



LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

MINUTES BOARD OF DIRECTORS December 5, 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 December 5, 2017.

PRESENT:

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

REGRETS:

None

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

1. Call to Order/Opening Remarks

Immediately following an education session, the meeting was called to order at 6:21 p.m., by Allan MacGregor.

2. Approval of the Agenda

The agenda was approved as circulated.

<p>Motion #1</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p>Motion: The Board of Directors hereby approves the agenda of December 5, 2017.</p> <p>Moved by: Robert Paul Seconded by: Elaine Stillwell</p> <p style="text-align: right;">The motion was carried.</p>

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. Minutes of the Previous Meeting

The minutes of the previous meeting were approved with a clerical correction to the expense report.



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Motion #2

Rationale: Normal Practice

Motion: The Board of Directors hereby approves the amended minutes of the previous meeting dated November 14, 2017.

Moved by: Deb Lowry
Seconded by: Bob Clancey

The motion was carried.

5. Business Arising

5.1 Health Care Tomorrow

Allan MacGregor reported on the following items:

- LACGH was well represented at the November 21st HIS Retreat. Dr. Morrison was commended for her presentation on “the patient journey” as this provided clarity to the group on the importance of a regional HIS as it relates to the patient.
- The Chair/Vice Chair meeting is planned for December 7 at which each of the Hospital Board Chairs will be allotted 5 minutes to communicate Board feedback. A couple items of concern were noted:
 - (1) ensure all hospitals “are in”; and
 - (2) reference that LACGH cannot go backwards or wait while other hospitals catch up
- The issue with the Governance piece not being firmly established in advance of any motion to move forward was a concern, especially related to one vote per hospital versus a number of votes per hospital. It was pointed out that on page 45 it does state that each hospital will have one vote.

5.2 Accessibility Module Review

Allan reminded the Board about the requirement for the Board to review and sign off on the Accessibility training module which has been circulated via email. An inquiry was made as to whether there were any questions or concerns related to the material. There were no concerns with the information or questions.

Therefore, let the record show that all Board members have read and understand the accessibility training as circulated.

6. Reports

6.1 Pastoral Care Committee

Tracy Kent-Hillis highlighted the following from the November 9, 2017 Pastoral Care Committee meeting:

- Work was completed to update the Committee’s Terms of Reference;
- It was decided that the annual Memorial Service holds great value to the loved ones of patients who have passed; work was initiated on planning for another service next spring
- The Committee discussed the need to have police checks completed for clergy at the hospital before the year’s end. Reverend Bowbeer and Reverend Durling will be organizing a special meeting to get this task accomplished.



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6.2 Medical Advisory Committee

Dr. Morrison highlighted the following from the November 9, 2017 Medical Advisory Committee meeting:

A great deal of work is being done on a path forward for the SCU. The working group is being led by Dr. Chen and Tracy Kent-Hillis.

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

- Dr. Sarah Aloudat – Consulting (Medicine - Nephrology)
- Dr. Peter Hollett – Consulting (Medicine - Cardiology)

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 #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. Sarah Aloudat – Consulting (Medicine - Nephrology)
- Dr. Peter Hollett – Consulting (Medicine – Cardiology)

Moved by: Deb Lowry
Seconded by: Bob Clancey

The motion was carried.

6.3 Governance Committee

Chris Seeley reviewed the following highlights from the November 16, 2017 meeting:

6.3.1 Staff Reporting and Whistle-Blowing Protection – B-28

Following a recommendation from the Accreditation Surveyors, the CVC staff reporting and whistle-blowing protection policy was revised to incorporate the hospital as a whole. It was noted that this would include physicians in the realm of the hospital. No concerns were noted.

Motion #4

Rationale: The standing committees of the Board of Directors are required to review their relevant policies on an annual basis.

Motion: The Board of Directors hereby approves the Staff Reporting and Whistle-blowing Protection policy B-28, as recommended by the Governance Committee.

