



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

MINUTES BOARD OF DIRECTORS October 3, 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 October 3, 2017.

PRESENT:

Board: Allan MacGregor (Chair)	Michelle Smith
Chris Seeley	Robert Paul
Wendy Brockmeyer	Dr. Kim Morrison
Dr. Craig Mitchell	Wayne Coveyduck
Bob Vrooman	Norm Clark
Elaine Stillwell	Diane Airhart
Deb Lowry	Bob Clancey
Lori Francis	Tony Brazda (6:39)
Tracy Kent-Hillis	

REGRETS:

Eric Smith

Staff in Attendance: Nancy Manion	Gert Switzer
Tracy Ringrose	Sheila Mabee (Recorder)

1. Call to Order/Opening Remarks

The meeting was called to order at 6:29 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 October 3, 2017.

Moved by: Wendy Brockmeyer

Seconded by: Michelle Smith

The motion was carried.

3. 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.

4. Welcome

Allan MacGregor requested that Dr. Morrison introduce Dr. Craig Mitchell, the incoming President of Medical Staff, to those who were unable to attend the Board Retreat. Dr. Mitchell has been a community family physician for four years and provides care to inpatients at LACGH.



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5. Minutes of the Previous Meeting

The minutes of the previous meeting were approved with the addition of Tracy Kent-Hillis who was indeed in attendance. No other omissions were noted.

Motion #2

Rationale: Normal Practice

Motion: The Board of Directors hereby approves the minutes of the previous meeting dated September 7, 2017.

Moved by: Deb Lowry
Seconded by: Wendy Brockmeyer

The motion was carried.

6. Business Arising

6.1 Health Care Tomorrow

Allan MacGregor reported that the Chair/Vice Chairs had met on September 21, 2017 and listened to Troy Jones' presentation on a regional Health Information System (HIS) with a focus on "one patient / one record". Total projected cost for implementing this project is estimated to be upwards of \$200 million; the portion that our hospital would be responsible for would be \$6 million over a 10-year period.

The LHIN is in the midst of planning for a "*SE LHIN Joint Hospital Boards HIS Retreat*" in November. At the Retreat, the Board and senior leaders will have the opportunity to hear the business case related to the HIS project for decision making purposes.

Sheila has recently circulated the potential date of November 21st for this to occur, however this date has posed significant challenges for one hospital so alternative dates are being explored. More information will be shared as it is known.

6.2 Board Development Retreat

Allan MacGregor inquired about feedback and/or comments related to the most recent Board Development Retreat and if there were items stemming from discussions that the Board should include in Committee work or Board structures.

The Board discussed potentially assigning goals/objectives to assign to the Committees. It was noted that a lot of quality related items and metrics are already monitored through the Quality Committee and shared broadly. Goals and objectives in relation to the strategic plan were discussed and it was felt that the current CEO report and reporting structure through the Board's work plan were sufficient at the present time.

The Board discussed the item brought up at the Retreat "*Meeting without Management*" and decided against using this forum for discussions.

Some items that were well received included a reminder for the Board to keep "noses in and fingers out" and identify opportunities for the Board to participate in additional governance education sessions through the OHA.

Action: (1) Allan to review the Briefing Notes prior to circulation to the Board.

(2) Sheila Mabee will keep attuned to any OHA governance sessions that might be of interest to new and/or existing Board members.



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(3) New Board members will be provided with an orientation session at the six month mark.

7. Reports

7.1 Quality Committee

Elaine Stillwell noted that at the September 19, 2017 Quality Committee meeting, there was a presentation by Dr. Trish Parsons. Dr. Parsons is completing research related to our cardiac rehab patient outcomes. Elaine was happy to report the program is getting stellar results/patient outcomes.

The balanced scorecard for Q1 was appended as part of the Board package for information.

7.2 Patient and Family Advisory Council

Wendy Brockmeyer highlighted the following from the September 12, 2017 Patient and Family Advisory Council (PFAC) meeting:

- Two members have left the Council and two new members have attended their first meeting; the two new members were both graduates from the cardiac rehab program and could not say enough about the life-changing care they were provided. Following the meeting, one of those new members has decided not to continue on.
- The term on Council was extended to 5 years with an additional year, if necessary.
- Nancy Manion, who has Chaired the meetings for the last 2 years, has asked if there was interest in one of the members taking the lead. To date, no one step forward to take on this role.
- Currently, the group is tackling end of life care and what is important to “you” as a patient. A draft policy has been shared and feedback will be discussed at the next meeting in December.

