



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS April 3, 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 April 3, 2018.

**PRESENT:**

<b>Board:</b>	Allan MacGregor (Chair)	Deb Lowry
	Michelle Smith	Elaine Stillwell
	Lori Francis	Bob Clancey
	Wendy Brockmeyer	Wayne Coveyduck
	Tony Brazda	Tracy Kent-Hillis
	Chris Seeley	Dr. Morrison
	Norm Clark	

**REGRETS:**

Bob Vrooman	Eric Smith
Diane Airhart	Dr. Mitchell
Robert Paul	

<b>Staff in Attendance:</b>	Nancy Manion	Gert Switzer
	Tracy Ringrose	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>Motion: The Board of Directors hereby approves the agenda of April 3, 2018.</b></p> <p>Moved by: Norm Clark          Seconded by: Elaine Stillwell</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 March 6, 2018.***

Moved by: Lori Francis

Seconded by: Norm Clark

**The motion was carried.**

## **5. Business Arising**

### **5.1 Regional Updates**

Allan MacGregor reported on the following items from the most recent in-person Chairs/Vice Chairs Forum (CVCF) meeting on March 28:

The group was introduced to the recently appointed SE LHIN Board Chair, Hersh Sehdev. Ms. Sehdev reported on the healthcare challenges within both the province and the region, including the shortage of beds and ALC patient flow.

Joanne Billing, Vice President of Home and Community Care (HCC) provided a presentation on HCC. The highlights of the presentation were shared in the meeting package. Ms. Billing stressed that there is a shortage of PSWs within the region and the province and noted that the Ministry is working on a strategy to address this challenge.

With all hospitals now being signed on to commit to a regional HIS, Troy Jones and Cathy Szabo provided a HIS presentation which outlined the project plan:

- Q1: regional governance deliberations are taking place
- Q2: will include engagement with community care and primary care
- Q3: issuing the RFP for a regional HIS (target of October)
- Q4: March 2019 being the target for vendor evaluation and selection

A consultant will be working to write the RFP with Troy Jones.

The next CVCF meeting will take place in June.

### **5.2 Conflict of Interest**

The Board Conflict of Interest policy and Annual Director Declaration and Consent document were shared in the meeting package for information.

Allan noted that this is a new H-SAA requirement to have a conflict of interest policy which would be available to the LHIN, upon request. There were no questions or concerns with the pre-circulated documents.

### **5.3 Board Evaluation**

The Board's assessment of its own performance is an important part of the Board's governance process. Directors were reminded to complete the survey with candid feedback prior to the April 25th deadline so the results could be compiled for review at the May 1st Board meeting.

## **6. Reports**

### **6.1 Quality Committee**

Elaine Stillwell highlighted the following from the March 20, 2018 Quality Committee meeting:



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The 2017/18 QIP results were presented with a formal presentation by Nancy Manion later in the Board meeting.

Discussion took place on the Linking Quality 2 Funding (LQ2F) pilot which has been implemented this year. Four to 5 performance indicators have been selected for the pilot which are related to medication reconciliation, readmissions and patient experience. The Canadian Patient Experience Survey (CPES) inpatient responses are used through NRC Picker. Fiscal 2018/19 will be used as a baseline data collection with the questions being linked to funding for 2019/20 fiscal year.

Since 3 of the questions would be linked to funding, the Quality Committee was asked to consider participating in NRC Picker for inpatient surveys only.

<p><b>Motion #3</b></p> <p><i>Rationale: To review the adoption of NRC Picker for inpatient satisfaction surveys.</i></p> <hr/> <p><b>Motion: The Board of Directors hereby approves the Hospital's participation in Linking Quality 2 Funding and adopting NRC Picker for use with patient satisfaction surveys, as recommended by the Quality Committee.</b></p> <p>Moved by: Wendy Brockmeyer Seconded by: Chris Seeley</p> <p style="text-align: right;"><b>The motion was carried.</b></p>
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Wayne Coveyduck reported that information recently received related to HSRF indicates that ED performance will be tied to funding in the coming years. It was suggested that the Board might want to think about moving to NRC Picker moving into the fall.

