Lee – Active staff (Family Practice)
- Dr. Aaron McGregor – Associate staff (Family Practice)
- Dr. Kimberley Morrison – Active staff (Family Practice)
- Dr. Sonal Patel – Active staff (Family Practice)
- Dr. Pierre-Marc Robichaud – Associate staff (Family Practice with Emergency)
- Dr. Liz Touzel – Active staff (Family Practice)
- Dr. Tom Touzel – Active staff (Family Practice)
- Dr. Tatiana Viaznikova – Active staff (Family Practice with Emergency)
- Dr. Susan Chamberlain – Consulting (Gynaecology)
- Dr. Mary Anne Jamieson – Consulting (Gynaecology)
- Dr. Richard Thomas – Consulting (Gynaecology)



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS May 2, 2017 Airhart Conference Room

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.

### **Motion 4**

*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. Vickie Martin – Consulting (Oncology)
- Dr. Dan Curran – Active (Family Practice with Emergency)
- Dr. Crystal Gonu – Active staff (Family Practice)
- Dr. Carl Lee – Active staff (Family Practice)
- Dr. Aaron McGregor – Associate staff (Family Practice)
- Dr. Kimberley Morrison – Active staff (Family Practice)
- Dr. Sonal Patel – Active staff (Family Practice)
- Dr. Pierre-Marc Robichaud – Associate staff (Family Practice with Emergency)
- Dr. Liz Touzel – Active staff (Family Practice)
- Dr. Tom Touzel – Active staff (Family Practice)
- Dr. Tatiana Viaznikova – Active staff (Family Practice with Emergency)
- Dr. Susan Chamberlain – Consulting (Gynaecology)
- Dr. Mary Anne Jamieson – Consulting (Gynaecology)
- Dr. Richard Thomas – Consulting (Gynaecology)

Moved by: Peggy Rice

Seconded by: Deb Lowry

**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. J Douglas Alkenbrack – Courtesy with Admitting (Family Practice) *change from Courtesy without Admitting to Courtesy with Admitting, additional privileges requested*
- Dr. Mamdouh Andrawis – Active staff (Family Practice) *addition of local anesthesia privileges requested*
- Dr. Susan James – Active staff (Radiology) *change from Consulting to Active staff*

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



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS

May 2, 2017  
Airhart Conference Room

### 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 hereby approves the following re-appointment to the LACGH Medical Staff with the noted changes, as recommended by the Medical Advisory Committee:***

- *Dr. J Douglas Alkenbrack – Courtesy with Admitting (Family Practice) change from Courtesy without Admitting to Courtesy with Admitting, additional privileges requested*
- *Dr. Mamdouh Andrawis – Active staff (Family Practice) addition of local anesthesia privileges requested*
- *Dr. Susan James – Active staff (Radiology) change from Consulting to Active staff*

Moved by: Peggy Rice  
Seconded by: Chris Seeley

**The motion was carried.**

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

- Dr. Sheila Chou - Locum Tenens (Radiology)
- Dr. Alexander Coret - Locum Tenens (Radiology)
- Dr. Dennis Janzen - Locum Tenens (Radiology)
- Dr. Sophie Petitclerc – Locum Tenens (Radiology)
- Dr. Anil Shastry – Locum Tenens (Radiology)
- Dr. Vivek Singh – Consulting (Radiology)
- Dr. Colin Taylor – Locum Tenens (Radiology)
- Dr. Jennifer Tynan – Locum Tenens (Radiology)
- Dr. Rey Acedillo - Consulting (Nephrology)
- Dr. Rachel Holden - Consulting (Nephrology)
- Dr. Benjamin Thomson - Consulting (Nephrology)

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.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS May 2, 2017 Airhart Conference Room

