



# LENNOX AND ADDINGTON COUNTY GENERAL HOSPITAL

## MINUTES BOARD OF DIRECTORS April 7, 2015 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 7, 2015.

### PRESENT:

<b>Board:</b>	Peggy Rice (Chair)	Dr. Kim Morrison
	Chris Seeley	Cathie Vick
	Bob Clancey	Tracy Kent-Hillis
	Judge Geoff Griffin	Deb Lowry
	Elaine Stillwell	Michelle Smith
	Wayne Coveyduck	Allan MacGregor
	Robert Paul	

### REGRETS:

	Tony Brazda	Norm Clark
	Eric Smith	Dr. Mamdouh Andrawis
<b>Staff in Attendance:</b>	Gert Switzer	Shari Sampson
	Nancy Manion	Angela McCullough (Recorder)

### 1. Call to Order/Opening Remarks

The meeting was called to order at 6:31 p.m. by Peggy Rice.

### 2. Approval of the Agenda

<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 7, 2015.</b></p> <p>Moved by: Allan MacGregor Seconded by: Bob Clancey</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 member of the Board wished to declare a conflict of interest based on items identified in the Agenda. There were no identified conflicts of interest.



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### 4. Minutes of Previous Meeting

The minutes of March 3, 2015 were reviewed and no changes were noted.

#### Motion 2

*Rationale: Normal Practice*

**Motion: The Board of Directors hereby approves the minutes of the previous meeting dated March 3, 2015.**

Moved by: Deb Lowry

Seconded by: Chris Seeley

**The motion was carried.**

### 5. Business Arising

#### 5.1 Health Care Tomorrow

Peggy advised that she and Allan MacGregor attended a teleconference for Hospital/CCAC Board Chairs and Vice Chairs on March 25, 2015 with the SE LHIN. During that teleconference, it was identified that some hospitals are in a year-end financial deficit which has led to a change in services and have gone public with that information. The Minister and Deputy Minister of Health have made it clear that there is to be no service change without consulting with the community. As Health Care Tomorrow may involve service changes, we have been asked to do a community engagement session related to Health Care Tomorrow. A suggestion was made to have a forum in mid May at the Westdale Complex. The forum would include information about changes at LACGH over the past 2 years, Health Links, CCAC, etc and a brief presentation on the future of healthcare in our region. Members of the Board expressed their concern that this type of forum would be premature as we are uncertain as to the definite outcomes of the Health Care Tomorrow project at this time.

Peggy and Wayne Coveyduck met in Perth with Randy Hillier, Steve Clarke, the CEO of Perth Smiths Falls Hospital, the CEO of Brockville General Hospital and the LHIN representatives.

### 6. Reports

#### 6.1 Quality Committee

Elaine Stillwell highlighted the following from the Quality Committee minutes of March 17, 2015:

The CCAC has made some significant changes in how they provide consultation services. All referrals are now being received through a central fax referral system. Tracy Kent-Hillis has been advocating to keep CCAC Case Managers involved in team activities. Tracy reported that she has been advised by CCAC that the Case Managers will continue being involved in team activities at our hospital.



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### 6.2 Finance Committee

Deb Lowry provided the following highlights from the Finance Committee meeting held on March 31, 2015.

#### 6.2.1 - Board, CEO and Senior Management Expenses

The Finance Committee reviewed the Board, CEO and Management expenses for February 2015 which totalled \$171.16. The Finance Committee recommends to the Board that the following expenses be approved.

#### Motion 3

*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 February expenses which totalled \$171.16 as recommended by the Finance Committee:**

#### February 2015

Name	Meals	Hospitality	Accommodation	Vehicle Rental/Own Used Mileage	Incidentals (Parking, tolls, etc.)	Fares	Total
Shari Sampson	\$46.47			\$72.14			\$118.61
Gert Switzer	\$28.75			\$23.80			\$52.55
<b>TOTAL</b>	<b>\$75.22</b>			<b>\$95.94</b>			<b>\$171.16</b>

Moved by: Robert Paul  
Seconded by: Michelle Smith

The motion was carried.

### 6.2.2 – Review of Monthly Investment Report and the Mandate and Policy Statements

Deb reported that the Finance Committee reviewed the Investment Mandate Statement and has recommended to the Board that the Asset Mix Parameters by Geographic Allocation be changed as follows:

Canadian: 60-100%  
Foreign: 0-40%  
United States: 0-40%  
Outside of North America (EAFE/International): 0-40%

#### Motion 4

*Rationale: As part of their Committee workplan, the Finance Committee is required to review the Investment Mandate Statement and forward any changes to the Board for review and/or approval.*

**Motion: The Board of Directors hereby approves the revised Investment Mandate Statement as recommended by the Finance Committee.**

Moved by: Elaine Stillwell  
Seconded by: Chris Seeley

The motion was carried.



