



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS March 6, 2018 Airhart Conference Room

A meeting of the Board of Directors of the Lennox and Addington County General Hospital was held in the Airhart Conference Room at 6:30 p.m. on March 6, 2018.

**PRESENT:**

<b>Board:</b>	Allan MacGregor (Chair)	Diane Airhart
	Wayne Coveyduck	Chris Seeley
	Dr. Morrison	Michelle Smith
	Lori Francis	Deb Lowry
	Tracy Kent-Hillis	Bob Clancey
	Elaine Stillwell	Dr. Mitchell

**REGRETS:**

Bob Vrooman	Norm Clark
Robert Paul	Eric Smith
Tony Brazda	Wendy Brockmeyer

<b>Staff in Attendance:</b>	Tracy Ringrose	Nancy Manion
	Gert Switzer	Sheila Mabee (Recorder)

**1. Call to Order/Opening Remarks**

The meeting was called to order at 6:30 p.m., by Allan MacGregor.

**2. Approval of the Agenda**

The agenda was approved as circulated.

<p><b>Motion #1</b></p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p><b><i>Motion: The Board of Directors hereby approves the agenda of March 6, 2018.</i></b></p> <p>Moved by: Lori Francis          Seconded by: Diane Airhart</p> <p style="text-align: right;"><b>The motion was carried.</b></p>
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**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 as circulated.



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### **Motion #2**

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby approves the minutes of the previous meeting dated February 6, 2018.***

Moved by: Deb Lowry

Seconded by: Bob Clancey

**The motion was carried.**

### **5. Business Arising**

#### **5.1 Regional Updates**

Allan MacGregor highlighted that the next Hospital Chairs/Vice-Chairs forum is planned for March 28. This will be an in person meeting in Belleville.

### **6. Reports**

#### **6.1 Quality Committee**

Deb Lowry highlighted the following from the February 20, 2018 Quality Committee meeting:

- Karen Muncey has attended her first Quality meeting as the Patient and Family Advisory representative. She will be a welcome addition to the Committee.
- Annette Stuart, RT, attended the meeting to provide a presentation on the BREATHE Program

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

Dr. Morrison highlighted the following from the February 8, 2018 Medical Advisory Committee meeting:

The Medical Advisory Committee discussed the BREATHE Program and approved a new COPD Post-Discharge Plan QBP Order Set in preparation for COPD patients being discharged home cared for as part of the BREATHE Program.

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

- Dr. Patricia Farmer – Consulting (Pathology and Molecular Medicine)
- Dr. David Good – Courtesy without Admitting (Laboratory Medicine/Pathology)
- Dr. Dick Zoutman – Consulting (Laboratory Medicine/Internal Medicine (Infectious Disease))
- Dr. Andre Tan – Consulting (ENT)
- Dr. Sasha Bhan – Active (Radiology)
- Dr. Nicola Gambarotta – Active (Radiology)
- Dr. Annette Polanski – Active (Radiology)
- Dr. Emma Robinson – Active (Radiology)
- Dr. Binyamin Rokach – Active (Radiology)
- Dr. Brandy Sessford – Consulting (Radiology)
- Dr. Kenneth Sutherland – Consulting (Radiology)



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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. Patricia Farmer – Consulting (Pathology and Molecular Medicine)
- Dr. David Good – Courtesy without Admitting (Laboratory Medicine/Pathology)
- Dr. Dick Zoutman – Consulting (Laboratory Medicine/Internal Medicine (Infectious Disease))
- Dr. Andre Tan – Consulting (ENT)
- Dr. Sasha Bhan – Active (Radiology)
- Dr. Nicola Gambarotta – Active (Radiology)
- Dr. Annette Polanski – Active (Radiology)
- Dr. Emma Robinson – Active (Radiology)
- Dr. Binyamin Rokach – Active (Radiology)
- Dr. Brandy Sessford – Consulting (Radiology)
- Dr. Kenneth Sutherland – Consulting (Radiology)

Moved by: Deb Lowry

Seconded by: Michelle Smith

**The motion was carried.**

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

- Dr. Stephen Steele – Consulting (Urology) *Additional procedures requested related to the bladder program*