Moved by: Chris Seeley
Seconded by: Deb Lowry

The motion was carried.



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6.3.2 Chief Executive Officer Compensation – B-24

The CEO Compensation policy was reviewed following an amendment to reflect current legislative changes. No concerns were noted.

Motion #5

Rationale: The standing committees of the Board of Directors are required to review their relevant policies on an annual basis.

Motion: The Board of Directors hereby approves the Chief Executive Officer Compensation policy B-24, as recommended by the Governance Committee.

Moved by: Wendy Brockmeyer

Seconded by: Elaine Stillwell

The motion was carried.

6.3.3 Board Development Retreat

The Governance Committee discussed exploring different venues for the 2018 Board Development Retreat, with the possibility of relocating to the Waring House.

No concerns were noted.

Motion #6

Rationale: The Governance Committee, as part of their work plan, is tasked with organizing an annual Board Development Retreat.

Motion: The Board of Directors approves the exploration of relocating the 2018 Board Development Retreat to the Waring House, as recommended by the Governance Committee.

Moved by: Chris Seeley

Seconded by: Deb Lowry

The motion was carried.

6.3.4 Board Self-Assessment

In previous years, the Board has utilized a number of different Board self-assessment tools, including the Accreditation assessment tool and the OHA's assessment tool. The Governance Committee discussed using our own in-house assessment tool which includes self, peer and Chair components.

No concerns were noted.



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Motion #7

Rationale: As part of the Governance Committee's work plan, they are required to establish and implement a program to oversee the evaluation of Board performance, including director performance and performance of the Chair.

Motion: The Board of Directors hereby approves use of the in-house survey for the Board of Director's self-assessment which includes self, peer and Chair performance components, as recommended by the Governance Committee.

Moved by: Chris Seeley
Seconded by: Bob Clancey

The motion was carried.

6.3.5 Committee Evaluation

The Governance Committee reviewed the Committee Evaluation form with an update to remove a duplication in questions. No concerns were noted.

Motion #8

Rationale: As part of the Governance Committee's work plan, they are required to ensure periodic review and evaluation of Committee and Committee Chair performance.

Motion: The Board of Directors hereby approves the updated committee evaluation form, as recommended by the Governance Committee.

Moved by: Elaine Stillwell
Seconded by: Wendy Brockmeyer

The motion was carried.

6.4 Volunteer Services

Diane Airhart reported the following highlights from the November 21, 2017 meeting minutes and the Volunteer Services:

- The volunteers have lost a wonderful and valuable volunteer services member, Ernie Doughty. The visitation falls on the same day as the Volunteer Provincial Life Members Celebration. After some careful thought, it was determined that Ernie, who received his award last year, would not want this special celebration rescheduled.
- There is a strong focus on fundraising for a new ECG machine in the ER. The Christmas bazaar raised approximately \$4,500 towards this endeavor.
- The debit machine has now been installed and is functioning well in the gift shop.
- Some of the TVs are beginning to show signs of age. There are a total of 55 that are available for rent. Replacements will be purchased with the assistance of IT. It is anticipated that replacement(s) will be quite costly.
- Cogeco fees have gone up, to the tune of 50%, which may mean exploring different service providers.

6.5 Finance Committee

Deb Lowry reviewed the following from the November 27, 2017 Finance Committee meeting:

The Investment Manager had attended the meeting and provided the annual report. A robust discussion had taken place on active versus passive investment management, as it relates to



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fees and investments. The Management firm is doing a good job of investing for us. The Foundation will soon be receiving a rebate cheque for about \$10,000.

6.5.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for October 2017 which totaled \$1,209.63. The Finance Committee recommends to the Board, that the following expenses be approved:

Motion #9

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 \$1,209.63, as recommended by the Finance Committee.