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The Finance Committee also reviewed the Investment Policy Statement and has recommended that the revised Investment Policy Statement be approved.

### **Motion 5**

*Rationale: As part of their Committee workplan, the Finance Committee is required to review the Investment Policy Statement every two years and forward any changes to the Board for review and/or approval.*

***Motion: The Board of Directors hereby approves the revised Investment Policy Statement as recommended by the Finance Committee.***

Moved by: Bob Clancey  
Seconded by: Chris Seeley

**The motion was carried.**

### **6.2.3 – Physician Use of Transcription Services**

In reviewing the Financial Statements, the Finance Committee noted that the Health Records Department was over budget due to added staff training and increased usage of transcription services. Based on the information that was provided to the Finance Committee at that time, the Committee had recommended that transcription services should no longer be available.

Dr. Morrison advised the Board that the electronic documentation is currently not available in the clinic so the physicians have no alternative but to use the dictation services. She also noted that the electronic record has also not been fully implemented in the OR. Dr. Morrison has agreed to address the issue of physician usage of transcription services in the other areas of the hospital where the electronic record has been fully implemented and will work with the IT Department in advancing the alternative document options available as the EMR expands to the Clinic and OR areas.

Deb Lowry requested that the following motion be tabled so that consultation with the Medical Advisory Committee can occur to examine the role of voice dictation within physician documentation in order to maximize the use of our electronic record.

### **Motion 6**

*Rationale: There are physicians using the dictation services which results in additional expenses incurred by the Hospital. The Finance Committee has recommended that the voice recognition system be fully implemented and the dictation services be discontinued.*

***Motion: The Board of Directors hereby approves that physicians be advised that as of November 1, 2015, the voice recognition system is the only input to patient records and that the dictation services will be discontinued as recommended by the Finance Committee.***

Moved by: Bob Clancey  
Seconded by: Chris Seeley

**The motion was tabled.**



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### 6.2.4 – February Financial Statements & Cheque List

The Finance Committee reviewed the February Financial Statements and Cheque List totalling \$2,284,176.15 and has recommended that they be approved by the Board.

#### **Motion 7**

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby approves the February Financial Statements and Cheque List which totalled \$2,284,176.15 as recommended by the Finance Committee.***

Moved by: Elaine Stillwell  
Seconded by: Bob Clancey

**The motion was carried.**

### 6.3 Ethics Committee

Elaine Stillwell provided the following highlights from the March 11, 2015 meeting of the Ethics Committee.

The Ethics Committee reviewed and revised the Advance Directives Policy and has recommended that the revised policy be approved by the Board.

#### **Motion 8**

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby approves the revised Advance Directives Policy as recommended by the Finance Committee.***

Moved by: Elaine Stillwell  
Seconded by: Michelle Smith

**The motion was carried.**

The Ethics Committee is working with the HR Department to develop an on-line learning module specific to Ethics so that it can be delivered to staff. The committee also discussed the need for an education session on how to go through an ethics consultation and are looking into having a Bioethicist deliver the education to the staff, physicians and possibly, outside healthcare providers. Nancy Manion and Heather Rule will develop an algorithm and draft learning module on the ethics consultation process for review at the next Ethics Committee meeting.

### 6.4 Pastoral Care Committee

Peggy Rice advised that the annual Memorial Service that is held to honour the memory of those who have passed away in our hospital in 2014 is scheduled for Sunday, April 26, 2015 at 2 p.m. at the Westdale Park Free Methodist Church across the street from the hospital.



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### **6.5 Governance Committee**

Allan MacGregor provided the following highlights from the Governance Committee meeting that was held on March 12, 2015.

The Committee reviewed the summary of the Board Skills Matrix and identified three skills that the Board requires further skill development; clinical, construction & project management and patient & health care advocacy. Future Board education sessions specific to these topics may be organized.

All members of the Board have expressed an interest in continuing on the Board.

The Committee reviewed and revised the Terms of Reference for the Nominating Committee. The membership has been changed to reflect one (1) member of the corporation who has served on the Executive Committee of the Board. The Board reviewed the revised Terms of Reference and no concerns or changes were noted.

#### **Motion 9**

*Rationale: Normal Practice*

***Motion: The Board of Directors hereby approves the revised Terms of Reference for the Nominating Committee as recommended by the Governance Committee.***

Moved by: Chris Seeley  
Seconded by: Allan MacGregor

**The motion was carried.**

Members of the Board attended an OHA Webcast titled "Getting the Best on Your Board – Succession Planning for Board Members" on March 30, 2015. Chris Seeley reported that this webcast highlighted that we are doing things right and that our Board is on the right track.

The Board Retreat will be held on September 10 & 11, 2015 at Huff Estates (same location as last year).