7.3 Volunteer Services

Diane Airhart reported the following from the September 12, 2017 Volunteer Services meeting:

- In May, the executive made a decision to not move ahead with installation of a credit/debit machine, however that decision has recently been reconsidered due to loss of transactions (despite a 50% increase in sales).
- The membership has expressed its appreciation for being included in the Seniors Health Fair that took place in September. Beryl Jacka worked on a new display and was at the event for the afternoon to generate interest in community members volunteering at the hospital.
- There were 940.5 volunteer hours in the month of July and 1020 hours in the month of August.
- A refresher education session is currently being worked on for a number of items (ethics, hand hygiene and infection control); this in-service will be mandatory for all volunteers.
- The annual Volunteers Christmas Bazaar will take place on November 15th at the Westdale Complex; this year there will be a table of items from the Hospital Gift Shop.
- Plans are in the works to have 3 volunteers attend the annual HAAO in Toronto.

7.4 Ethics Committee

Elaine Stillwell reported some highlights from the most recent Ethics Committee meeting which took place on September 13, 2017.

Activities during National Health Ethics week were reviewed and declared a success. The Committee also reviewed feedback from the annual education session which took place in May and was well received by those in attendance.



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The Committee reviewed their Terms of Reference and updated them with input from the Committee members. Among the changes was the addition of quorum, the addition of the Director of HR in the membership and ability to delegate items to be worked on by a sub-committee, if needed.

Motion #3

Rationale: The standing committees of the Board are required to review and revise their Terms of Reference.

Motion: The Board of Directors hereby approves the updated Ethics Committee Terms of Reference, as recommended by the Ethics Committee.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

The motion was carried.

The Ethics Committee reviewed a new Research Policy to be implemented. This was a recommendation which came from the most recent Accreditation Cycle. No concerns were noted.

Motion #4

Rationale: The standing committees of the Board are required to review, revise or implement their relevant policies.

Motion: The Board of Directors hereby approves the Research Policy AO-68, as recommended by the Ethics Committee.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

The motion was carried.

The Ethics Committee was provided with a comprehensive presentation by Tracy Kent-Hillis on the topic of Family Presence during Resuscitation/Invasive Procedures (FPDR). The presentation was circulated to the Board as part of the meeting package.

The emerging trend of FPDR is proving to have a beneficial effect (shortened grief period, etc.) on impacted family members. This change in practice would involve intensive training of nursing staff, family support person(s) and a shift in thinking for the health care team. A dedicated person would be assigned to the family to provide support, explain what is happening and intervene, should emotions escalate to the point of distracting the health care team from providing care to the patient. The Ethics Committee was agreeable of starting to develop a process for FPDR.



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Motion #5

Rationale: The Ethics Committees functions as a discussion forum for the review of ethical issues which may arise relative to the care of patients.

Motion: The Board of Directors hereby approves moving forward with the development of a policy regarding the concept of allowing family presence during invasive procedures and resuscitation, as recommended by the Ethics Committee.

Moved by: Elaine Stillwell
Seconded by: Chris Seeley

The motion was carried.

The Ethics Committee reviewed a request for Dr. Trish Parsons to continue on with her research related to the LACGH Cardiac Rehab Program and related patient outcomes. No concerns were noted.

Motion #6

Rationale: The Ethics Committees is tasked with reviewing research proposals under their Terms of Reference.

Motion: The Board of Directors hereby approves Dr. Trish Parsons to continue on with her research related to the Cardiac Rehab Program, as recommended by the Ethics Committee.

Moved by: Elaine Stillwell
Seconded by: Chris Seeley

The motion was carried.

7.5 Medical Advisory Committee

Dr. Morrison highlighted the following from the June 8, 2017 and September 14, 2017 Medical Advisory Committee (MAC) meetings:

Work continues on the quality framework. The VTE (blood clots) for the surgical, pre-surgical and inpatients is now a mandatory field for physicians in meditech. This will make it easier to complete audits and track trends. This spring the hospitalists and surgical medical staff were provided with an opportunity to complete a work/life pulse survey. The results of the survey have been reviewed at the Medical Advisory Committee with feedback resulting in the following actionable items:

- Improved communication through reporting MAC activities at the medical staff meetings and provision of quality indicators (balanced scorecard) provided to the MAC meeting as related to the medical staff.
- Additional opportunities for providing feedback to physicians on the care they provide.
- More team "bonding" with increased activities outside of office hours (i.e. seasonal social event(s)).

