



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

MINUTES BOARD OF DIRECTORS

June 6, 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 June 6, 2017.

PRESENT:

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

REGRETS:

Bob Clancey	Norm Clark
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Staff in attendance:	Nancy Manion	Tracy Ringrose
	Gert Switzer	Sheila Mabee (Recorder)

1. Call to Order/Opening Remarks

The meeting was called to order at 6:57 p.m., by Allan MacGregor. Tracy Ringrose, the new Director of Human Resources was welcomed.

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 June 6, 2017.

Moved by: Deb Lowry
Seconded by: Michelle Smith

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 May 2, 2017.

Moved by: Michelle Smith
Seconded by: Peggy Rice

The motion was carried.



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5. Ex-officio Voting

Allan MacGregor addressed ex-officio voting following the confusion at the last meeting. Allan made reference to Regulation 965 amendment which came out in 2011. This amendment restricted, not just staff ex-officio, but all ex-officio Directors from having a vote at the Board table. Following a lengthy discussion at the Governance Committee meeting, it was felt that an inclusive Board, one in which all members have a voice would be best for our LACGH. Therefore, all ex-officio, with the exception of staff, would have a vote. There was consensus with this decision.

6. Business Arising

6.1 Health Care Tomorrow

Allan MacGregor reported that he attended the in person Chair/Vice Chair meeting last week. The meeting focused on the following items:

- 1) The Chair/Vice Chair forum voted on and approved the updated Terms of Reference. The group will meet quarterly in person and via teleconference, as needed.
- 2) Following the departure of Donna Segal, the forum will have two co-Chairs.
- 3) Bev McFarlane provided an update that the COPD and Hip Fracture working group business cases will be ready sometime between September and December for Boards to vote on.
- 4) There will be another Board to Board meeting regarding HIS which is planned to take place towards the end of August or early September. Allan noted he has requested the following be part of the business case:
 - a. Total regional cost;
 - b. Prorated cost per organization; and
 - c. Total "seed money" to be kicked in by the province.

6.2 Accreditation – Schedule, Decision Guide

Nancy Manion provided an overview of the Accreditation schedule for the week of June 19 to 22. All Board members were invited to attend the debrief session scheduled June 22 from 11:00 a.m. to 12 noon. The Surveyors have been identified, one nurse and one doctor. Nancy also had a request to have a representative from Accreditation Canada also attend as an "observer".

Copies of the updated Communication Plan were distributed.

Nancy explained the Accreditation Decision Guide. Results from the Surveyors should take approximately 2 to 3 weeks to return.

7. Reports

7.1 Quality Committee

Elaine Stillwell shared that as a result of the QCIPA review, one of the recommendations was for every hospital to develop their own definition of Quality. The Patient and Family Advisory Council (PFAC) participated in a focus group to assist with this task. It was recommended for inclusion in the Hospital's Strategic Plan. The following is the Quality definition that was developed:



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“Quality, as defined by the LACGH Patient and Family Advisory Council entails knowledgeable, skilled and timely diagnosis and treatment by a respectful, empathetic health care team with a key focus on open communication with patients and families. This care will be provided in a safe, clean and inviting environment.” ~ PFAC, May 2017

Another item from the QCIPA review has led to revision of a few policies: *Critical Incident Reporting and Management* policy (CPR-129) and *Patient Safety Incident Reporting Management* policy (CPR-105). No concerns were noted.

Motion 3

Rationale: The Critical Incident Reporting and Management policy (CPR-129) and Patient Safety Incident Reporting Management policy (CPR-105) were revised and updated to reflect current best practices related to incident reporting. Both policies have been reviewed and approved by the Quality Committee.

Motion: The Board of Directors approves the revised Critical Incident Reporting Management policy (CPR-129) and the Patient Safety Incident Reporting Management policy (CPR-105), as recommended by the Quality Committee.

Moved by: Deb Lowry
Seconded by: Michelle Smith

The motion was carried.

As a result of practice changes, the Quality Committee is making a recommendation that the *Review of Potential Adverse Event* policy (B-20) be archived. No concerns were noted by the Quality Committee or the Board.

Motion 4

Rationale: The Quality Committee reviewed a recommendation that the Review of Potential Adverse Event policy (B-20) be archived, as it is no longer reflective of current practice with the introduction of concurrent coding.

Motion: The Board of Directors hereby approves that the Review of Potential Adverse Event policy (B-20) be archived, as recommended by the Quality Committee.