### **6.6 Foundation**

Robert Paul advised that he had nothing to report at this time.

### **6.7 Volunteer Services**

Cathie Vick advised that Joyce Tucker-Brumwell and Peggy Rice will convene Tag Day this year but this will be their last year. The Volunteer Services group continues to try to and recruit new members.



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### **6.8 Medical Advisory Committee**

Dr. Morrison provided the following highlights from the Medical Advisory Committee held on April 2, 2015.

Health Links has moved into the 310 Bridge Street West building. Our two top priorities with Health Links are:

1. Try to begin the Coordinated Care Plan with our complex patients.
2. Engage Health Links in the process of remodeling the Emergency Department.

As of March 31, 2015, our hospital is required to report all deaths to the Trillium Gift of Life Network. Policies and procedures are being developed for the implementation of the procurement and communication with the families for the donation of organs. In the short-term, a staff member from KGH will come to our hospital to procure eyes.

The MAC approved the following:

- a revised Heparin Protocol;
- the revised Occupational Health Services Medical Directive;
- deletions from our drug formulary;
- the revised ER Medical Directives
  - Treatment of Hypoglycemia in the Adult #15
  - Treatment of Cerebral Vascular Attack/Transient Ischemic Attack in the Adult #19
  - Treatment of Drug Overdose in the Adult #20
  - Treatment of Gastrointestinal Bleeding in the Adult #21
  - Treatment of Hypothermia in the Adult #22
- Revised COPD Inpatient Admission Order Set which was revised using the provincial QBP Best Practice Guidelines.

The MAC reviewed the reappointment applications for the following:

- Dr. Brian Mahoney – Active Staff privileges (Anesthesia)
- Dr. Linda Boon – Active Staff privileges (Diagnostic Imaging, Radiology & Ultrasound)
- Dr. David Good – Courtesy without admitting privileges (Laboratory Medicine/Pathology)
- Dr. Ben Chen – Active Staff privileges (Internal Medicine)

No concerns were noted by the MAC; therefore, the reappointment applications were recommended to the Board for approval. The Board reviewed the credentialing applications and no concerns were noted.





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### **Motion 10**

*Rationale: Applications for reappointment 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 reappointment of the following as recommended by the Medical Advisory Committee:**

**Dr. Brian Mahoney – Active staff privileges (Anesthesia)**

**Dr. Linda Boon – Active staff privileges (Diagnostic Imaging, Radiology & Ultrasound)**

**Dr. David Good – Courtesy without admitting staff privileges (Laboratory Medicine/Pathology)**

**Dr. Ben Chen – Active staff privileges (Internal Medicine)**

Moved by: Michelle Smith

Seconded by: Cathie Vick

**The motion was carried.**

The MAC also reviewed appointment applications for the following:

- Dr. Davide Bardana – Consulting Staff privileges (Orthopaedics)
- Dr. Jeffrey Parker – Locum Tenens Staff privileges (Anesthesia)

No concerns were noted by the MAC; therefore, the appointment applications were recommended to the Board for approval. The Board reviewed the credentialing applications and no concerns were noted.

### **Motion 11**

*Rationale: Applications for 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 appointment of the following as recommended by the Medical Advisory Committee:**

**Dr. Davide Bardana – Consulting staff privileges (Orthopedics)**

**Dr. Jeffrey Parker – Locum Tenens staff privileges (Anesthesia)**

Moved by: Deb Lowry

Seconded by: Robert Paul

**The motion was carried.**

### **6.8 Chief Executive Officer's Report**

Further to the written report sent out in the Board package, Wayne noted the following additional items:

Wayne was advised by Paul Huras, CEO of the SELHIN, that KPMG has submitted a request to the SELHIN for an extension of time deliverables to their contract for additional services that will be required to support an increase in scope. This extension will cost an additional \$347,000 plus expenses (estimated at \$50,000-\$100,000). This additional scope has been requested to complete the activities of Phase 1. In addition, KPMG has been requested this increase to provide additional subject matter expertise that will add value to supporting the work of the clinical support and business function working groups.





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In addition to this increase, the SELHIN is looking to hire, on a temporary basis, a communications specialist to assist in the community engagement for the Health Care Tomorrow Project and has requested that our hospital allocate the funds for this temporary position.

### **Motion 12**

*Rationale: Our hospital has received a request from the SELHIN to fund the extension of the contract with KPMG to provide additional services to support the Health Care Tomorrow Project and the hiring of a temporary Communications Specialist to support the community engagement piece of the project.*

**Motion: The Board of Directors hereby approves the extension of the contract with KPMG at a cost of \$347,000 plus expenses and the allocation of funds for the hiring of a temporary communications specialist for the Health Care Tomorrow Project.**

Moved by: Robert Paul

Seconded by: Judge Geoff Griffin

**The motion was carried.**

Wayne has been advised by the SELHIN that they will advise him by the end of the month if they will endorse or assist us financially for providing Acquired Brain Injury and Dialysis services in our community.