Dr. Morrison reported that a new General Internal Medicine specialist, Dr. Nicola Matthews, will be starting on October 10th. Community-based practice is an area of particular interest to Dr. Matthews, who is looking forward to providing support to our SCU, providing fast follow-ups and ER consults.



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Quality initiatives that the department Medical Directors are working on will continue to be monitored and reported on at the monthly MAC meetings.

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

- Dr. Craig Mitchell – Active staff (Family Practice)
- Dr. Kieran Moore – Courtesy with Admitting (Family, Emergency, Public Health and Preventative Medicine)
- Dr. Davide Bardana – Consulting (Orthopaedics)
- Dr. Aaron Campbell – Consulting (Orthopaedics)
- Dr. Michelle Zec – Consulting (Orthopaedics)
- Dr. John Davidson – Consulting (Plastic Surgery)
- Dr. Glykeria Martou - Consulting (Plastic Surgery)
- Dr. Fred Watkins - Consulting (Plastic Surgery)
- Dr. Ven Hota – Active (General Surgery)
- Dr. Mykola Khokhotva – Active (General Surgery)
- Dr. David Robertson – Active (General Surgery)
- Dr. Doug Barton – Courtesy with Admitting (Emergency Medicine)
- Dr. Filip Gilic – Courtesy with Admitting (Emergency Medicine)
- Dr. Joy Hataley – Active (Emergency Medicine)
- Dr. Matthew Martin – Active (Emergency Medicine)
- Dr. Madeline Morris – Active (Emergency Medicine)
- Dr. Anne Parker – Locum Tenens (Emergency Medicine)
- Dr. John (Jack) Raleigh – Courtesy with Admitting (Emergency Medicine)
- Dr. Mark Waldron – Active (Emergency Medicine)
- Dr. Benjamin Chen – Active (Medicine - Internal)
- Dr. John H Matthews – Consulting (Medicine Internal/Oncology)
- Dr. Rey Acedillo – Consulting (Medicine - Nephrology)
- Dr. Rachel Holden – Consulting (Medicine Nephrology)
- Dr. David Holland – Consulting (Medicine Nephrology)
- Dr. Eduard Iliescu – Consulting (Medicine Nephrology)
- Dr. Khaled Shamseddin– Consulting (Medicine Nephrology)
- Dr. Benjamin Thomson – Consulting (Medicine Nephrology)
- Dr. Christine White – Consulting (Medicine Nephrology)

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.



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Motion #7

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. Craig Mitchell – Active staff (Family Practice)*
- *Dr. Kieran Moore – Courtesy with Admitting (Family, Emergency, Public Health and Preventative Medicine)*
- *Dr. Davide Bardana – Consulting (Orthopaedics)*
- *Dr. Aaron Campbell – Consulting (Orthopaedics)*
- *Dr. Michelle Zec – Consulting (Orthopaedics)*
- *Dr. John Davidson – Consulting (Plastic Surgery)*
- *Dr. Glykeria Martou - Consulting (Plastic Surgery)*
- *Dr. Fred Watkins - Consulting (Plastic Surgery)*
- *Dr. Ven Hota – Active (General Surgery)*
- *Dr. Mykola Khokhotva – Active (General Surgery)*
- *Dr. David Robertson – Active (General Surgery)*
- *Dr. Doug Barton – Courtesy with Admitting (Emergency Medicine)*
- *Dr. Filip Gilic – Courtesy with Admitting (Emergency Medicine)*
- *Dr. Joy Hataley – Active (Emergency Medicine)*
- *Dr. Matthew Martin – Active (Emergency Medicine)*
- *Dr. Madeline Morris – Active (Emergency Medicine)*
- *Dr. Anne Parker – Locum Tenens (Emergency Medicine)*
- *Dr. John (Jack) Raleigh – Courtesy with Admitting (Emergency Medicine)*
- *Dr. Mark Waldron – Active (Emergency Medicine)*
- *Dr. Benjamin Chen – Active (Medicine - Internal)*
- *Dr. John H Matthews – Consulting (Medicine Internal/Oncology)*
- *Dr. Rey Acedillo – Consulting (Medicine - Nephrology)*
- *Dr. Rachel Holden – Consulting (Medicine Nephrology)*
- *Dr. David Holland – Consulting (Medicine Nephrology)*
- *Dr. Eduard Iliescu – Consulting (Medicine Nephrology)*
- *Dr. Khaled Shamseddin– Consulting (Medicine Nephrology)*
- *Dr. Benjamin Thomson – Consulting (Medicine Nephrology)*
- *Dr. Christine White – Consulting (Medicine Nephrology)*

Moved by: Lori Francis

Seconded by: Robert Paul

The motion was carried.