### **Motion 6**

*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. Sheila Chou - Locum Tenens (Radiology)*
- *Dr. Alexander Coret - Locum Tenens (Radiology)*
- *Dr. Dennis Janzen - Locum Tenens (Radiology)*
- *Dr. Sophie Petitclerc – Locum Tenens (Radiology)*
- *Dr. Anil Shastry – Locum Tenens (Radiology)*
- *Dr. Vivek Singh – Consulting (Radiology)*
- *Dr. Colin Taylor – Locum Tenens (Radiology)*
- *Dr. Jennifer Tynan – Locum Tenens (Radiology)*
- *Dr. Rey Acedillo - Consulting (Nephrology)*
- *Dr. Rachel Holden - Consulting (Nephrology)*
- *Dr. Benjamin Thomson - Consulting (Nephrology)*

Moved by: Chris Seeley

Seconded by: Peggy Rice

**The motion was carried.**

### **6.3 Volunteer Services**

The Volunteer Services minutes from the April 11, 2017 meeting were briefly reviewed as circulated in the Board package. Diane Airhart noted the following highlights:

- The Volunteers are hosting a Mother's Day Tea on May 12 in the Airhart Conference Room
- This year, the Fall Harvest and Christmas Bazaar will be combined into one event which will take place towards the end of November
- The Annual Meeting for Volunteer Services will take place on June 13
- The Volunteer Services membership is in dire need of additional volunteers for patient care. Advertising is being developed for the newspaper to get this out into the community

### **6.4 Finance Committee**

Deb Lowry reviewed the following from the April 25, 2017 Finance Committee meeting:

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

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for March 2017 which totaled \$1,044.89. The Finance Committee recommends to the Board, that the following expenses be approved:



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS May 2, 2017 Airhart Conference Room

### 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 \$1,044.89, as recommended by the Finance Committee.**

#### March 2017

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Wayne Coveyduck	31.66			123.54			155.20
Kim Morrison				108.20			108.20
Gert Switzer	19.60			20.56			40.16
Nancy Manion	67.63		372.70	199.29	32.46		672.08
Tracy Kent-Hillis	37.69			31.56			69.25
<b>TOTAL</b>	<b>156.58</b>		<b>372.70</b>	<b>483.15</b>			<b>\$1,044.89</b>

Moved by: Chris Seeley  
Seconded by: Peggy Rice

**The motion was carried.**

### 6.4.2 – March Financial Statement and Cheque List

The Finance Committee reviewed the March 2017 Financial Statements and Cheque List which totaled \$2,942,012.98. No concerns were noted by the Finance Committee or the Board.

### Motion 8

*Rationale: Normal Practice.*

**Motion: The Board of Directors hereby approves the March 2017 Financial Statements and March 2017 Cheque List totaling \$2,942,012.98, as recommended by the Finance Committee.**

Moved by: Elaine Stillwell  
Seconded by: Peggy Rice

**The motion was carried.**

### 6.4.3 – Capital Equipment Requests

The Finance Committee reviewed a request for the allocation of \$70,000 towards the purchase of: ER, Ultrasound (\$70,000). No concerns were noted by the Finance Committee or the Board.

### Motion 9

*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 \$70,000, as recommended by the Finance Committee for an ER. Ultrasound (\$70,000) replacement.**

Moved by: Elaine Stillwell  
Seconded by: Chris Seeley

**The motion was carried.**



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS

May 2, 2017  
Airhart Conference Room

### 6.4.4 – Bad Debt Write-off 2016-17

The Finance Committee reviewed the bad debt write offs for 2016/17. Deb noted that the amount is half that of last year and mostly from the ambulance co-payment charge.

#### **Motion 10**

*Rationale: Normal Practice.*

***Motion: The Board of Directors hereby approves the write-off of bad debt for 2016/17 in the amount of \$24,366.32, as recommended by the Finance Committee.***

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

**The motion was carried.**

### 6.4.5 – Investment Mandate Statement

The Finance Committee reviewed additional changes made to the Investment Mandate Statement from our Investment Manager. The changes noted was the change in name of the Investment firm and more transparent wording for the Foundation donation. No concerns were noted by the Finance Committee or the Board.