No concerns were noted by the MAC; therefore, the re-appointment application with the noted changes 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 to the LACGH Medical Staff, with the noted change, as recommended by the Medical Advisory Committee:**

- Dr. Stephen Steele – Consulting (Urology) *Additional procedures*

Moved by: Bob Clancey

Seconded by: Chris Seeley

**The motion was carried.**



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### 6.3 Volunteer Services

Diane Airhart reported the following highlights from the Volunteer Services:

- Alice Carlson has worked to update their website information.
- Gift shop sales have more than doubled for the month of January.
- Cogeco has increased their rates to almost double what they have been in the past. Diane has written a letter to the company but has yet to receive a response.
- A tentative date has been set for May 12 for the yard sale; this will take place along highway 2 on the Hospital's lawn.
- Annette Stuart has been asked to speak at the HAAO Spring Conference which is being held at the Westdale Complex.

### 6.4 Governance Committee

Chris Seeley provided the following highlights from the February 15, 2018 Governance Committee meeting:

A follow-up Board orientation session is planned for the newer Board members. This will take place at 8:00 a.m., on March 20, 2018 and all Board members have been invited to attend, if they wish.

The Committee reviewed Board member terms. Sadly, Elaine Stillwell has decided not to remain on the Board for the upcoming year. Her contributions, compassion and caring will be greatly missed and she will be celebrated at her last meeting in June. Allan reported that following the 2017 AGM, Judge Geoff Griffin expressed his wish to come back to the Board once the mandatory one-year "rest" period was up. Allan approached Judge Griffin to relay the news that there would be a vacancy to fill as of June 2018. Judge Griffin was pleased with the opportunity to be able to return to the Board. Allan noted that the expertise, past experiences on the Board, knowledge of the organization and goals/philosophies aligned with the best interest of the community will be an asset. Nomination will take place at the June AGM.

The Committee reviewed the various options for the 2018 Board Development Retreat. The Waring House estimate was quite a bit higher than comparators, so the Committee made the recommendation to return to the Donald Gordon Centre. No concerns were noted by the Board.

#### **Motion #5**

*Rationale: The Governance Committee, as part of their work plan, is tasked with organizing an annual Board Development Retreat. This includes costing out the different options and exploring venues which would suit the needs of the Board for their Retreat.*

***Motion: The Board of Directors hereby approves the Donald Gordon Centre, Kingston location for the 2018 Board Development Retreat, as recommended by the Governance Committee.***

Moved by: Deb Lowry

Seconded by: Michelle Smith

**The motion was carried.**

### 6.5 Pastoral Care Committee

Tracy Kent-Hillis reported that the Pastoral Care Committee met on February 15, 2018. The Committee worked to finalize arrangements for the Annual Memorial Service. The Service is



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scheduled to take place on April 22, 2018 at the Westdale Park Free Methodist Church, for the family and loved ones of patients who passed away in 2017.

### 6.6 Audit Committee

Deb Lowry reviewed the following from the February 26, 2018 Audit Committee meeting:

KPMG staff, Lori Huber and Caitlyn Cox, joined the Committee to present the draft Audit Planning Report (APR) for fiscal year ending March 31, 2018. The APR was included in the Board package was very similar to last years in an easy to read format. There was nothing in particular to highlight.

<p><b>Motion #6</b></p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p><b>Motion: The Board of Directors hereby approves the Audit Planning Report for fiscal year ending March 31, 2018, as recommended by the Audit Committee.</b></p> <p>Moved by: Elaine Stillwell Seconded by: Chris Seeley</p> <p style="text-align: right;"><b>The motion was carried.</b></p>
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The Audit Committee reviewed and approved their Terms of Reference with the following changes:

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

No concerns were noted by the Finance Committee or the Board.