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

- Dr. Carly Hagel – Locum Tenens (Emergency)
- Dr. Cameron MacLean – Associate (Anesthesia)
- Dr. Timothy Roche – Associate (Anesthesia)
- Dr. Ashley Waddington – Consulting (Gynaecology)
- Dr. Sarah Aloudat – Consulting (Internal Medicine – Nephrology)



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- Dr. Margaret Pui – Locum Tenens (Radiology)
- Dr. Michelle Ricketts – Locum Tenens (Radiology)
- Dr. Catherine (Kate) Koester – Courtesy without Admitting (Family Medicine)
- Dr. Christina Klassen – Locum Tenens (Family Medicine)
- Dr. Jeffrey Dawson – Associate (Emergency Medicine)
- Dr. Eshay Elia – Associate (Emergency Medicine)
- Dr. Carly Hagel – Locum Tenens (Emergency Medicine)
- Dr. Zachary Warren – Locum Tenens (Emergency Medicine)
- Dr. Samuel Silver – Consulting (Medicine – Nephrology)
- Dr. Nicola Matthews – Associate (Medicine – Internal)

Dr. Morrison shared that some of the new appointments might look familiar (listed in the previous reappointments) as they started over the summer months with temporary privileges and will now fall in line with the regional reappointment schedule.

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 #8

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. Carly Hagel – Locum Tenens (Emergency)
- Dr. Cameron MacLean – Associate (Anesthesia)
- Dr. Timothy Roche – Associate (Anesthesia)
- Dr. Ashley Waddington – Consulting (Gynaecology)
- Dr. Sarah Aloudat – Consulting (Internal Medicine – Nephrology)
- Dr. Margaret Pui – Locum Tenens (Radiology)
- Dr. Michelle Ricketts – Locum Tenens (Radiology)
- Dr. Catherine (Kate) Koester – Courtesy without Admitting (Family Medicine)
- Dr. Christina Klassen – Locum Tenens (Family Medicine)
- Dr. Jeffrey Dawson – Associate (Emergency Medicine)
- Dr. Eshay Elia – Associate (Emergency Medicine)
- Dr. Carly Hagel – Locum Tenens (Emergency Medicine)
- Dr. Zachary Warren – Locum Tenens (Emergency Medicine)
- Dr. Samuel Silver – Consulting (Medicine – Nephrology)
- Dr. Nicola Matthews – Associate (Medicine – Internal)

Moved by: Lori Francis
Seconded by: Robert Paul

The motion was carried.

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



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- Dr. Basia Farnell – Active (Emergency Medicine) *addition of EDE2 U/S privileges*

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

Motion #9

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

- Dr. Basia Farnell – Active (Emergency Medicine) *addition of EDE2 U/S privileges*

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

The motion was carried.

7.6 Finance Committee

Michelle Smith reported that the Finance Committee had discussed Cyber Insurance coverage at the September 26, 2017 meeting and it was determined that more information was needed to make an informed decision. Additionally, the Committee reviewed the following from the Finance Committee meeting:

7.6.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for August 2017 which totaled \$41.48. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #10

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 \$41.48, as recommended by the Finance Committee.

August 2017

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Wayne Coveyduck				41.48			41.48
TOTAL				41.48			\$41.48

Moved by: Elaine Stillwell

Seconded by: Deb Lowry

The motion was carried.



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7.6.2 August 2017 Financial Statements and Cheque List

The Finance Committee reviewed the August 2017 Financial Statements and Cheque List which totaled \$2,383,695.69. No concerns were noted by the Finance Committee or the Board.

Motion #11

Rationale: Normal Practice.

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

- August 2017 Financial Statements
- August 2017 cheque list totalling \$2,383,695.69

Moved by: Deb Lowry

Seconded by: Michelle Smith

The motion was carried.