#### **Motion 11**

*Rationale: As part of their annual work plan, the Finance Committee conducts a review of the Investment Mandate Statement.*

***Motion: The Board of Directors hereby approves the revised Investment Mandate Statement, as recommended by the Finance Committee.***

Moved by: Deb Lowry

Seconded by: Michelle Smith

**The motion was carried.**

### 6.5 Nominating Committee

Geoff Griffin noted that the Nominating Committee had met with applicants who expressed their interest in joining the Board of Directors following the departure of Peggy Rice and himself.

Lori Francis and Robert Paul's names will be put forward at the Annual Meeting as part of the Nominating Committee Report.

Geoff noted that Michelle Podhy expressed an interest in joining the Board at a future date.

### 6.6 Foundation Report

Bob Vrooman noted that there are tickets available for the Foundation's annual golf tournament. For those who are not golfers, there are tickets to the social event in the evening. The cost is \$35.

The Foundation's Annual Meeting is scheduled for June 28 at 5 p.m.





# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS

May 2, 2017

Airhart Conference Room

### **6.7 Chief Executive Officer's Report**

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

- Transformational Funding from the provincial Ministry of Health and Long-term Care will continue, as per an announcement earlier in the week.
- Hospitals have also been advised that they will receive a minimum of 2% increase immediately.
- Plans for the physician office space at Lenadco has been submitted to the town for approval.
- We will continue to explore the best option for housing the Chronic Disease Management Program. From an accessibility point of view, Lenadco is better than Westdale. However, if we were to venture into the assistive living business, Lenadco would be the best choice.
- It was noted the LHIN has yet to announce the LTC bed re-allocation.

#### **Motion 12**

*Rationale: Normal Practice*

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

Moved by: Michelle Smith

Seconded by: Deb Lowry

**The motion was carried.**

### **7. Correspondence Received up to May 2, 2017**

Further to the correspondence circulated in the Board package, Wayne noted the following:

Letters to the following individuals came in today: Allan MacGregor, Tony Brazda, Wayne Coveyduck, Tracy Kent-Hillis, Leslie Wall, Dr. Morrison, Bob Vrooman, and the LACGH Foundation Board of Directors.

The letters were sent to the above-noted individuals to express a concern regarding the disbanding of a patient/family quiet room to which the author donated furniture and a painting following the death of her spouse. The author was very hurt, surprised and angry at what had taken place.

After consulting with Maintenance, it was determined that the furniture was in disrepair and not salvageable and therefore disposed of without anyone knowing the significance. It was through the Art Décor Committee that this room was refurnished in 2010. This room was converted into a patient room over two years ago at a time of overcapacity when we were in high need for patients' exam space. Tracy noted that we are likely now in a position, with ALC numbers more under control, to transition the room back to a patient/family quiet room.

It was determined that Tracy would place a personal call to this person on behalf of the hospital and foundation to express an apology. Following that, a letter would be drafted on behalf of all and sent to Ms. Martin, who made this complaint.



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS May 2, 2017 Airhart Conference Room

### 8. New Business

None.

### 9. Closed Session

At 7:48 p.m., the Board moved into closed session.

#### Motion 13

*Rationale: Normal Practice*

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

Moved by: Deb Lowry

Seconded by: Michelle Smith

**The motion was carried.**

At 8:35 p.m., the Board rose from closed session.

#### Motion 14

*Rationale: Normal Practice*

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

Moved by: Deb Lowry

Seconded by: Michelle Smith

**The motion was carried.**

### 10. Next Meeting

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

### 11. Adjournment

The meeting was adjourned at 8:35 p.m.

#### Motion 15

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby adjourns their meeting at 8:35 p.m. on May 2, 2017.***

Moved by: Michelle Smith

Seconded by: Deb Lowry

**The motion was carried.**