**6.2 Ethics Committee**

Further to the minutes of March 7, 2018, Elaine Stillwell highlighted that National Health Ethics Week (NHEW) runs from April 2-8, 2018 with a number of activities scheduled.

As part of participating in NHEW, the Ethics Committee has organized to have ethicist Dr. David Campbell come to LACGH and speak to "Strategies on How to Deal with Difficult Situations in Healthcare". This education session will take place on April 11 and will include a light lunch; for those who are interested in attending, please RSVP to Sheila Mabee.

**6.3 Medical Advisory Committee**

Dr. Morrison noted the following from the March 8, 2018 Medical Advisory Committee meeting:

The ICU continues to do an amazing job in working through transformational changes within the department.

Through a joint effort of the various (hospitalists, ER doctors, anesthesiologists and the lab) have worked on the X Matching to get the ratio down to 1.2 (most hospitals are happy with achieving a ratio of 2). A ratio of 1.2 means that we are utilizing our blood products effectively with good use of our cross matching.

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

- Dr. Kiran Virik – Consulting (Oncology)



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- Dr. Josee-Lyne Ethier – Consulting (Oncology)

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 #4**

*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. Kiran Virik – Consulting (Oncology)
- Josee-Lyne Ethier – Consulting (Oncology)

Moved by: Chris Seeley

Seconded by: Wendy Brockmeyer

**The motion was carried.**

**6.4 Volunteer Services**

In absence of Diane Airhart, the Volunteer Services minutes of March 13, 2018 were briefly reviewed as circulated.

**6.5 Finance Committee**

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

**6.5.1 Board, CEO and Senior Manager Expenses**

The Finance Committee reviewed the Board, CEO, and Senior Management Expenses for February 2018 which totaled \$9.10.

The Finance Committee recommends to the Board, that the following expenses be approved:

**Motion #5**

*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 \$9.10, as recommended by the Finance Committee.**

**February 2018**

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Gert Switzer	9.10						9.10
<b>TOTAL</b>	<b>9.10</b>						<b>\$9.10</b>

Moved by: Norm Clark

Seconded by: Lori Francis

**The motion was carried.**



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### 6.5.2 Procurement Policy

The Finance Committee reviewed legislative and language changes to the Board *Procurement* Policy B-19.

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

#### **Motion #6**

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

***Motion: The Board of Directors hereby approves the Board policy changes to the Board Procurement Policy B-19, as recommended by the Finance Committee.***

Moved by: Lori Francis

Seconded by: Norm Clark

**The motion was carried.**

### 6.5.3 February Financial Statements and Cheque List

The Finance Committee reviewed the February 2018 Financial Statements and Cheque List which totaled \$2,502,090.81. No concerns were noted by the Finance Committee or the Board.

#### **Motion #7**

*Rationale: Normal Practice.*

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

- *February 2018 Cheque List totaling \$2,502,090.81;*
- *February 2018 Financial Statements.*

Moved by: Norm Clark

Seconded by: Elaine Stillwell

**The motion was carried.**

### 6.5.4 Capital Equipment Requests

The Finance Committee reviewed a request for the allocation of \$10,853 towards the purchase of: Hospital, Water tanks (\$4,048) installation added cost; Radiology, copier (\$295) added cost; Respiratory Therapy, desk (\$2,415) due to office move; CT room, patient hoist (\$4,095) new service.

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



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### Motion #8

*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 \$10,853, as recommended by the Finance Committee for:**

- Hospital, Water tanks (\$4,048) installation added cost;
- Radiology, copier (\$295) added cost;
- Respiratory Therapy, desk (\$2,415) due to office move;
- CT room, patient hoist (\$4,095) new service.

Moved by: Lori Francis

Seconded by: Norm Clark

**The motion was carried.**

### 6.5.5 Opioid Learning Module

The Finance Committee reviewed a request to fund an Opioid Learning Module developed by Queen's University as a regional initiative towards improving education for physicians regarding opioid addiction and prescribing practices. This education will be a requirement tied to the annual credentialing process for reappointment to the medical staff. The Hospital's prorated portion equates to \$1,500 of the \$11,000 development cost for the learning module.