The transfer in ownership for the Westdale Complex and 310 Bridge Street West building has been completed.

Dr. Linda Boon met with Wayne Coveyduck to advise that she will be retiring effective November 29, 2015. Dr. Morrison has been advised of Dr. Boon's retirement and will share with the MAC at their next meeting.

### **Motion 13**

*Rationale: Normal Practice*

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

Moved by: Michelle Smith

Seconded by: Robert Paul

**The motion was carried.**

## **7. Other**

### **7.1 Correspondence Received Up to March 26, 2015**

There was no further correspondence.



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### 8. New Business

#### 8.1 2014/15 QIP Evaluation and Compensation

Nancy Manion presented a year-end review of the 2014/15 QIP with the Board with the following results. The Executive Committee had previously reviewed the QIP and are satisfied with the results.

Indicator	Improvement Initiative	Payback %	Target	Target Met
Safety	Hand hygiene compliance before patient contact.	10%	98%	Jan 2015 YTD 98%
Access	Develop and implement a rapid admission process June 2014.	20%	June 2014	Implemented June 2014
Integrated	Develop and introduce a high risk screening tool for the elderly.	20%	May 2014	Introduced June 2014
Patient Centered	Develop and implement "charting a course to quiet by Sept. 2014.	20%		Completed
Safety	Hand Hygiene audits: 240 surveys completed per year.	20%	240	275 YTD
Safety	Medication Reconciliation at admission. The total number of patients with medication reconciled as a proportion of the total number of patients admitted for at least 24 hours to the hospital.	10%	90%	On upward trend. Approaching target. Achieved 89% in Jan. 2015.

#### **Motion 14**

*Rationale: The Excellent Care for All Act, 2010 (ECFAA) requires that the compensation of the President & CEO and other executives be linked to the achievement of performance improvement targets laid out in the Performance Improvement Plan which forms part of the Quality Improvement Plan (QIP). The Board is required to review the outcome of the QIP each year and make a decision regarding the payout of the 3% holdback to the President & CEO and Senior Management Team.*

**Motion: The Board of Directors is satisfied with the results of the QIP for 2014/15 and recommends that the hospital payout 100% of the holdback.**

Moved by: Chris Seeley  
Seconded by: Bob Clancey

**The motion was carried.**



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### 8.2 Systemic Treatment

Tracy Kent-Hillis provided the following information related to Systemic Treatment services.

In September 2012, our hospital opened a Level 4 Systemic Therapy unit. In 2013, there were 30 Chemo patients seen over 191 visits and 19 Non Chemo patients seen over 231 visits. In 2014, there were 82 Chemo patients seen over 492 visits and 21 Non Chemo patients over 480 visits. For YTD 2015, there were 76 patients seen over 555 visits and 30 Non Chemo patients seen over 621 visits.

The expenditures for the unit include drugs (funded, unfunded and wastage) and staffing. In 2014/15, the funded drug costs equated to \$626,342, the unfunded drug costs equated to \$15,579 and \$13,409 in drugs were constituted as wastage. Our hospital absorbed 4.6% of the costs for the unit.

In the currently funding model, our hospital is projecting a \$35,500 funding shortfall. Our plan for 2015/16 is to participate in the review of the Level 4 funding model, activity growth and staffing modifications.

#### **Motion 15**

*Rationale: The Board was provided information related to the Chemotherapy Unit to provide input on the continuation of providing this type of service at our hospital. Despite the funding shortfall, the Board is in full support of continuing to provide Cancer Care Services.*

**Motion: The Board of Directors supports continuing to provide Cancer Care Services.**

Moved by: Judge Geoff Griffin

Seconded by: Deb Lowry

**The motion was carried.**

### 9. Closed Session

At 8:21 p.m., the Board moved into closed session to approve the closed session minutes of the previous meeting.

#### **Motion 16**

*Rationale: Normal Practice*

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

Moved by: Elaine Stillwell

Seconded by: Michelle Smith

**The motion was carried.**



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

### **Motion 17**

*Rationale: Normal Practice*

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

Moved by: Allan MacGregor

Seconded by: Deb Lowry

**The motion was carried.**

### **10. Next Meeting**

The next regular meeting of the Board is scheduled for May 5, 2015 at 6:30 p.m. in the Airhart Conference Room.

### **11. Adjournment**

The meeting was adjourned at 8:23 p.m.

### **Motion 14**

*Rationale: Normal Practice*

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***Motion: The Board of Directors hereby adjourns their meeting at 8:23 p.m. on April 7, 2015.***

Moved by: Michelle Smith

Seconded by: Allan MacGregor

**The motion was carried.**