7.6.3 Capital Equipment Requests

The Finance Committee reviewed a request for the allocation of \$663,165 towards the purchase of the following items:

- Occupational Therapy - LHIN funding for patient flow (\$14,285 total)
 - Wheelchair with cushion. (\$3,300)
 - Tilt recliner wheelchair (\$5,000)
 - Shower commode (\$6,750)
- Hospital – Added cost. Small hospital funded.
 - Wireless replacement (\$101,740)
 - Patient portal (\$825)
 - Security system (\$38,200)
 - Telephone renewal (\$59,500)
- OR. Scanning and voice recognition. (\$23,960) Added cost. Small hospital funded.
- X-ray. Upgrades to prepare for PACS upgrade. (\$106,410). Added cost. Small hospital funded.
- IT – Physician reference. Problem management software. (\$10,375). Added cost. Small hospital funded.
- cNEO. Mandated IT project 16/17 costs. (\$25,500). cNEO funded.
- Occupational Health, Inpatient. Medical grade refrigerators (2). (\$4,405). Replacement.
- Human Resources. Furniture for move. (\$12,500). Replacement.
- OR. Colonoscope. (\$37,700). Replacement.
- Hospital. Roof repair. (\$227,000). HIRF funding (\$176,216).

Allan pointed out that the vast majority of the above noted items are covered through funding. No concerns were noted by the Finance Committee or the Board.



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Motion #12

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 \$663,165, as recommended by the Finance Committee:

- Occupational Therapy - LHIN funding for patient flow (\$14,285 total)
 - Wheelchair with cushion. (\$3,300)
 - Tilt recliner wheelchair (\$5,000)
 - Shower commode (\$6,750)
- Hospital – Added cost. Small hospital funded.
 - Wireless replacement (\$101,740)
 - Patient portal (\$825)
 - Security system (\$38,200)
 - Telephone renewal (\$59,500)
- OR. Scanning and voice recognition. (\$23,960) Added cost. Small hospital funded.
- X-ray. Upgrades to prepare for PACS upgrade. (\$106,410). Added cost. Small hospital funded.
- IT – Physician reference. Problem management software. (\$10,375). Added cost. Small hospital funded.
- cNEO. Mandated IT project 16/17 costs. (\$25,500). cNEO funded.
- Occupational Health, Inpatient. Medical grade refrigerators (2). (\$4,405). Replacement.
- Human Resources. Furniture for move. (\$12,500). Replacement.
- OR. Colonoscope. (\$37,700). Replacement.
- Hospital. Roof repair. (\$227,000). HIRF funding (\$176,216).

Moved by: Lori Francis
Seconded by: Robert Paul

The motion was carried.

7.6.4 DI Education

The Finance Committee reviewed a request for an opportunity to improve general radiology applications in Diagnostic Imaging. This process will require support and education by the vendor. The cost to facilitate the application upgrade and associated education component, including 4 days on site support, will be \$8,500 plus HST. No concerns were noted.

Motion #13

Rationale: Normal Practice.

Motion: The Board of Directors hereby approves the Diagnostic Imaging application and education in the amount of \$8,500 plus HST, as recommended by the Finance Committee.

Moved by: Deb Lowry
Seconded by: Michelle Smith

The motion was carried.

7.6.5 Terms of Reference

The Finance Committee reviewed their Terms of Reference and updated the position titles for the CFO and the President and CEO. No concerns were noted.



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Motion #14

Rationale: The standing committees of the Board are required to review and update their terms of reference as needed.

Motion: The Board of Directors hereby approves the updated terms of reference with the following change, as recommended by the Finance Committee:

~~Director of Finance and Utilization Management~~ Chief Financial Officer
President and Chief Executive Officer

Moved by: Michelle Smith
Seconded by: Wendy Brockmeyer

The motion was carried.

7.6.6 Work Plan

The Finance Committee reviewed their annual work plan with the addition of **Committee Evaluation**. No concerns were noted.

Motion #15

Rationale: The standing committees of the Board are required to review and update their annual work plan as needed.

Motion: The Board of Directors hereby approves the Finance Committee work plan with the addition of **Committee Evaluation, as recommended by the Finance Committee.**

Moved by: Michelle Smith
Seconded by: Wendy Brockmeyer

The motion was carried.

7.6.7 C-Arm Added Cost

The Finance Committee reviewed the additional costs related to the C-Arm, radiolucent table and overhead screen. The increased costs are attributed to estimate versus actual costs and an additional cost to modify the equipment to suit our needs at the hospital.