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

### Motion #9

*Rationale: Normal Practice*

**Motion: The Board of Directors hereby approves the \$1,500 prorated cost associated with the Queen's University Opioid Learning Module, as recommended by the Finance Committee.**

Moved by: Elaine Stillwell

Seconded by: Wendy Brockmeyer

**The motion was carried.**

### 6.5.6 Digital Portable X-Ray

The Finance Committee reviewed the rationale for the non-competitive sourcing of the DI Digital X-ray unit through GE, which will be submitted to 3SO.

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

### Motion #10

*Rationale: Non-competitive procurement requires formal documentation be completed to support and justify the decision for limited tendering.*

**Motion: The Board of Directors hereby approves the non-competitive procurement rationale for the digital portable x-ray unit with GE, as recommended by the Finance Committee.**

Moved by: Chris Seeley

Seconded by: Wendy Brockmeyer

**The motion was carried.**



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### 6.5.7 Infection Control Consultant

The Finance Committee reviewed the request for the allocation of a quarterly fee in the amount of \$2,250 + HST for the ongoing support provided by Dr. Evans to the infection prevention and control committee. A number of years ago, this was incorporated into the laboratory contract through Kingston, however they have since scaled this part of the contract back. Dr. Evans is an expert in our region on infection control issues and has provided valuable support to infection control efforts.

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

#### **Motion #11**

*Rationale: Non-competitive procurement requires formal documentation be completed to support and justify the decision to bypass the competitive procurement process.*

***Motion: The Board of Directors hereby approves the quarterly fee in the amount of \$2,250 +HST for the consultative services of Dr. Evans related to infection prevention and control activities, as recommended by the Finance Committee.***

Moved by: Elaine Stillwell

Seconded by: Lori Francis

**The motion was carried.**

### 6.6 Chief Executive Officer's Report

Further to the written report provided in the Board package Wayne Coveyduck noted that the 3SO Member Service Agreement was up for renewal and shared 3 possible options. After discussing the options and experience with 3SO over the last number of years, the Board agreed to proceed with a 5-year renewal term.

#### **Motion #12**

*Rationale: To review and approve the renewal of the Member Service Agreement (MSA) with 3SO.*

***Motion: The Board of Directors hereby approves the Hospital's renewal of the 3SO MSA for an additional 5-year term on the same terms and conditions (excluding service charges) as the original MSA.***

Moved by: Wendy Brockmeyer

Seconded by: Chris Seeley

**The motion was carried.**

#### **Motion #13**

*Rationale: Normal Practice*

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

Moved by: Lori Francis

Seconded by: Norm Clark

**The motion was carried.**





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7. Correspondence Received up to March 19, 2018

There was nothing further to report for correspondence.

8. New Business

8.1 2017/18 QIP Review

Nancy Manion provided the following overview of the 2017/18 Quality Improvement Plan (QIP) and how indicators were achieved:

Patient Centred

Patient Satisfaction Surveys

Patient satisfaction surveys were distributed for ER, IPU, CVC and OR highlighting the following results:

Table with 3 columns: Department, Would Recommend, Overall Satisfaction. Rows include ER (92%, 87%), IPU (100%, 96%), CVC (100%, 100%), and OR (100%, 98%).

ED Length of Stay

In February 2017 a nursing initiative was introduced to reduce the time for ER admitted patients to arrive in bed on the IPU by assigning an RPN to care for the admitted patients. Before the introduction of initiatives, the ER LOS was 13.51 hours. Once the ER RPN was assigned to patient flow for admitted patients, the LOS was significantly reduced with the ability to sustain the numbers over an extended period of time in the months following.

Effective Transition

COPD Program Introduction

In November 2017, the BREATHE Program, a regional COPD initiative, was introduced. With this initiative, a number of supports were put in place to assist COPD patients at home, including:

- Introduction of a COPD navigator, BREATHE Help Line
- Home visits were initiated
- Creation of a COPD pre-discharge planning order set
- Action plans

Timely Access to Care

- In looking at the ED LOS hours for all CTAS levels, the process was improved for ER admitted patients getting to an inpatient bed.
- A suicide assessment tool was implemented.
- Community Mental Health worker presence in the ER after hours when mental health supports offices are typically closed

Safety

Medication Reconciliation on Admission & at Discharge

This is an indicator that we are doing really well at and exceeding the provincial average for both admission and discharge. Missed opportunities for med rec are followed up by the Chief of Staff. New





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physicians and medical residents receive 1:1 training by Pharmacy. The Pharmacist participates in daily rounds.