<p><b>Motion #7</b></p> <p><i>Rationale: Committees of the Board are required to review and update their Terms of Reference on a regular basis or as needed.</i></p> <hr/> <p><b>Motion: The Board of Directors hereby approves the following changes to the Audit Committee's Terms of Reference, as recommended by the Audit Committee:</b></p> <ul style="list-style-type: none"> <li>• <del>Director of Finance and Utilization Management</del> Chief Financial Officer</li> <li>• <b>President and</b> Chief Executive Officer</li> </ul> <p>Moved by: Chris Seeley Seconded by: Bob Clancey</p> <p style="text-align: right;"><b>The motion was carried.</b></p>
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### 6.7 Finance Committee

Deb Lowry reviewed the following from the February 26, 2018 Finance Committee meeting:

Tracy Ringrose attended the Finance Committee meeting to report that there is a 26% increase (\$55,838.77) to the hospital's LTD premium. Tracy has done her due diligence in exploring the various options and it has been determined that we will remain with the current carrier for the time being as the experience rating is quite high for the size of our organization and any cost savings would be a short term gain and an inconvenience to staff.



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Gert Switzer provided an overview of changes to the H-SAA including more formalized reporting to the LHIN.

As a follow up to last month's Board meeting in which the portable x-ray machine was approved as a capital purchase item, the Foundation approved the funding of this item at their last meeting.

### 6.7.1 Board, CEO and Senior Manager Expenses

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for January 2018 which totaled \$141.13. The Finance Committee recommends to the Board, that the following expenses be approved:

#### Motion #8

*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 \$141.13, as recommended by the Finance Committee.**

#### January 2018

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Wayne Coveyduck				78.44			78.44
Gert Switzer				9.01			9.01
Tracy Kent-Hillis	53.68						53.68
<b>TOTAL</b>	<b>53.68</b>			<b>87.45</b>			<b>\$141.13</b>

Moved by: Deb Lowry

Seconded by: Michelle Smith

**The motion was carried.**

### 6.7.2 Annual Board Policy Review – Finance

The Finance Committee reviewed the updated Board policies related to Finance with a few housekeeping items:

- Policy B-13 Board of Directors Mileage: the referenced Expenses policy number was updated ~~AO-23~~ **B-12**
- Policy B-14 – Chair of the Board of Directors Honorarium: referenced Expenses policy number was updated ~~AO-23~~ **B-12**
- Policy B-16 – Signing Authority: referenced *Capital Planning, Acquisition and Disposal* policy FP-2 was removed under the section related Policies and Procedures as this policy was archived.

No concerns were noted by the Finance Committee or the Board.



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### Motion #9

*Rationale: As part of the annual work plan, the committee is required to review and update their relevant Board policies as needed.*

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

- Policy B-13 - Board of Directors Mileage: the referenced Expenses policy number was updated AO-23 B-12
- Policy B-14 - Chair of the Board of Directors Honorarium: referenced Expenses policy number was updated AO-23 B-12
- Policy B-16 - Signing Authority: referenced Capital Planning, Acquisition and Disposal policy FP-2 was removed under the section related Policies and Procedures as this policy was archived.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

**The motion was carried.**

### 6.7.3 January Financial Statements and Cheque List

The Finance Committee reviewed the January 2018 Financial Statements and Cheque List which totaled \$4,910,591.07. 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.**

- January 2018 Cheque List totaling \$4,910,591.07;
- January 2018 Financial Statements.

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

**The motion was carried.**

### 6.7.4 Capital Equipment Requests

The Finance Committee reviewed a request for the allocation of \$49,238 towards the purchase of: DI, peer review program through HDIRS (\$16,014) For quality control; staff, Massage chairs (\$7,335) Replacement; Radiology, copier. (\$2,435) Older copier/fax no longer functional; Dietary, freezer (\$3584). Cost to repair old one more than new purchase; Building, hot water tanks (3) (\$19,870) Replacements. No concerns were noted by the Finance Committee or the Board.



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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 totaling \$49,238, as recommended by the Finance Committee for:**

- *DI. Peer review program through HDIRS. (\$16,014). For quality control.*
- *Staff. Massage Chairs. (\$7,335). Replacement.*
- *Radiology. Copier. (\$2435). Older copier/fax no longer functional.*
- *Dietary. Freezer (\$3,584). Cost to repair old one more than new purchase.*
- *Building. Hot water tanks (3) (\$19,870). Replacements.*

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

**The motion was carried.**

### 6.7.5 Investment Mandate Statement / Investment Policy Statement

The Finance Committee reviewed their Investment Mandate Statement and the Investment Policy Statement. The Investment Policy Statement was updated with a change to the Asset Mix Parameters to mirror those listed in the Investment Mandate Statement. No concerns were noted by the Finance Committee or the Board.