Motion #16

Rationale: Normal Practice

Motion: The Board of Directors hereby approves the capital equipment added costs for the C-arm, radiolucent table and ceiling mounted screen at an additional cost of \$26,832.22, for a total cost of \$276,832.33 plus HST, as recommended by the Finance Committee.

Moved by: Chris Seeley
Seconded by: Wendy Brockmeyer

The motion was carried.

7.7 Foundation Report

Bob Vrooman noted that the Foundation is hosting their annual Donor Appreciation Event on October 25 at the Westdale Complex. The Board was invited to attend, if available.



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The 2018 Foundation Gala will be held on February 8, featuring the same entertainment as the inaugural year.

7.8 Chief Executive Officer’s Report

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

Advanced notice has been provided for HSAA and MSAA submissions; this will require the Board to review and Board Chair sign off early in the new-year.

Wayne shared an email recently received from the CEO at QHC with regards to Meditech and the advancements that have been made at our hospital. Wayne shared his written response to this inquiry with the Board.

A full and final release has been given to our hospital on a statement of claim. For the sum of \$1 our hospital was discharged and found to not be at fault in the claim.

Motion #17

Rationale: Normal Practice

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

Moved by: Chris Seeley

Seconded by: Elaine Stillwell

The motion was carried.

8. **Correspondence Received up to September 27, 2017**

There was nothing further to report for correspondence.

9. **New Business**

9.1 Strategic Plan Update

Wayne Coveyduck provided an update on activities related to the Strategic Plan:

Assisted Living Update

The Assisted Living project planning is moving forward. Wayne has had a good conversation with Paul Huras and followed up in writing. Mr. Huras has since gotten back to us indicating that the SE LHIN is interested in the development of Assisted Living in the region, however, certain steps should be initiated as a starting point:

- Contact should be made with the municipality with our business plan regarding rental supplements for some/all of the units; and
- Submission of a business plan to the SE LHIN for discussion of how they can be a collaborative partner; it was suggested that we contact Michelle Murray, the assisted living Lead and work with her through the process.

To that end, Wayne reported that meetings have been scheduled with Michelle Murray on October 11 and with the Municipality on October 30.

Wayne stated that 20% of the fees have been released to the Architect. Thus far, the work has been great and is progressing nicely.



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Wayne also discussed the possibility of working collaboratively with both SOS and Hospice to develop a respite and Hospice type facility. After some discussion, the Board encouraged Wayne to contact these agencies to see if there might be some interest.

Physician Specialist Suites - Lenadco

Wayne reported that the four physician specialist suites are almost complete with only cosmetic work remaining. There will be two internal medicine specialists moving into the suite in the coming months. The remaining two suites may be used for a urology specialists.

C-Arm Update

The C-Arm room is nearing completion. The room requires lead lined doors which had to be special ordered and will take 6 weeks to arrive. Temporary doors will be needed so that the crew can move on to the CT suite. Wayne reported that the tomography machine will need to be decommissioned as it is no longer functioning at an acceptable level. A loaner C-Arm will be required so that this can occur. Wayne was hopeful that we would not be charged a fee to acquire a loaner until the new unit arrives.

9.2 Annual Director Declaration & Consent

Allan requested that the Directors complete the annual *Director Declaration & Consent* form which discloses any potential conflicts of interest that Board Directors might have. The completed forms are to be returned to Sheila Mabee for recording.

10. Closed Session

At 7:39 p.m., the Board moved into closed session.

Motion #18

Rationale: Normal Practice

Motion: That the Board of Directors hereby moves into closed session.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

The motion was carried.



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At 8:48 p.m., the Board rose from closed session.

Motion #19

Rationale: Normal Practice

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

Moved by: Wendy Brockmeyer

Seconded by: Chris Seeley

The motion was carried.

11. Next Meeting

The next regular meeting of the Board is scheduled for November 14, 2017 at 6:30 p.m., in the Airhart Conference Room.

A Women's Clinic update is planned for 6:00 p.m., with Silvie Crawford from the KGH site of the Kingston Health Sciences Centre.

12. Adjournment

The meeting was adjourned at 8:49 p.m.

Motion #20

Rationale: Normal Practice

Motion: The Board of Directors hereby adjourns their meeting at 8:49 p.m. on October 3, 2017.

Moved by: Wendy Brockmeyer

Seconded by: Chris Seeley

The motion was carried.