Moved by: Deb Lowry
Seconded by: Michelle Smith

The motion was carried.

7.2 Art Décor Committee

Michelle Smith reported that the Art Décor Committee has made the decision to reduce the student art exhibitions to once per year for a six week period. The Committee judged the submissions from staff members for the photo contest. All entries were great, making the job difficult for the judges. Winners will be announced in the next edition of The Little Extra.

7.3 Medical Advisory Committee

Dr. Morrison highlighted the following from the minutes of May 11, 2017:



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The Medical Advisory Committee received a report on Medication Safety, Pharmacy & Therapeutics by John McBride. In addition, the Committee completed a venous thromboembolism (VTE) prophylaxis (blood clot) review.

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

- Dr. Doug Alkenbrack – Courtesy with Admitting (Family Practice)
- Dr. Jeffrey Sloan – Active staff (Family Practice with Emergency)
- Dr. Martine McKay – Locum Tenens (Family Practice)
- Dr. Robert Reynolds – Courtesy without Admitting (Family Practice)
- Dr. David Good – Courtesy without Admitting (Laboratory Medicine/Pathology)

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 5

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. Doug Alkenbrack – Courtesy with Admitting (Family Practice)*
- *Dr. Jeffrey Sloan – Active staff (Family Practice with Emergency)*
- *Dr. Martine McKay – Locum Tenens (Family Practice)*
- *Dr. Robert Reynolds – Courtesy without Admitting (Family Practice)*
- *Dr. David Good – Courtesy without Admitting (Laboratory Medicine/Pathology)*

Moved by: Deb Lowry

Seconded by: Michelle Smith

The motion was carried.

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

- Dr. Sheldon Wiebe - Locum Tenens (Radiology)
- Dr. Thomas McGregor - Consulting (Urology)

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.



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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. Sheldon Wiebe - Locum Tenens (Radiology)*
- *Dr. Thomas McGregor - Consulting (Urology)*

Moved by: Deb Lowry

Seconded by: Michelle Smith

The motion was carried.

7.4 Volunteer Services

The Volunteer Services minutes from the May 9, 2017 meeting were briefly reviewed as circulated in the Board package. Diane Airhart noted the following highlights:

- The Volunteer Services Annual Meeting is scheduled to take place at 1:30 p.m. on June 13.
- There will be no change in the Executive for the upcoming fiscal year.
- The Gift Shop is doing well; the Volunteers have decided against a debit machine and will deduct the cost of using the ATM in the ER from the sales receipt.
- Eleven new volunteers have been recruited as a result of well-received advertising efforts.

7.5 Governance Committee

Tony Brazda highlighted the following from the May 18, 2017 Governance Committee meeting:

- The Committee reviewed the OHA-collated results from the GCE Board Self-Assessment. In comparison to other Hospital responses, we scored above average in all areas. Outliers will be address at the Board Retreat in the fall.
- The Corporate Bylaws have been updated to reflect the addition of the Patient and Family Advisory Council Representative.
- There are a few small changes to the Board Orientation in the fall with the addition of a possible follow up session at 6 months and the introduction of a buddy system for new Board members. The Orientation session is scheduled to take place September 6; all Board members are invited to attend, if they wish.
- The Committee reviewed the *Reporting of Gunshot Wounds* (policy B-06) and the *Providing Services to People with Disabilities* (policy B-09) and decided they should remain under the realm of Board policies.

Following an on-site visit to Isaiah Tubbs Resort and Conference Centre, the Committee is recommending a venue change from last year for the upcoming fall Board Retreat. Allan shared that WIFI seemed to be improved since the Board was last there. They have also assigned the upper level in the Conference Room, so we will no longer be in the basement. No concerns were noted by the Board.



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Motion 7

Rationale: The Governance Committee reviewed venue options and potential dates for the upcoming Board of Directors Retreat.

Motion: The Board of Directors hereby approves that the annual Board of Directors Retreat be held at the Isaiah Tubbs Resort and Conference Centre on September 7 and 8, 2017, as recommended by the Governance Committee.

Moved by: Peggy Rice
Seconded by: Deb Lowry

The motion was carried.

The Governance Committee reviewed the Risk Profile Summary and a request that the name be changed to *Risk Mitigation Schedule*. Dr. Morrison noted that the Medical Advisory Committee reviews Mortality Rates/Coroner Cases, as part of the annual work plan. Any applicable recommendations are then sent to the Quality Committee for review.

Motion 8

Rationale: As part of the work plan, the Governance Committee shall review the Risk Profile Summary on an annual basis.