October 2017

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Wayne Coveyduck	12.24	24.49		44.18			80.91
Gert Switzer	20.83			26.70			47.53
Nancy Manion	56.47		518.95	254.27	11.72	219.98	1,061.39
Tracy Ringrose	19.80						19.80
TOTAL	109.34	24.49	518.95	325.15	11.72	219.98	\$1,209.63

Moved by: Wendy Brockmeyer

Seconded by: Elaine Stillwell

The motion was carried.

6.5.2 October Financial Statements and Cheque List

The Finance Committee reviewed the October 2017 Financial Statements and Cheque List which totaled \$2,272,780.95. No concerns were noted by the Finance Committee or the Board.

Motion #10

Rationale: Normal Practice.

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

- October 2017 Financial Statement
- October 2017 Cheque list totalling \$2,272,780.95

Moved by: Wendy Brockmeyer

Seconded by: Elaine Stillwell

The motion was carried.

6.5.3 Capital Equipment Requests

The Finance Committee reviewed a request for the allocation of \$7,214 towards the purchase of: Inpatient Unit, Beds (\$1,004) added cost; Clinic. Recliners (\$6,210) replacement of uncomfortable recliners. No concerns were noted.



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Motion #11

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

Motion: The Board of Directors hereby approves the following capital requests totalling \$7,214, as recommended by the Finance Committee:

- *Inpatient Unit. Beds (\$1,004). Added cost;*
- *Clinic. Reclining Chairs (\$6,210). Replacement of uncomfortable recliners.*

Moved by: Elaine Stillwell

Seconded by: Wendy Brockmeyer

The motion was carried.

6.6 Foundation Report

Bob Vrooman noted an item in addition to the report which was circulated with the Board package:

A special thank you was provided to Robert Paul and Allan MacGregor for connecting the Foundation to a member of the Edward Churchill Foundation. As a result of this, the LACGH Executive Director was able to submit a request for funding. The Foundation will be receiving a total of \$200,000 for the C-Arm. The cheque presentation is scheduled to take place on December 13.

6.7 Chief Executive Officer's Report

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

3SO

A 3SO Members teleconference has recently taken place with discussions centered around the future state of 3SO, given that 3SO does not have a CEO and GM in place. The SE region is the smallest shared service organization (SSO) in the province and there was discussion around whether or not to join another, larger SSO (i.e. Plexxus to the west, or Ottawa Hospitals to the east).

If joining a larger SSO, concern was voiced about local governance challenges and equality (voting power of smaller hospitals versus larger hospitals).

The group discussed whether or not there would be flexibility in buying larger equipment options and wondered if costing to join would still be crippling for us as a smaller hospital who, typically, has not benefitted in economies of scale as we run lean and efficient.

CT Update

We are currently in the process of moving through the Capital Project submission to the Ministry. Karen Pearson will be taking the lead on this. The first phase will be to submit an application for a CT designation as well as a licensing application.

It is hoped that when the Physicist comes to do the inspection, the report on the CT room will show the Ministry that the project is simply a drop and go with no work needing to be completed. Therefore, not necessary as a Capital Project (which are project which would be equivalent to or greater than \$100,000).



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Assisted Living

Wayne noted that Paul Huras has requested our help to assist a Renfrew area CEO with our experience in building an ABI clinic in partnership with the LHIN. The Board was agreeable with us helping another organization out in that regard.

Motion #12

Rationale: Normal Practice

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

Moved by: Bob Clancey

Seconded by: Chris Seeley

The motion was carried.

7. Correspondence Received up to November 30, 2017

Further to the correspondence report circulated in the Board package, Allan MacGregor passed on thank you to the Board for ongoing support of the Staff Service Awards. It was a great evening and the staff were genuinely appreciative of this event.

Allan made reference to the letter of gratitude received by the daughter of the late Joyce Tucker-Brumwell. The letter really spoke to the empathy and compassion which is very much a part of the corporate culture which starts right at the top and trickles down throughout the whole organization – a big thank you was expressed to management and staff for all they do for our patients.