### Motion #12

*Rationale: As part of the annual work plan, the Finance Committee is required to review and update the Investment Mandate Statement and the Investment Policy Statement.*

**Motion: The Board of Directors hereby approves the amended Investment Policy Statement with the Asset Mix Parameters updated to mirror those listed in the Investment Mandate Statement, as recommended by the Finance Committee.**

Moved by: Bob Clancey

Seconded by: Chris Seeley

**The motion was carried.**

### 6.8 Chief Executive Officer's Report

Wayne Coveyduck had nothing to add to his written report circulated in the Board package.

### Motion #13

*Rationale: Normal Practice*

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

Moved by: Elaine Stillwell

Seconded by: Chris Seeley

**The motion was carried.**





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### 7. Correspondence Received up to February 28, 2018

Wayne provided an update to correspondence related to Hospital Parking:

As a follow up to last month's Board meeting in which concerns were shared in reference to Hospital parking overflow. We have heard back from the Westdale Park Free Methodist Church in a positive response in that we can use their parking lot for overflow on days that the Hospital parking lot is full.

Wayne noted that a Memo was circulated to all staff and the physician group. One of the medical staff spoke out about losing their designated parking spaces. Although the parking spaces are still available, we were silent on this item in our communication Memo. These spots are indeed still available, however the signage was removed following incidents of vandalism to one particular physician vehicle.

Wayne has responded directly to the doctor to address his concern and come up with mutually agreed upon signage to the effect of Designated Parking - A, B, C, D instead of "Doctor Parking".

### 8. New Business

#### 8.1 Quality Improvement Plan 2018-19

Nancy Manion provided the following highlights from the draft 2018-19 Quality Improvement Plan:

##### Effective

- To improve the coordination of care between the Hospital and Health Links.
- Ensure patients receive appropriate information from hospital staff about what to do about condition/treatment after leaving hospital
- Risk-adjusted 30-day all-cause readmission rate for COPD patients.
- Reduce the number of ED visits for LTC home residents by having ambulatory care sensitive conditions addressed early by the NP and LTC physician.

##### Efficient

- Access to the right level of care with an effort to reduce the number of admitted ALC patients

##### Safe

- A goal to reduce the percentage of resident falls during the 30 days preceding their falls assessment. This can be a bit of a challenge since we are trying to increase mobility.
- Medication reconciliation at discharge – 100%
- Number of workplace violence incidents reported by hospital workers – at this point in time we are collecting baseline data for this indicator.

Nancy stated they are requesting 3% performance-based compensation for achieving the 2018-19 targets.

#### **Motion #14**

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

***Motion: The Board of Directors hereby approves the 2018/19 Quality Improvement Plan, as recommended by the Quality Committee.***

Moved by: Bob Clancey

Seconded by: Chris Seeley

**The motion was carried.**



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### 8.2 H-SAA Updates / Conflict of Interest

Allan highlighted that one of the new additions to the H-SAA is the requirement for the Board to have a conflict of interest policy, which is to be reviewed annually and available to the LHIN if requested. It was confirmed that such a document does exist, is in good standing and available if requested.

### 8.3 Board Evaluation

Allan circulated copies of the Board Evaluation with instruction for the Directors to complete and return to Sheila Mabee. Sheila will circulate electronic copies to those who were unable to attend the meeting.

## 9. Closed Session

At 7:07 p.m., the Board moved into closed session.

### **Motion #15**

*Rationale: Normal Practice*

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

Moved by: Lori Francis

Seconded by: Diane Airhart

**The motion was carried.**

At 8:23 p.m., the Board rose from closed session.

### **Motion #16**

*Rationale: Normal Practice*

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

Moved by: Lori Francis

Seconded by: Diane Airhart

**The motion was carried.**

## 10. Next Meeting

The next regular meeting of the Board is scheduled for April 3, 2018 at 6:30 p.m., in the Airhart Conference Room.

## 11. Adjournment

The meeting was adjourned at 8:24 p.m.

### **Motion #17**

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby adjourns their meeting at 8:24 p.m. on March 6, 2018.***

Moved by: Deb Lowry

Seconded by: Michelle Smith

**The motion was carried.**