Motion: The Board of Directors hereby accepts the amended Risk Profile Summary, and approves that the document's name be changed to **Risk Mitigation Schedule**, as recommended by the Governance Committee.

Moved by: Michelle Smith
Seconded by: Peggy Rice

The motion was carried.

The Governance Committee reviewed an amendment to the Corporate By-laws to include a member of the Patient and Family Advisory Council Representative as an Ex-officio Director. No concerns were noted with the change.

Motion 9

Rationale: As part of the work plan, the Governance Committee is required to review and make recommendations on changes with respect to the Corporate By-laws.

Motion: The Board of Directors hereby approves that Article 4.1 (b) of the Corporate By-Laws be amended to reflect the following, as recommended by the Governance Committee:

The Board shall consist of:

*(b) the President & CEO, the Chief of Staff, The President of Medical Staff, the Chief Nursing Executive, the Chair of the Hospital Foundation, President of Hospital Volunteer Services, ~~and~~ a representative appointed by the County of Lennox and Addington **and a representative of the Patient and Family Advisory Council**, as Ex-officio Directors.*

Moved by: Deb Lowry
Seconded by: Michelle Smith

The motion was carried.



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7.6 Audit Committee

Deb Lowry noted that Lori Huber and Breanne Bradshaw from KPMG attended the May 30, 2017 Audit Committee meeting to go over the Audit Findings Report. Deb was pleased to announce that we had a clean audit once again. There was a note of caution from the auditors with reference to banked vacation liability. The CFO will work with Human Resources to come up with a plan for this item.

Gert ran through the audited Financial Statements for the year ended March 31, 2017 with no concerns noted by the Finance Committee.

Motion 10

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the Audited Financial Statements for the year ending March 31, 2017, as recommended by the Audit Committee.

Moved by: Peggy Rice

Seconded by: Deb Lowry

The motion was carried.

The Audit Findings Report for the year ending March 31, 2017 was briefly reviewed as circulated in the Board package. No concerns were noted.

Motion 11

Rationale: Normal Practice.

Motion: The Board of Directors hereby accepts the Audit Findings Report for the year ended March 31, 2017, as recommended by the Audit Committee.

Moved by: Geoff Griffin

Seconded by: Peggy Rice

The motion was carried.

The Board briefly discussed the appointment of an auditing firm for the next fiscal year. No concerns were noted with the continuation of using KPMG for next years' Audit.

Motion 12

Rationale: The Board of Directors is required on an annual basis to appoint an auditing firm.

Motion: The Board of Directors hereby recommends to the Members of the Corporation, that KPMG be appointed as the auditors on record for the LACGH Corporation for the fiscal year 2017-18.

Moved by: Peggy Rice

Seconded by: Deb Lowry

The motion was carried.



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7.7 Finance Committee

Deb Lowry reviewed the following from the May 30, 2017 Finance Committee meeting:

7.7.1 – Board, CEO, and Senior Management Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for April 2017 which totaled \$215.87. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion 13

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 \$215.87, as recommended by the Finance Committee.

April 2017

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Wayne Coveyduck				85.66			85.66
Gert Switzer				13.98			13.98
Tracy Kent-Hillis	53.12			63.11			116.23
TOTAL	53.12			162.75			\$215.87

Moved by: Michelle Smith

Seconded by: Peggy Rice

The motion was carried.

7.4.2 – April Cheque List

The Finance Committee reviewed the April 2017 Cheque List which totaled \$2,320,124.97. No concerns were noted by the Finance Committee or the Board.

Motion 14

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the April 2017 Cheque List totaling \$2,320,124.97, as recommended by the Finance Committee.

Moved by: Geoff Griffin

Seconded by: Peggy Rice

The motion was carried.

7.7.3 – Capital Equipment Requests

The Finance Committee reviewed a request for the allocation of \$35,500 towards the purchase of: OR, Anesthesia Monitors (\$35,500) Added Cost.

Deb noted that the process for capital requests will be reviewed with the Senior Team. No concerns were noted by the Board.



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Motion 15

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 \$35,500, as recommended by the Finance Committee for:

- OR. Anesthesia Monitor (\$35,500) Added Cost.

Moved by: Peggy Rice

Seconded by: Deb Lowry

The motion was carried.

7.7.4 – Hospital Insurance Renewal

The Finance Committee reviewed the Hospital's annual insurance renewal. Deb noted that the majority of the increase this year was related to the reassessment of the Westdale and Lenadco property value.