8. New Business

8.1 Health Information System (HIS) Motion

Allan MacGregor read the draft HIS Motion being proposed by the SE LHIN:

“WHEREAS the Hospital Boards of the SE LHIN have unanimously approved the Health Care Tomorrow Phase 1 motion recognizing the need to develop a regionally integrated health care system in order to address our shared commitment to quality and meet the needs of our patients in a manner that fits within the available regional resources and funding; and

WHEREAS the Hospital Boards of the SE LHIN have unanimously approved the Health Care Tomorrow Phase 2 motion to continue to work towards a regional system for Decision Support, Information Services, and Laboratory Services based on the June 2016 business proposals; and

WHEREAS the HIS business case was developed to provide the detail necessary for Hospital Boards to move towards a regional system for information services; and

WHEREAS the objectives of the business case presented at the November 21, 2017 HIS Retreat recognizes the desire of the Hospital Boards in the SE LHIN to improve and enhance the patient experience, the care team experience, population health, and value optimization;



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THEREFORE BE IT RESOLVED that Lennox and Addington County General Hospital (“LACGH”) approves the estimated investment strategy as outlined in Option 1 of the HIS business case

AND THAT LACGH approves going to market in partnership with all six SE LHIN hospitals;

AND THAT LACGH agrees to participate and partner in a regional and financial initiative to optimize HIS affordability;

AND THAT LACGH agrees to work with partner hospitals to participate in the development of the management and governance structures that support timely and efficient implementation and operation of the system.”

The Board discussed a concern that the governance model is not in place in advance of the above motion being approved, and wondered about amending the motion to have concerns addressed. Allan MacGregor noted that he will have the opportunity to voice any concerns at the upcoming Chair/Vice Chair meeting. The following is a summary of discussion:

- The Board agrees with the motion in principle but there needs to be some assurances that:
 - Full functionality will be maintained in That LACGH not go “backwards” or wait until the rest of the hospitals “catch up”;
 - That the prorated cost for each of the hospitals is maintained, even if some hospitals opt out (the total project gets reduced and the cost remains unchanged)
 - A governance model needs to be in place in order to create a foundation and maintain equity. Without this piece coming first, there is no guidelines for local control – will that then mean that KHSC will be given the power to do as it chooses simply because they are the largest hospital and their staff member is managing the project?

The Board was not prepared to pass the motion at this time. Allan will share the Board’s concerns at the Chairs/Vice Chairs meeting.

9. Closed Session

At 7:42 p.m., the Board moved into closed session.

<p>Motion #12</p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p><i>Motion: The Board of Directors hereby moves into closed session.</i></p> <p>Moved by: Robert Paul Seconded by: Elaine Stillwell</p> <p style="text-align: right;">The motion was carried.</p>
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At 8:09 p.m., the Board rose from closed session.



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Motion #13

Rationale: Normal Practice

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

Moved by: Chris Seeley

Seconded by: Deb Lowry

The motion was carried.

10. Next Meeting

The next regular meeting of the Board is scheduled for January 9, 2017 at 6:30 p.m., in the Airhart Conference Room. Wayne Coveyduck will contact Paul Huras to inquire about provision of an education session related to Sub-LHINS. If Paul is able to attend in January, this will take place at 6:00 p.m., if not Wayne will inquire about the February Board meeting.

Eric Smith relayed that his term as County Representative will be up in the coming weeks. He expressed that he would like to put his name forward for another term on the Hospital's Board of Directors. If his term is not renewed, Eric thanked the Board for allowing his participation over the last several years. Allan MacGregor expressed thanks, on behalf of the Board, for Eric's time and contributions.

11. Adjournment

The meeting was adjourned at 8:14 p.m.

Motion #14

Rationale: Normal Practice

Motion: The Board of Directors hereby adjourns their meeting at 8:14 p.m. on December 5, 2017.

Moved by: Deb Lowry

Seconded by: Bob Vrooman

The motion was carried.