### *CVC – Use of Antipsychotic Medication*

With the provincial average being 28%, we are well under at 12% for all months. The NP and physician on the unit work to wean patient off antipsychotic drugs during their stay. Regular audits are done to review progress.

### Other Achievements

- Accreditation: achievement of Exemplary Standing by scoring 99.7% on the peer assessment.
- CVC Ministry of Health Inspection: the visit resulted in zero non conformances
- C-Arm Room: designed and constructed which resulted in new procedures being offered (PICC and Pain Program)
- Rapid Access Clinic: trialed in spring/summer of 2017 with excellent feedback from the both patients and the community

### Executive Compensation

As part of the development process of the 2017/18 QIP, the decision was made to link the pay at risk (25% allocation to each) to the following initiatives:

Initiative 1: Goal to develop and implement a standardized discharge summary (in Meditech) for patient/families on discharge.

*Results: Successfully Implemented*

- The goal to develop discharge summary by November 2018 in Meditech was implemented by August 2017.
- Patient feedback was sought from the post discharge phone calls
- The PFAC provided input into the addition of a post discharge phone call question
- 338 discharge phone calls were made in 2017

Initiative 2: Develop & implement a standardized discharge checklist for use at discharge and transfer.

*Results: Successfully Implemented*

- A standardized discharge summary checklist was developed
- Ongoing audits were completed and on average compliance is 80%

Initiative 3: Re-educate all clinical and support staff on the Home First Philosophy.

*Results: Successfully Completed*

- Made sure all staff were on the same page by re-educating clinical and support staff on the Home First Philosophy (93 staff attended education sessions)
- The ALC patient days was monitored monthly at the clinical team and Quality committee meetings
- In 2016 the average ALC days was 77; this was reduced by almost half in 2017

Initiative 4: Residents and families are involved in care plans and goals for discharge.

*Results: Successfully Completed*



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- Process measure to establish discharge goals and estimated discharge date for CVC residents within 7 days of admission
- Residents and families are encouraged to participate in care plans and goal setting
- Bedside communication boards were implemented in all rooms
- Physiotherapy goals set during admission with input from resident
- 100% of residents discharged within 90 day target

### 8.2 Board Portal

Sheila Mabee briefly reviewed the instructions for accessing the Board Portal, which was circulated in the Board package. A brief overview of the many helpful and supportive documents which could be accessed were highlighted. She encouraged the Board members to log on to the Portal and notify her if there were any issues or challenges with obtaining access.

### 9. Closed Session

At 7:18 p.m., the Board moved into closed session.

<p><b>Motion #14</b></p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p><b><i>Motion: The Board of Directors hereby moves into closed session.</i></b></p> <p>Moved by: Elaine Stillwell Seconded by: Lori Francis</p> <p style="text-align: right;"><b>The motion was carried.</b></p>
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At 7:32 p.m., the Board rose from closed session.

<p><b>Motion #15</b></p> <p><i>Rationale: Normal Practice</i></p> <hr/> <p><b><i>Motion: The Board of Directors hereby rises from closed session.</i></b></p> <p>Moved by: Norm Clark Seconded by: Elaine Stillwell</p> <p style="text-align: right;"><b>The motion was carried.</b></p>
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### 10. Next Meeting

The next regular meeting of the Board is scheduled for May 1, 2018 at 6:30 p.m., in the Airhart Conference Room.

### 11. Adjournment

The meeting was adjourned at 7:33 p.m.



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### **Motion #16**

*Rationale: Normal Practice*

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***Motion: The Board of Directors hereby adjourns their meeting at 7:33 p.m. on April 3, 2018.***

Moved by: Elaine Stillwell

Seconded by: Lori Francis

**The motion was carried.**