Motion 16

Rationale: As part of the Finance Committee's work plan, they are required to review the annual hospital insurance coverage renewal.

Motion: The Board of Directors hereby approves the annual insurance renewal with an increase in premium in the amount of \$12,000, as recommended by the Finance Committee.

Moved by: Deb Lowry

Seconded by: Peggy Rice

The motion was carried.

7.7.5 – Photographer Recognition

The Finance Committee reviewed a request brought forward to recognize the work completed for the Hospital by Mike Murphy, MJM Photography. On numerous occasions, Mike has taken photographs for the Board, physicians on an as needed basis, quite often at no charge to the Hospital. When he has invoiced us, the money was often returned in the form of a donation to the Hospital's Foundation. The Finance Committee wholeheartedly agreed with the request to donate a \$1,000 to the Foundation, on Mike Murphy's behalf, in memory of his late wife. This gesture would make him a Life member of the Corporation. No concerns were noted by the Board.



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Motion 17

Rationale: The Hospital has utilized the services of MJM Photography (Mike Murphy) on a number of occasions over the years, with a majority of time not invoicing for services rendered. As a recognition for his contributions, photographing Board members, physicians and special occasions on demand, the Finance Committee considered a request to recognize the efforts of Mike Murphy.

Motion: The Board of Directors hereby approves that a donation be made to the Hospital Foundation, in memory of Sheila Murphy, in the amount of \$1,000 to commemorate all the work that Mike Murphy has completed for the Hospital over the last number of years, as recommended by the Finance Committee.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

The motion was carried.

7.8 Buildings & Grounds Committee

Tony Brazda reported that at the Buildings & Grounds Committee reviewed reports on activities which have taken place regarding building maintenance and projects related to the external buildings. Tony made reference to the wonderful job that is being done to keep our buildings and properties looking in good repair. Of note, the challenge of doing 'facelifts' (floors, painting, maintenance) to patient rooms has begun and is completed as rooms become unoccupied.

7.9 Foundation Report

Bob Vrooman noted that work is being completed on the Foundation's Stewardship policy. As well, the Foundation's Annual Meeting is scheduled to take place at 5:00 p.m., on June 28.

7.10 Chief Executive Officer's Report

Further to the written report provided in the Board package, Wayne Coveyduck shared that the Brockville General Hospital just released that, as part of their recovery plan, they will be cutting 14 FTE positions over the coming years.

Motion 18

Rationale: Normal Practice

Motion: The Board of Directors hereby accepts the reports from the Quality Committee, Art Décor Committee, Medical Advisory Committee, Volunteer Services, Governance Committee, Audit Committee, Finance Committee, Buildings & Grounds Committee, Foundation and the CEO.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

The motion was carried.

8. Correspondence Received up to June 1, 2017

There was nothing further to report for correspondence.



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9. New Business

9.1. Summer Business

Allan MacGregor brought forward a request for the Executive Committee to conduct business on behalf of the Board during the adjournment period over the summer months. No concerns were noted.

Motion 19

Rationale: As the Board does not meet in July and August, the Board is requested to endorse the Executive Committee, to act on behalf of the Board during this time.

Motion: The Board of Directors hereby endorses the Executive Committee, which is composed of the Chair, Vice Chair, Treasurer, Secretary/CEO and an additional resource (if required), to act on behalf of the Board until they reconvene in October.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

The motion was carried.

10. Closed Session

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

Motion 20

Rationale: Normal Practice

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

Moved by: Chris Seeley

Seconded by: Elaine Stillwell

The motion was carried.

At 9:02 p.m., the Board rose from closed session.

Motion 21

Rationale: Normal Practice

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

Moved by: Chris Seeley

Seconded by: Elaine Stillwell

The motion was carried.

11. Other Business

Allan MacGregor took some time to acknowledge the efforts of two Board members who will be leaving the Board. Judge Geoff Griffin and Peggy Rice were given farewell gifts in appreciation for the countless hours of dedication they have provided to the Hospital Board. Their enthusiasm towards the betterment of the Hospital will be greatly missed.



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12. Next Meeting

The next regular meeting of the Board is scheduled for October 3, 2017 at 6:30 p.m., in the Airhart Conference Room.

13. Adjournment

The meeting was adjourned at 9:09 p.m.

Motion 22

Rationale: Normal Practice

Motion: The Board of Directors hereby adjourns their meeting at 9:09 p.m. on June 6, 2017.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

The motion was carried.